

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 Dy Director Pers (OA&R)
Coast Guard Headquarters
New Delhi.

Subject : COMMUTATION OF PENSION WITHOUT MEDICAL EXAMINATION

Sir,
I desire to commute a fraction of my pension in accordance with the provisions of the CCS (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 case of Female Govt Servants)
3. Designation : _____
4. Name of Office/Deptt/ Min : _____
In which Employed
5. Date of Birth (Christian Era) : _____
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
(Maximum allowed 40%)
8. Disbursing authority from which : _____
Pension is to be drawn after
Retirement
9. Name & Address of the Link Branch : _____
of the Bank
10. Branch of the Nominated : _____
Nationalised Bank with complete
Postal Address

11. Bank Account Number to which : _____
monthly Pension is to be credited
each month.

12. Account Office of the Min/Deptt Office : CDA(Navy), CG Section, Mumbai

NEW DELHI

DATED : _____

SIGNATURE OF APPLICANT

POSTAL ADDRESS AFTER RETIREMENT

PRESENT POSTAL ADDRESS

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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 applicant to draw the commuted value of pension from a disbursing authority other than the disbursing authority from 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 : NEW DELHI

DATE :

PART – III

FORWARDED TO THE ACCOUNTS OFFICERS, CDA (PENSION ALLAHABAD) WITH THE REMARKS THAT :-

- (i) The particulars furnished by the applicant in Part – I have been verified and found 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 application at present comes to Rs.lumpsum.
 - (iv) The amount of residual pension after commutation will be Rs.per month.
2. The pension papers of the applicant completed in all respects are attached. It is requested that the payment of commuted value of pension may be authorised through the pension payment order (PPO) 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.
4. The commuted value of the pension is debitable to head of account*

*TO BE FILLED BY CCDA(P) ALLAHABAD.

NEW DELHI

SIGNATURE OF THE HEAD OF OFFICE

DATED