FORM - A
Commutation of Pension on Medical Examination

PART I-FORM OF APPLICATION

I . . . . . desire to commute Rs. . . . .of my †. . . . . Pension of Rs. . . . . a month. I certify that I have answered correctly each and all of the questions below:

Space for Photograph

Signature ……

Place……
Date.....20.....

Designation .....

Address……...

Questions	Answers
1. What is the date of your birth?	
2. How much of your pension do you wish to commute ?	
3.(a) Have you already commuted a portion of your pension? If so, give particulars.	
(b) Has any application from you for commutation of pension ever been rejected, or have you ever accepted/declined to accept commutation of pension on the basis of an addition of years to your actual age recommended by the medical authority? If so, give particulars.	

4. From what treasury do you draw or propose to draw your pension and commutation money?

5. If you are already drawing your pension, quote the No. of your Pension Payment order

6. Without prejudice to the discretion of the sanctioning authority, from what date approximately do you wish this commutation to have effect? [See rule 5 of the Pension (Commutation) Rules]

7. At what station (near the area in which you are ordinarily resident) would you prefer your medical examination to take place?

8. Has any judicial or departmental proceeding been instituted against you and is continuing now?

Place ……..…

Date ……20……. Signature.....

Forwarded for report to …….. (here enter the designation and address of the Accounts Officer)

Place ……

Date ……20……. Signature .....……

Designation……

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† The class of pension (Superannuation, retiring, invalid, compensation) should be stated, and if the amount is not known a suitable modification should be made in the Form.

PART - II

1. Forwarded to …… (here enter the designationandaddress of the sanctioning authority).

2. Subject to the medical authority's recommending commutation, the lump sum payable will be as stated below:

Sum Payable, if the commutation becomes absolute before the applicant's next birthday, which falls on ……	On the basis of normal age, i.e; …… year, ₹ do. do. Plus 1 year i.e; …..... years ₹ do. do. Plus 2 years i.e; …..... years ₹ do. do. Plus
Sum payable if the commutation becomes absolute after the applicant's next birthday but one	On the basis of normal age, i.e; …… years ₹ do. do. Plus1 year i.e; … years ₹ do. do. Plus2 years ie; … years ₹ do. do. Plus

3. The sum payable will be debited to:-

Signature and designation of
Accounts Officer.

Station ……
Date.....20.....

PART – III

Administrative sanction is accorded to the above commutation. A certified copy of paragraph 2 of Part II of the Form has been forwarded to the applicant in Form B.

Place ……. Signature ……
Date ……20……. Designation……

*Forwarded to ……..... (here enter the designation and the address of the Chief Administrative Medical Officer) in original on …….. with the request that he will arrange for the medical examination of the applicant by the proper medical authority as early as possible within three months from …… (here enter the date) but not earlier than the …….(here enter the date of retirement) and inform the applicant direct in sufficient time where and when he should appear for the examination.

†The next birthday of the applicant fall on ……... 20…….. and his medical examination may be arranged before that date but within the period prescribed in the sanctioning order.

Signature and designation of the sanctioning authority

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* With one copy of Form C and an extra copy of Part III of the Form.

† To be struck out when the next birthday falls beyond the prescribed date.