

FORM 1-A

FORM OF APPLICATION FOR COMMUTATION OF A
PERCENTAGE OF SUPERANNUATION PENSION WITHOUT
MEDICAL EXAMINATION IF NOT APPLIED FOR IN FORM 5 OF CENTRAL CIVIL
SERVICES (PENSION) RULES, 1972

[see Rules 5(2), 12,13(3), (3A), (3B), 14(1) and 15(3)]

(To be submitted in duplicate at least three months before the date of retirement)

PART I

To

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 percentage of my pension as indicated below in accordance with the provisions of the Central Civil Services (Commutation of Pension) Rules, 1981. The necessary particulars are furnished below –

1. Name (in Block Letters)
2. Father's/husband's name
3. Designation at the time of retirement
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
8. Percentage of monthly pension proposed to be commuted
(indicate percentage, equal to or less than 40%)
9. Details of Bank account to which monthly pension shall be credited:
 - (i) Name of Bank and Branch
 - (ii) Account No.
 - (iii) BSR Code:

Place :

Date :

Signature

Postal Address

