

FORM 2
FORM OF APPLICATION FOR COMMUTATION OF
A PERCENTAGE OF PENSION AFTER MEDICAL EXAMINATION BY AN
APPLICANT REFERRED TO IN RULE 18
[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)

PART-I

SPACE
FOR
PHOTOGRAPH

To

The

.....

.....

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

Subject:- Commutation of pension after medical examination.

Sir,

I desire to commute a percentage of my pension in accordance with the provisions of the Central Civil Services (Commutation of Pension) Rules, 1981. A self-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/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 Pension Payment Order, if issued
 - (i) Number
 - (ii) Date
 - (iii) Designation of the Accounts Officer who authorised the pension

Contd/--

10. Details of Bank account to which monthly pension is being credited:
 - (i) Name of Bank and Branch
 - (ii) Account No.
 - (iii) BSR Code,
11. Approximate date from which commutation is desired to have effect... ..
12. The amount of pension already commuted, if any
13. Preference for station where medical examination is desired to take place

Signature
Postal Address.....

Place :
Date :

NOTE. - The payment of commuted value of pension shall be made through the disbursing authority from which pension is being drawn.

PART- II

ACKNOWLEDGEMENT

Received from Shri.\ Kum.\ Smt (name)
..... (former designation) application in Part I of Form 2 for commutation of a percentage of pension after medical examination.

Place : Signature
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 percentage 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.

Place : Signature
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 authorised... ..
5. Class of pension [See Chapter V of the CCS (Pension) Rules, 1972]
6. Amount of pension out of the amount in item 4 above
that may be allowed to be commuted-

On the basis of		
Normal Age	1 added year	2 added years
Rs.....	Rs.....	Rs.....

7. (i) Sum payable if commutation becomes absolute before the applicant's next birthday,
which falls on....., Rs.....
- (ii) Sum payable if commutation becomes absolute after
the applicant's next birthday Rs.....
8. Number of enclosures, if any
[See Note below]

Place :

Date :

Signature and
Designation of the
Accounts Officer

Countersigned

(Head of Office)
Full address

NOTE. - The Accounts Officer should enclose with the Form a copy of the report or statement of the applicant's case if the applicant has been granted invalid pension or has previously commuted a part of his pension or declined to accept commutation on the basis of an addition of years to actual age, or has been refused commutation on medical grounds."