

## FORM-2

[see Rule 5(2), 9 (3), 13(2), 14(2), 19, 20 (1) (2) and (3) , 21(1) and 25(2)

FORM OF APPLICATION FOR COMMUTATION AFTER MEDICAL EXAMINATION BY AN APPLICANT REFERRED TO  
IN RULE 18 OF THE C.C.S (COMMUTATION OF PENSION) RULES 1981

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

### Part-1

To

The \_\_\_\_\_ ( Here indicate the designation  
and full address of the Head of office) H.P. \_\_\_\_\_

**Subject:-Commutation of Pension after medical examination.**

**Sir,**

I desire to commute a fraction of my pension in accordance with the provision of the Central Civil Services (Commutation of Pension) Rules 1981. An attested copy of photograph is pasted on the application and an unattested copy is enclosed. The necessary particulars are furnished below:-

- 1 Name (in block letters)\_\_\_\_\_
- 2 Father's name (also husband's name in the case of a female government servant) \_\_\_\_\_
- 3 Designation \_\_\_\_\_
- 4 Name of office/department/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 C.C.S. 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 Nationalized Bank with complete postal address.\_  
(ii) Bank Account No to which monthly pension is being credited each month.\_\_\_\_  
(C ) Accounts Officer of the Ministry/Department Office
- 12 Approximate date from which commutation is desired to have effect.
- 13 The amount of pension already commuted , if any \_\_\_\_\_
- 14 Preference for station where medical examination is desired to take place.

**Date**  
**Place**

**Signature of the retiree**  
**& Postal address**

Note :- The payment of commuted value of pension shall be made through the Disbursing Authority from which pension is being drawn. 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 being drawn.

# The application should indicate the fraction of the amount of monthly pension ( subject to maximum of one third thereof) which he desires to commute and not the amount in rupees.

\*\* score out which is not applicable

**Part-II.**  
**Acknowledgement**

Received from Sh.\_\_\_\_\_ ( Name and former Designation) application in part-1 of Form-1 for the commutation of a fraction of pension without medical examination

Date

Signature of the Head of Office

**Part-III**

Forwarded to the Accounts officer (here indicate the address and designation)-----

With the remarks that the particulars furnished by the applicant in Part-1 have been verified and are correct and the applicant is eligible to get a fraction of his pension commuted after medical examination;

**2** It is requested that Part-IV of the form may be completed returned to this office as early as possible

**Place:-**  
**Date:-**

**Signature of the Head of Office.**