

FORM-2
FORM OF APPLICATION FOR COMMUTATION OF PENSION
AFTER MEDICAL EXAMINATION BY AN APPLICATION 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)



To
The.....
.....
.....
office)

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

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. 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. 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) Account 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 :
Address.....

Postal

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.

Signature

Place:
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.

Signature

Place :
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	Added Years	
Age	-----	
	1year	2years
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
Designation of the
Accounts Officer

Countersigned

(Head of office)

Full address