

**FORM 1-A**

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

[See Rules 5(2), 12, 13(3), 14(1) and 15(3)]

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

**Part-1**

The \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(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 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 letter :
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
5. Date of birth (by Christian era) :
6. Date of retirement on superannuation or :  
on the expiry of extension in service  
granted under F.R. 56(d)
7. \* Fraction of superannuation pension :  
proposed to be commuted

\* The applicant should indicate the fraction of the amount of monthly pension (subject to maximum of one-third thereof) which he/she desires to commute and not the amount in rupees)

Contd/...

#8. Disbursing authority from which pension :  
is to be drawn after retirement

(a) Treasury/sub-treasury (Name and :  
complete address of the Treasury/Sub-  
Treasury to be indicated)

(b) (i) Branch of the nominated :  
nationalised bank with complete  
postal address

(ii) Bank Account No. to which :  
monthly pension is to be credited  
each month

(c) Accounts Office of the :  
Ministry/Department/Office

Place: New Delhi

Dated:

Signature \_\_\_\_\_

Present postal address \_\_\_\_\_

\_\_\_\_\_

Postal address after retirement \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Part-II**  
(ACKNOWLEDGEMENT)

Received from Shri/Smt./Kumari \_\_\_\_\_  
application in Part-1 of Form 1-A for commutation of a fraction of pension without  
medical examination.

Place: New Delhi

Date:

Signature  
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.

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# Score out which is not applicable.

**Part-III**

Forwarded to the Accounts Officer

(here indicate the address and designation) \_\_\_\_\_  
with remarks that:-

- i) The particulars furnished by the applicant in part 1 have been verified and are correct.
- ii) The applicant is eligible to get a fraction of his pension commuted without medical examination and
- 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 complete in all respect were forwarded under this Ministry/Department Office letter No. \_\_\_\_\_, dated \_\_\_\_\_. It is requested that the payment of commuted value of pension may be authorised through the Pension Payment Order which may be issued one month before the retirement of the applicant.

3. The receipt of Part 1 of this Form has been acknowledged in Part II which has been forwarded separately to the applicant on \_\_\_\_\_.

The commuted value of pension is debitible to Head of Account \_\_\_\_\_  
\_\_\_\_\_.

Place:

Date:

Signature

Head of Office