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.
       ________________________________

Place: ________________________________
Date: ________________________________

Signature

Present Postal Address
______________________________
______________________________
______________________________

Postal address after retirement
______________________________
______________________________
______________________________

Contd 3/-
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