

FORM 1-A

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

[See Rules 5(2),12, 13(3), 14(1) and 15(3)]

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

PART-1

The _____

Department of Legal Affairs,
Ministry of Law & Justice,
Shastri Bhawan,
New Delhi.

(here indicate the designation and full address of the Head of the 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 _____.
(and also husband's name in the case of a female Govt. servant.) _____
3. Designation _____
4. Name of Office/
Department/
Ministry in which employed _____
5. Date of birth (by Christian era) _____

6. Date of retirement on superannuation or on the expiry of extension in service granted under F.R. 56(d) _____

7. Fraction of superannuation pension proposed to be commuted_____

Note : The payment of commuted value of pension shall be made through the Disbursing Authority from which is to be drawn after retirement. It is not open to an applicant to draw the commuted value of pension from the Disbursing Officer other than the disbursing authority from which pension is to be drawn.

* The applicant should indicate the fraction of amount of monthly pension (subject to a maximum of one third of pension), which he/she desires to commute, and not the amount in Rupees.

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 number to
which monthly pension is to
be credited each month. _____
- (c) Account Office of the
Ministry/Department/Office. _____

Signature

Place:

Date:

Present Postal Address

Postal address after retirement

PART – II

(ACKNOWLEDGEMENT)

Received from
Shri/Smt./Kumari _____

Application in Part –1 of Form 1-A for commutation of a fraction of pension without medical examination

Place:

Date: _____ Signature _____

Head of Office

Note: If the application has been received by the Head of Office before the expiry of three months before the date of retirement on superannuation, this acknowledgement should be detached from the Form and handed over to the applicant. If the form has been received by post it has to be acknowledged on the same day and the acknowledgement sent under registered cover to the applicant. In case it is received after the specified date, it should be accepted only if it has been into the post on or before that date subject to the production of evidence to that effect by the applicant.

PART- III

Forwarded to the Accounts Officer

(here indicate the address and designation _____
with the remarks that :

- (i) the particulars furnished by the applicant in Part-1 have been verified and are correct;
- (ii) the applicant is eligible to get a fraction of his pension commuted without medical examination;
- (iii) the commuted value of pension determined with reference to the table applicable at present comes to Rs._____.
- (iv) the amount of residuary pension after commutation will be Rs._____.

2. The pension papers of the applicant completed in all respects were forwarded under this Ministry / Department / Office letter No _____ dated _____. It is requested that the payment of commuted value of pension may be authorized through the pension payment, which may be issued one month before the retirement of applicant.

3. The receipt of Part 1 of this form has been acknowledged in Part 1, which has been forwarded separately to the applicant on _____

4. The commuted value of pension is debit-able to Head of Account _____.

Place

Signature

Date

Head of Office