

FORM 1A

FORM OF APPLICATION FOR COMMUTATION OF A FRACTION OF SUPERANNUATION PENSION WITHOUT MEDICAL EXAMINATION WHEN APPLICANT DESTRESS THAT THE PAYMENT OF THE COMMUTED VALUE OF PENSION SHOULD BE AUTHORISED THROUGH THE PENSION PAYMENT ORDER

See Rules 5 (2), 12, 13 (3), 14 (1) & 15 (3)

(To be submitted in duplicate at least three months before the date of retirement)

PART – I

The

.....
(Here indicate the designation and full address of the Head of Office)

Subject: Commutation of Pension without Medical Examination.

Sir,

I desire to commute a fraction of my pension in accordance with the provisions of the Central Civil Services (Commutation of Pension) Rules, 1981. The necessary particulars are furnished below.

1. Name in block letters :
2. Father's name & also husband's name :
(in the case of female Govt. Servant)
3. Designation :
4. Name of Office/Department/Ministry
in which employed :
5. Date of birth (in Christian Era) :
6. Date of retirement on superannuation or
on the expiry of extension of service
granted under FR 56 (d) :
7. *Fraction of commutation of
superannuation pension proposed
to be commuted :
8. **Disbursing Authority from which
pension is to be drawn after retirement.
 - a) Treasury/Sub-Treasury
(Name and complete address of the
Treasury/Sub-Treasury to be indicated) :
 - b) (i) Branch of the nominated nationalized
bank with complete postal address :
 - (ii) Bank Account No. to which monthly
pension is to be credited each month :
 - c) Accounts Office of the Ministry/Department/Office :

Place :

Date :

Signature :

Present Address :

Address after retirement :

* The applicant should indicate the fraction of the amount of monthly pension (Subject to a maximum of one-third thereof) which he/she desires to commute

** Strike out which is not applicable.

NOTES: The payment of commuted value of pension shall be made through the Disbursing Authority from which pension is to be drawn after retirement. It is not open to an applicant to draw the commuted value of Pension from a Disbursing Authority from which the Pension is to be drawn.

PART – II

Forwarded to the Accounts Officer

(Here indicate the address and designation).....

..... with the remarks that

1. The particulars furnished by the applicant in part I have been verified and are correct.
 - i) The applicant is eligible to get a fraction of his Pension commuted without medical Examination.
 - ii) The commuted value of Pension determined with reference to the Table applicable at present comes to ₹
 - iii) The amount of residuary Pension after commutation will ₹
2. The Pension papers of the applicant completed in all respects were forwarded under this Ministry/Department/Officer letter No. dated
It is requested that the payment of commuted value of pension may be authorized through the pension payment order which may be issued one month before the retirement of the applicant.
3. The receipt of Part I of this Form has been acknowledged in Part II which has been forwarded separately to the applicant
4. The commuted value of pension is debitable to Head of Account ₹

**2071 Pen & ORB
01- Civil
102 - C.V.P.**

Place :

Date :

Signature
(Head of Office)