

**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 .....

To

.....  
.....

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

Sir,

Shri ..... who retired from service on .....  
His pension for a lumpsum payment. The following document are for-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 complete by the Account Offer.
- (b) A copy of Form 4 with a spare Copy of Part-III of that Form.
- © Report of the statement of the applicant's case if he has been granted invalid 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 Account Officer, be eligible For the lumpsum payment in lieu of the amount of pension to be commuted as follows:-

on the basis of

Normal Age	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 the applicant's next birthday, which falls on .....

The Table of the present value, on the basis of which the calculation by the Account 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 complete Except the signature or thumb or finger impressions.

Signature

(Head of Office)

Date :

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

Signature

(Head of Office)