FORM – I

FORM OF APPLICATION FOR COMMUNICATION OF A FRACTION OF PENSION WITHOUT MEDICAL EXAMINATION.

(see rules 5 (2), 6 (1), 12, 13 (1) and (2), 14 (1) and (2), 15 (1) and (2) and 16 (1) and (2)

(To be submitted in duplicate after retirement but within one year of the date of retirement)

PART – I

To
The Registrar of Co-operative Societies,
Puducherry
(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 fraction of my pension as indicated below in accordance with the provisions of Central Civil Services (Commutation of Pension) Rules 1981. The necessary particulars are furnished below:

1. Name (in Block letters) :
2. Fathers Name (also husband's name) in the case of female Govt. Servant) :
3. Designation at the time of retirement :
4. Name of Office/Dept/Ministry in which employed :
5. Date of birth (by Christian era) :
6. Date of retirement :
7. Class of pension on which retired :
8. Amount of pension authorized. (In case Final amount of pension has not been authorized, indicate the amount of Provisional pension, sanctioned under Rule 64 of the Central Civil Services,(Pension) Rules, 1972) :
9. Fraction of pension proposed to be commuted :
10. Designation of the Accounts Officer who authorized the pension and the No. and Date of the Pension Payment Order, if issued :
11. Disbursing authority for payment of Pension
    - (a) Treasury/Sub Treasury (Name and complete Address of the Treasury/Sub Treasury to be indicated) :
    - (b) (i) Branch of the Nationalized Bank with complete postal address :
    - (ii) Bank Account No. to which monthly pension is being credited each month :
    - (c) Accounts Officer of the Department Office :

Place: Signature
Date: Postal Address: