

**FORM I**

**FORM OF APPLICATION FOR COMMUTATION OF A  
PERCENTAGE OF PENSION WITHOUT MEDICAL EXAMINATION**  
[See Rules 5(2), 6(1), 12, 13, 14(1) and (2), 15(1) and (2) and 16(1) and (2)]

(To be submitted in duplicate after retirement but within one year of the date of retirement)

**PART I**

To

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 percentage of my pension as indicated below 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/husband's name
3. Designation at the time of retirement ...      ...      ...
4. Name of Office/Department/Ministry in which employed      ...      ...      ...
5. Date of birth (by Christian era)      ...      ...      ...
6. Date of retirement      ...      ...      ...
7. Class of pension on which retired      ...      ...      ...
8. Percentage of monthly pension proposed to be commuted  
(indicate percentage, equal to or less than 40%)      ...      ...      ...
9. Details of Pension Payment Order, if issued
  - (i) Number
  - (ii) Date
  - (iii) Designation of the Accounts Officer who authorised the pension
10. Details of Bank account to which monthly pension is being credited:
  - (i) Name of Bank and Branch
  - (ii) Account No.
  - (iii) BSR Code,

Place :

Date :

Signature

Postal Address

## PART II

### ACKNOWLEDGEMENT

Received from Shri..... (name), ..... (former designation), application in Part I of Form 1 for the commutation of a percentage of pension without medical examination.

Place :

Signature

Date :

Head of Office

NOTE. - This acknowledgement is to be signed, stamped and dated and is to 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.

## 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 I have been verified and are correct ;
- (ii) the applicant is eligible to get a percentage of his pension commuted without medical examination ;
- (iii) Amount of pension authorised. [In case final amount of pension has not been authorised, indicate the amount of provisional pension sanctioned under Rule 64 of the Central Civil Services (Pension) Rules, 1972]
- (iv) the commuted value of pension determined with reference to the Table applicable at present comes to Rs.....
- (v) the amount of residuary pension after commutation will be Rs.....

2. It is requested that further action to authorise the payment of the amount of commuted value of pension may be taken as in Rule 15 of the Central Civil Services (Commutation of Pension) Rules, 1981.

3. The receipt of Part I of the Form has been acknowledged in Part II which has been forwarded separately to the applicant on.....

Place :

Signature

Date :

Head of Office