

## FORMS

### FORM I

#### FORM OF APPLICATION FOR COMMUTATION OF A FRACTION OF PENSION WITHOUT MEDICAL EXAMINATION

[ See Rules 5 (2), 6 (1), 12, 13 (1) and (2), 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 fraction 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 name (also husband's name in the case of a female Government servant) ...
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. Amount of pension authorized. [ In case final amount of pension has not been authorized, indicate the amount of provisional pension sanctioned under Rule 64 of the Central Civil Services (Pension) Rules, 1972 ] ...

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NOTE:— The payment of commuted value of pension shall be made through the disbursing authority from which pension is being drawn. It is not open to an applicant to draw the commuted value of pension from a disbursing authority other than the authority from which pension is being drawn.

9. <sup>1</sup>Fraction of pension proposed to be commuted.
10. Designation of the Accounts Officer who authorized the pension and the Number and date of the Pension Payment Order, if issued ...
11. <sup>2</sup>Disbursing Authority for payment of pension—
  - (a) Treasury/Sub-Treasury (Name and complete address of the Treasury/Sub-Treasury to be indicated) ...
  - (b) (i) Branch of the Nationalized Bank with complete postal address ...
  - (ii) Bank Account No. to which monthly pension is being credited each month ...
  - (c) Accounts Office of the Ministry/Department/Office ...

Place :

*Signature*

Date :

Postal Address

### PART-II ACKNOWLEDGEMENT

Received from Shri. .... (name) ..... (former designation) application in Part-I of Form 1 for the commutation of a fraction 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 the 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 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. ....

1. The applicant should indicate the fraction of the amount of monthly pension \*[ subject to a maximum of forty per cent thereof ] which he desires to commute and not the amount in rupees.

2. Score out which is not applicable.

- (iv) the amount of residuary pension after commutation will be Rs. ....
2. It is requested that further action to authorize 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 .....
4. The commuted value of pension is debitable to Head of Account—
- Place : Signature
- Date : Head of Office

**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 AUTHORIZED THROUGH THE  
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-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 (and also husband's name in the case of a female Government 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 FR 56 (d)                   ... ..

17. Fraction of superannuation pension proposed to be commuted ... ..
28. 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 ... ..

*Signature*

Present Postal address.

.....  
Postal address after retirement

Place: .....

Date : .....

## PART-II

### (ACKNOWLEDGEMENT)

Received from Shri/Smt./Kumari ..... (name) .....  
(*designation*) application in Part-I of Form - I-A for commutation of a fraction of pension without medical examination.

Place :

*Signature*

Date :

(Head of Office)

NOTE.— If the application has been received by the Head of Office 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

1. The applicant should indicate the fraction of the amount of monthly pension \*[ subject to a maximum of forty per cent thereof ] which he/she desires to commute and not the amount in rupees.

2. Score out which is not applicable

\* Substituted *vide* G.I., Dept. of Pen. & P.W., Notification No. 34/8/99-P&PW (G), dated the 28th February, 2002. Takes effect from 1-1-1996.

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 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. ....; and
- (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 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 on .....

4. The commuted value of pension is debitable to Head of Account .....

Place :

Date :

*Signature*

(Head of Office)

### FORM-2

FORM OF APPLICATION FOR COMMUTATION OF PENSION  
AFTER MEDICAL EXAMINATION BY AN APPLICANT REFERRED  
TO IN RULE 18 OF THE CENTRAL CIVIL SERVICES  
(COMMUTATION OF PENSION) RULES, 1981

[ See Rules 5 (2), 9 (3), 13 (2), 14 (2), 19,  
20 (1), (2) and (3), 21 (1) and 25 (2) ]

(To be submitted in duplicate)

### PART-I

SPACE FOR  
PHOTOGRAPH

To

The .....

.....

.....

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

**Subject:— Commutation of pension after 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. An attested copy of my photograph is pasted on the application and an unattested copy is enclosed. 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 Government servant) ...
3. Designation ... ..
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 [ See Chapter V of the Central Civil Services (Pension) Rules, 1972 ] ... ..
8. Amount of pension authorized (indicate the amount of provisional pension if full pension not authorized) ... ..
9. <sup>1</sup>Fraction of pension proposed to be commuted
10. Designation of the Accounts Officer who authorized the pension and the number and date of the Pension Payment Order ...
11. <sup>2</sup>Disbursing Authority for payment of pension—
  - (a) Treasury/Sub-Treasury (name and complete address of the Treasury/Sub-Treasury to be indicated) ...
  - (b) (i) Branch of the Nationalized Bank with complete postal address ...

1. The applicant should indicate the fraction of the amount of monthly pension \*[ subject to a maximum of forty per cent thereof ] which he desires to commute and not the amount in rupees.

2. Score out which is not applicable.

NOTE.— The payment of commuted value of pension shall be made through the Disbursing Authority from which pension is being drawn. It is not open to an applicant to draw the commuted value of pension from a Disbursing Authority other than the authority from which pension is being drawn.

\* Substituted *vide* G.I., Dept. of Pen. & P.W., Notification No. 34/8/99-P&PW (G), dated the 28th February, 2002. Takes effect from 1-1-1996.

- (ii) Bank Account No. to which monthly pension is being credited each month
- (c) Accounts Office of the Ministry/ Department/Office .....
12. Approximate date from which commutation is desired to have effect .....
13. The amount of pension already commuted, if any .....
14. Preference for station where medical examination is desired to take place .....

Signature

Place :

Postal Address .....

Date :

**PART-II****ACKNOWLEDGEMENT**

Received from Shri..... (name)..... (designation) application in Part-I of Form 2 for commutation of a fraction of pension after medical examination.

Place :

Signature

Date :

(Head of Office)

**PART-III**

Forwarded to the Accounts Officer ..... (here indicate the address and designation) with the remarks that the particulars furnished by the applicant in Part-I have been verified and are correct and the applicant is eligible to get a fraction of his pension commuted after medical examination.

2. It is requested that Part-IV of the Form may be completed and returned to this office as early as possible.

Place :

Signature

Date :

(Head of Office)

**PART-IV**

(To be completed by the Accounts Officer)

1. Name of the applicant .....
2. Date of birth (by Christian era) .....
3. Date of retirement .....
4. Amount of pension including provisional pension, if final pension not authorized .....
5. Class of pension .....

[ See Chapter V of the CCS (Pension) Rules, 1972 ]

6. Amount of pension desired to be commuted ...

On the basis of

Normal age	Added years	
	1 year	2 years
Rs.	Rs.	Rs.

7. (i) Sum payable if commutation becomes absolute before the applicant's next birthday, which falls on .....

(ii) Sum payable if commutation becomes absolute after the applicant's next birthday, which falls on .....

8. The Head of Account to which commuted value is debitable ... ..

9. Number of enclosures, if any ... ..

[ See Note below ]

Place :

Date :

*Signature and  
Designation of the  
Accounts Officer*

Countersigned

(Head of Office)  
Full address

**FORM-3**

**FORM OF LETTER TO THE CHIEF ADMINISTRATIVE  
MEDICAL AUTHORITY**

[ See Rules 20 (3) and (4) and 28 (5) ]

(Please see Annexure)

No. ....

Government of India

Ministry of .....

Department of .....

Dated the .....

NOTE:— The Accounts Officer should enclose with the Form a copy of the report or statement of the applicant's case if the applicant has been granted invalid pension or has previously commuted a part of his pension or declined to accept commutation on the basis of an addition of years to actual age, or has been refused commutation on medical grounds.



To

.....

.....

**Subject:— Medical Examination — Commutation of Pension.**

Sir,

Shri ..... who retired from service on .....  
as ..... (*designation*) has applied for commuting a  
fraction of his pension for a lumpsum payment. The following documents  
are forwarded herewith:—

- (a) Application in Form 2 in original together with—
  - (i) an unattested copy of the applicant's photograph,
  - (ii) Part-IV of Form 2 in original duly completed by the  
Accounts Officer.
- (b) A copy of Form 4 with a spare copy of Part-III of that Form.
- (c) Report of the statement of the applicant's case if he has been  
granted invalid pension or has previously commuted a fraction  
of his pension or declined to accept commutation on the basis of  
addition of years to his actual age or has been refused  
commutation on medical grounds.

2. In terms of Rule 22 of the Central Civil Services (Commutation of  
Pension) Rules, 1981, Shri ..... should be examined by  
a Medical Board/Medical Officer not lower than the rank of Civil Surgeon  
or a District Medical Officer. It is requested that arrangement may be made  
to get Shri ..... examined as expeditiously as possible  
before his next birthday which falls on .....

3. It is requested that arrangements for medical examination by the  
Medical Authority indicated in Para. 2 above may be made at the nearest  
available station mentioned by Shri ..... in his application in  
Form 2. The attention of the Medical Authority may be drawn to the  
provisions of Rule 25 of the Central Civil Services (Commutation of  
Pension) Rules, 1981.

4. It is requested that Shri ..... may be informed  
direct under intimation to this Ministry/Department/Office as to where and  
when he should appear before the appropriate authority for medical  
examination. A copy of this letter is being endorsed to him so that he may  
comply with your instructions on hearing from you.

5. The receipt of this letter may please be acknowledged.

Yours faithfully,  
(Head of Office)

Copy forwarded to Shri .....  
(*here give complete postal address*) with the remarks that subject to the

Medical Authority recommending commutation, he will, on the basis of the report of the Accounts Officer, be eligible for the lumpsum payment in lieu of the amount of pension to be commuted as follows:—

Normal age	On the basis of	
	Added years	
	1 year	2 years
Rs.	Rs.	Rs.

- (i) Sum payable if commutation becomes absolute before the applicant's next birthday which falls on .....
- (ii) Sum payable if commutation becomes absolute after applicant's next birthday which falls on .....

The Table of the present value, on the basis of which the calculation by the Accounts Officer has been made, is subject to alteration at any time without notice and consequently the basis is liable to revision, before payment is made. The sum payable will be the sum appropriate to the applicant's age on his birthday next after the date on which the commutation becomes absolute or if the Medical Authority directs that years will be added to that age, to the consequent assumed age.

Shri ..... should report for medical examination to the medical authority direct on hearing from ..... He should take with him the enclosed Form 4 with the particulars required in Part-I completed except the signature or thumb or finger impressions.

*Signature*

Date:

(Head of Office)

Copy forwarded to the Accounts Officer .....  
(here indicate designation and address) with reference to his Letter No. ...., dated .....

*Signature*

(Head of Office)

#### FORM-4

MEDICAL EXAMINATION BY THE .....  
(Here enter the Medical Authority)

[ See Rules 6 (1), 20 (3), 25 (1), (2) and (3), 26 (3),  
27 (1) and (3), 28 (2), 30 (1) and 31 (2) ]

**PART-I**

The applicant must complete this statement prior to his examination by the ..... (*here enter the Medical Authority*) and must sign the declaration appended thereto in the presence of that authority.

1. Name of the applicant (in Block letters) ...
2. Date of birth (by Christian era) ...
3. Place of birth ...
4. Particulars regarding parents, brothers and sisters—

Father's age, if living and state of health	Father's age at death and cause of death	Number of brothers living, their ages and state of health	Number of brothers dead, their ages at death and cause of death	Mother's age, if living and state of health	Mother's age at death and cause of death	Number of sisters living, their ages and state of health	Number of sisters dead, their ages at death and cause of death

5. Have you ever been examined—
  - (a) for Life Insurance, or/and ...
  - (b) by any Government Medical Officer or State Medical Board ...

If so, state details and with what results ...
6. Have you been granted or considered for grant of invalid pension? If so, state the ground thereof ...
7. Have you ever been granted leave on medical certificate during the last five years? If so, state periods of leave and nature of illness ...
8. Have you ever—
  - (a) had smallpox, intermittent or any other fever, enlargement or suppuration of glands, spitting of blood, asthma, inflammation of lungs, pleurisy, heart disease, fainting attacks, rheumatism, appendicitis, epilepsy, insanity or other nervous disease, discharge from or other disease of the ear, syphilis or gonorrhoea; or ...
  - (b) had any other disease or injury which required confinement to bed, or medical or surgical treatment; or ...
  - (c) undergone any surgical operation; or ...

- (d) suffered from any illness, wound or injury sustained while on active service ...
- (e) presence of albumin or sugar in urine ...
9. Present state of health—
- (a) Have you a hernia? ...
- (b) Have you varicocele, varicose veins or piles? ...
- (c) Is your vision in each eye good (with or without glasses)? ...
- (d) If your hearing in each ear good? ...
- (e) Have you any congenital or acquired malformation, defect or deformity? ...
- (f) Have you lost or gained weight markedly during the last three years? ...
- (g) Have you been under treatment of any doctor within the last three months and nature of illness for which such treatment was taken? ...

#### Declaration by Applicant

*(To be signed in the presence of the Medical Authority)*

I declare all the above answers to be, to the best of my belief, true and correct.

I am fully aware that by wilfully making a false statement or concealing a relevant fact, I shall incur the risk of losing the commutation I have applied for and of having my pension withheld or withdrawn under Rule 8 of the Central Civil Services (Pension) Rules, 1972.

*Applicant's signature or thumb-impression  
in case of illiterate applicant*

Signed in the presence of .....  
*(Signature and designation of Medical Authority)*

#### PART-II

*(To be filled in by the examining Medical Authority)*

1. Apparent age ...
2. Height ...
3. Weight ...
4. Describe any scars or identifying marks of the applicant ...
5. Pulse rate—
- (a) Sitting ...

- (b) Standing ... ..
- What is the character of pulse? .....
6. Blood pressure—
- (a) Systolic ... ..
- (b) Diastolic ... ..
7. Is there any evidence of disease of the main organs—
- (a) Heart ... ..
- (b) Lungs ... ..
- (c) Liver ... ..
- (d) Spleen ... ..
- (e) Kidney ... ..
8. Investigations—
- (i) Urine ... ..  
(State specific gravity) .....
- (ii) Blood ... ..
- (iii) X-Ray Chest ... ..
- (iv) ECG ... ..
9. Has the applicant a hernia? ... ..  
(If so, state the kind and if reducible) .....
10. Any additional finding ... ..

### PART-III

*(To be filled in by the examining Medical Authority)*

I/We have carefully examined Shri/Shrimati/Kumari .....  
and am/are of opinion that—

He/She is in good bodily health and has the prospect of an average duration of life.

*Or*

He/She is not in good bodily health and is not a fit subject for commutation.

*Or*

Although he/she is suffering from ....., he/she is considered a fit subject for commutation but his/her age for the purpose of commutation, i.e., the age next birthday should be taken to be ..... (in words) years more than his/her actual age.

Station:

Date:

*Signature and designation of  
examining Medical Authority*

## FORM 5

[ See Rule 7 ]

To  
Head of Office  
(Place) .....

I, ....., (Name of the pensioner in Capital Letters) hereby nominate the person named below, under Rule 7 of the Central Civil Services (Commutation of Pension) Rules, 1981.

Name and address of the nominee	Relation-ship with the pensioner	If nominee is minor		Name and address of other nominee in case the nominee under Column (1) predeceases the pensioner	Relation-ship with pensioner	Date of birth if the other nominee is minor	Name and address of person who may receive the commuted value of pension during the other nominee's minority	Contingency on happening of which nomination shall become invalid
		Date of birth	Name and address of person who may receive the said commuted value during the nominee's minority					
1	2	3	4	5	6	7	8	9

Signature (or thumb-impression if illiterate) and name of Pensioner:

Address :

Signature of Head of Office :

STAMP

Acknowledgement to be sent by the Head of Office

whose address is ..... (Name of Pensioner)

Signature of Head of Office

Full Address :

[ G.I., Dept. of Pension and Pensioners' Welfare, Notification No. 34 (5)/83-Pension Unit, dated the 17th April, 1985, published as S.O. No. 1870 in the Gazette of India, dated the 4th May, 1985. ]

**PRO FORMA**

[ See Decision (2), Rule 10 ]

.....  
 .....  
 .....

**Subject:— Restoration of commuted portion of pension after 15 years  
 — Implementation of the judgment of the Supreme Court**

Sir,

Kindly restore my commuted portion of pension in terms of Ministry of Personnel, Public Grievances and Pension, Department of Pension and Pensioners' Welfare, O.M. No. 34/2/86-P. & P.W., dated the 5th March, 1987.

Requisite particulars are given below—

- |   |     |     |
|---|-----|-----|
| 1. Name in Block letters  | ... | ... |
| 2. Date of retirement   | ... | ... |
| 3. PC/PPO No.   | ... | ... |
| 4. Amount of original pension   | ... | ... |
| 5. Amount of pension commuted (if any)                                  | ... | ... |
| 6. Name of the Accounts Officer, viz., the authority who issued PC/PPO  | ... | ... |
| 7. Name of the Treasury/Post Office/PPM/other pension disbursing agency | ... | ... |

*Signature of Pensioner*

Date:

Postal address:

Particulars verified.

*Signature*  
 Rubber Stamp of  
 Pension Disbursing Authority