

FORM -1 A (Commutation)

Form of Application for commutation of a fraction of superannuation pension without Medical Examination when the applicant desires that the payment of the commuted value of pension should be authorized through the pension payment order.

(See Rule 5 (2), 12, 13, (3)9!4)(1) and 15 (3)

To be submitted in duplicate at least three months before the date of Retirement.

PART -I

To

The Accounts Officer (DOT-Cell)
O/o.CCA-TS-Hyderabad.

(Here indicate the designation and full address
Address of the Head of the office)

Sub: 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 Service (Commutation of Pension) Rules-1981. The necessary particulars as furnished below.

1	Name in Block letters	
2	Father's Name	
3	Designation	
4	Name of the office/Department/Ministry in which employed	
5	Date of Birth (by Christian era)	
6	Date of retirement of Superannuation or on the expire of extension in service granted under FR 56(d)	
7	*Fraction of Superannuation pension proposed to be commuted.	
8	**Disbursing authority from which is to be drawn after retirement.	
(a)	Treasure / Sub-Treasure (Name and complete address of the Treasure/Sub-Treasure to be indicated.	
(b)	(i) Branch of the nominated national Bank with complete postal address	
	(ii) Bank account No. to which monthly pension is to be credited each month.	
(c)	Accounts officer of the Ministry / Department / office.	
9	Present postal address.	
10	Postal address after retirement	

NOTE: The payment of commuted value of pension shall be made through the disbursing authority from which pension is to be drawn after retirement. It is not open to an applicant to draw the commuted value of pension from a disbursing authority from which pension is to be drawn.

- The applicant should indicate the fraction of the amount of monthly pension (subject of a maximum of one-third thereof) which he/she desires to commute and not the amount in rupees.
- Score out which is not applicable.

Place: Hyderabad

Date:

Signature_____

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HRMS No:

Mobile No:

PART II

(ACKNOWLEDGEMENT)

Received from Sri _____, an application in Part I of Form 1-A for commutation of a fraction of pension without medical examination.

Place: Hyderabad

Date:

Signature of Head of the office:

Note: - If the application has been received by the Head of the Office before the expiry of three months 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 Post Office on or before the date, subject to production of evidence to that effect by the applicant.

PART – III

Forwarded to the Accounts Officer, (DOT-Cell) % CCA-HD
(here indicates the address and designation)

To

The Accounts Officer (DOT Cell)
% C.C.A.- TS,
Hyderabad.

With the remarks that:

- (1) (i) The particulars furnished by the applicant in Part I.
 - (ii) The applicant is eligible to get a fraction of the 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 Department.

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 on_____
- (3) The receipt of Part-I of this Form has been acknowledge separately to the applicant on _____
- (4) The commuted value of pension is debitable to Head of Account _____

Place: Hyderabad

Date:

SIGNATURE HEAD OF OFFICER

