

FORM : D

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

(To be submitted in duplicate 3 months before the date of retirement)

PART - I

To

.....
.....

Sub : Commutation of Pension without Medical Examination

Sir,

I desire to commute a fraction of my pension in accordance with the provisions of the A.I.S. (Commutation of Pension) Regulations, 1959. The necessary particulars are furnished below :

1. Name in Block Letters :
2. Father's Name (and also husband's name in the case of female member of the service) :
3. Designation :
4. Name of Office/Deptt./Ministry of which posted :
5. Date of Birth (By Christian era) :
6. Date of retirement on superannuation or on the expiry of extension in service :
7. Fraction of superannuation pension proposed to be commuted (Maximum amount of pension that can be commuted is 1/3) :
8. Disbursing authority from which pension is to be drawn after retirement :
- (a) Treasury/Sub-Treasury (Name and complete address of the Treasury to be indicated) :
- (b) (i) Branch of the Nationalised Bank with complete postal address :
- (b) (ii) Bank Account No. to which monthly pension is to be credited each month :
- (c) Designation & Address of the Accounts Officer (Applicable in a case where the pension is proposed to be drawn through an Accounts Officer other than the A.O. issuing the P.P.O.) :

Place : _____

Signature

Present Post Address : _____

Postal Address after Retirement : _____

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.

P A R T - I I I

Forwarded to the Accounts Officer.

(here indicate the address & designation) **A.G., W.B.** with the remarked that –

- (i) the particulars furnished by the applicant in Part – I have been verified and are 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 applicable at present comes to Rs..... and
- (iv) the amount of residuary pension after commutation will be Rs.....

2. The pension papers of the applicant completed in all respects were forwarded under this Government's letter no..... dated It is requested that the payment of commuted value of pension may be authorised through the pension payment order, 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 pension is debitable to Head of Account.

Place :

Date :

Signature of the Head of the Office

P A R T - I I

Received from **Sri /Smt.** _____, _____ **(designation)**

Application in Part – I of Form – D for commutation of fraction of pension without medical examination

Place :

Date :

Signature of the Head of the Office

Note :- This acknowledgment should be detached from the form and handed over to the applicant. If the form has been received by post, the acknowledgement should be sent to the applicant by Registered Post. If this form has been received by the State Govt. after the retirement of the Officer, it should be returned to him asking him to submit fresh application in Form – E.