FORM-C (To be submitted in duplicate) PART-I [Rule1 4 (1) (a)]

Form of Application for Commutation of Pension without Medical Examination

I furnish below the relevant particulars and request that I may be permitted to a portion of my pension as indicated below-

1. Name (in block letters)	·
2. Date of Birth	÷
3. Date of superannuation on attaining the age of 60years.	:
4. Designation of the post held at the time or superannuation and the name of the Department/ Office.	÷
5. Amount of pension sanctioned and whether it is provisional or final	:
6. Class of pension as defined in the Wes Bengal Services (Death- cum-Retireme Benefit) Rules, 1971	ent
7. Name of Treasury or Bank and Account Number from which pension is being	ınt:drawn
8. Name of Treasury or Bank through what the commuted value is desired to be p if payment is not desired through the Officer who authorized the pension.	
 Designation of the Accounts Officer a Number and date of the Pension Paym Order, if issued. 	and the :nent
 Amount (in whole rupees) of pension and portion of pension proposed to be commuted. 	n:
11. Particulars of any application for contion of pension made previously and appeared before any Medical authorit	
	Signature
	Full Address:
Date	No

PART-II

for authorizing the payment of the commuted
dge in Part-III which has been forwarded separately to the
(Signature of the Competent Authority)
ART-III
vledgement
retied pmmutation of pension without medical Examination
(Signature of the Competent Authority)

Note: This acknowledgement to be signed stamped and dated and is to be detached from the form and handed over to the applicant. If the form is received by post, it has to be acknowledged on the same day and under registered cover to the applicant.

By order of the Governor; C. Venkataraman Secretary to the Government of West Bengal