

**FORM OF APPLICATION FOR COMMUTATION OF A FRACTION OF SUPERANNUATION
PENSION WITHOUT MEDICAL EXAMINATION WHEN THE APPLICANT SEEKS THAT THE
PAYMENT OF THE COMMUTED VALUE OF PENSION SHOULD BE AUTHORISED THROUGH THE
PENSION PAYMENT ORDER**

(TO BE SUBMITTED IN DUPLICATE AT LEAST THREE MONTHS BEFORE THE DATE OF RETIREMENT)

(DOP & AR OM NO. 34/1/81 – PENSION UNIT DT. 08-07-83)

PART – I

To

The Asst Director (CGVC)
Coast Guard Headquarters
New Delhi

Subject: **COMMUTATION OF PENSION WITHOUT MEDICAL EXAMINATION**

Sir,

I desire to commute a fraction on my pension in accordance with the provisions of the CCS (Commutation of pension) Rule 1981. The necessary particulars are furnished below:-

1. Name (IN Block Letters) :
2. Father's Name(also Husband's Name :
In case of Female Govt Servants)
3. Designation :
4. Name of Office/Deptt/Min : **INDIAN COAST GUARD /MINISTRY OF DEFENCE**
in which employed
5. Date of Birth(Christian Era) :
6. Date of Retirement on superannuation :
7. Or on the expiry of extension in
Service Granted under FR 56 (d)
7. Fraction of Superannuation Pension : **40%**
Proposed to be commuted
(Maximum allowed 40 %)
8. Disbursing authority from which : **PCDA (PENSION), ALLAHABAD**
Pension is to be drawn after Retirement
9. Name & Address of the Link Branch :
of the bank :
10. Branch of the Nominated Bank :

10. Bank Account Number to which monthly:
pension is to be credited each month A/C NO

11. Account Office of the Min/Deptt Office : CGPAO, Noida

NEW DELHI

DATED :

SIGNATURE OF APPLICANT

POSTAL ADDRESS AFTER RETIREMENT

PRESENT POSTAL ADDRESS

Note:- The payment of commuted value of pension shall be made through the disbursing authority from which pension is to be drawn after retirement. It is not open to an draw the commuted value of pension from a disbursing authority other than the disbursing authority form which pension is to be drawn.

The applicant should indicate the fraction of the amount of the monthly pension (maximum one third of the pension) (Sr No. 7 above refers) which he/she desires to commute and not the amount in rupee.

PART –II
(ACKNOWLEDGEMENT)

Received from _____

Applicant in Part – I of Form – 1-A for commutation of a fraction of pension without medical examination.

SIGNATURE OF THE HEAD OF OFFICE

PLACE:

DATE:

PART-III

1. Forwarded to the Principal CDA(Pension), Allahabad with the remarks that:-

- (a) The particulars furnished by the applicant in part-I have been verified and are correct.
- (bi) The applicant is eligible to get a fraction of his pension commuted without medical examination.
- (c) The commuted value of pension determined with reference to the table applicable at present comes to **Rs** _____
- (d) The amount of residual pension after commutation will be Rs._____ per month

2. It is requested that further action to authorise the payment of commuted value of pension may be taken as in Rule 15 of the CCS (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.

4. The commuted value of pension is debitable to Coast Guard.

(To be filled by CCDA (P), Allahabad)

SIGNATURE OF THE HEAD OF OFFICE

Place:

DATED _____