

**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 1

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 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
6. Date of retirement on Superannuation or  
On the expiry of extension in service granted  
Under FR 56 (d)
7. Fraction of Superannuation pension proposed to  
Be commuted.
8. Disbursing authority from which pension is to be  
Drawn after retirement.
  - (a) (a) Treasury / sub treasury (Give name and  
Complete address)
  - (b) 1. Branch of nominated nationalized bank  
with complete postal address.
    2. Bank account no. to which monthly  
pension is to be credited each month.
  - (b) (b) Accounts office of the Miny./Dept./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 - 1-A for commutation of a fraction of pension without  
medical examination.

**Place**  
**Date:**

**Signature of Head of Office**

**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 Para 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.....; 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 to Head of Account .....

**Place**  
**Date:**

**Signature of Head of Office**