

FORM 1-A

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

[see Rules 5(2), 12,13(30,14(i) and 15(3)]

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

PART I

**The Addl. Director General of Foreign Trade,
4, Esplanade East, Kolkata – 700 069.**

(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 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 name (and also husband's name in the case of a female Government servant)
3. Designation
4. Name of Office/Department/Ministry in which employed - **O/O Addl. Director General of Foreign Trade, 4, Esplanade East, Kol.69.**
5. Date of Birth (by Christian era) -
6. Date of retirement on superannuation or on the expiry of extension in service granted under FR 56 -
- (d)
17. Percentage of superannuation pension proposed to be commuted (The applicant should indicate the percentage of the amount of monthly pension subject to be maximum of forty percent thereof which he/she desires to commute and not the amount in Rupees)
28. Disbursing authority from which pension is to be drawn after retirement (score out which is not applicable) -
 - (a) Treasury/Sub-Treasury (Name and complete address of the Treasury/Sub-Treasury to be indicated)
 - (b) (i) Branch of the nominated nationalized bank with complete postal address
 - (ii) Bank Account No. to which monthly pension is to be credited each month
 - (c) Account Office of the Ministry/Department/Office ...

Signature
Present Postal address.

Postal address after retirement

Place :

Date :

Footnote : 1. The applicant should indicate the percentage of the amount of monthly pension (subject to a maximum of forty percent thereof) which he/she desires to commute and not the amount in rupees.

2. Score out which is not applicable.

PART II
(ACKNOWLEDGEMENT)

Received from
Shri/Smt./Kumari.....(name).....(designation)
application in Part I of Form I-A for commutation of a percentage of pension without medical
examination.

Place :

Signature

Date :

Head of Office

NOTE. - If the application has been received by the Head of Office before the date of retirement on superannuation, this acknowledgement should be detached from the Form and handed over to the applicant. If the form has been received by post, it has to be acknowledged on the same day and the acknowledgement sent under registered cover to the applicant. In case it is received after the specified date, it should be accepted only if it has been put into the post on or before that date subject to the production of evidence to that effect by the applicant.

PART III

Forwarded to the Accounts Officer.

(here indicate the address and designation)..... with the
remarks 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 percentage 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 Ministry/Department/Office Letter No....., dated..... It is requested that the payment of commuted value of pension may be authorized 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 on.....

4. The commuted value of pension is debitable to Head of Account **2071, other pension and retirement gratuity.**

Place :

Signature

Date :

Head of Office

Form A

(Common nomination form for arrears of pension and commutation of pension)

[See Rule 5 of payment of pension(nomination)Rules, 1983 and Rule 7 of Central Civil Services(Commutation of Pension) Rules, 1981]

I, _____, hereby nominate the person/persons mentioned below and confer on him/her/them the right to receive in the event of my death, to the extent specified below, amount on account of the following:

i) Arrears of pension

ii) Commuted value of pension payable under Central Civil Services(Commutation of Pension) Rules, 1981

Name, date of birth (DOB)& address of the nominee	Relation ship with employe/pensioner	Share to be paid to each	If nominee is minor, name, DOB & address of person who may receive the amount on behalf of minor	Name, date of birth (DOB)& alternate nominee in case the nominee under col.(1) predeceases the employe/pensioner	Relationship with employe/pensioner.	Name, date of birth (DOB)& address of person who may receive the amount if alternate nominee in col.(5) is a minor	Contingency on happening of which nomination shall become invalid
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)

These nominations supersede any nominations made by me earlier

Place and date

Signature of Government servant/Pensioner

Telephone No.

Note - 1 : Completely strike out the benefit for which n nomination is not intended to be made. Separate copies of this nomination Form may be used for nominating different persons for benefits(i) and (ii) above.

Note - 2 : The government servant shall draw lines across the blank space below the last entry to prevent the insertion of any name after he/she has signed. The nominee(s)/alternate nominee(s)' shares together should cover the whole amount

(To be filled in by the Head of office/authorized Gazetted officer)

Received the nominations, dated _____, under the following Rules:

1. Payment of Arrears of Pension(Nomination) Rules, 1983
2. Central Civil Services(Commutation of Pension) Rules 1981

Made by Shri/Smt/Kumari _____

Designation _____

Office _____
(strike out which nomination is not received)

Entry of receipt of nomination(s) has been made in page _____ Volume _____ of Service Book.

Name, Signature and Designation of Head of Office/ authorized Gazetted officer with seal

Date of receipt _____

The receiving officer will fill the above information and return a duly signed copy of the complete Form to the Government who should keep it in safe custody so that it may come into the possession of the beneficiaries in the event of his/her death. The receiving officer shall put his/her dated signature on both pages of this Form.

