

FORM 1-A

FORM OF APPLICATION FOR COMMUTATION OF A
PERCENTAGE OF SUPERANNUATION PENSION WITHOUT
MEDICAL EXAMINATION IF NOT APPLIED FOR IN FORM 5 OF CENTRAL CIVIL
SERVICES (PENSION) RULES, 1972

[see Rules 5(2), 12,13(3), (3A), (3B), 14(1) and 15(3)]

(To be submitted in duplicate at least three months before 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 Bank account to which monthly pension shall be 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), (designation),
application in Part I of Form 1-A for the commutation of a percentage of pension without medical
examination.

Place : Signature
Date : Head of Office

NOTE. - If the application has been received by the Head of Office at least 3 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 put 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 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. 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 authorised through the Pension Payment Order which may be issued at least one month before the retirement of the applicant.

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