

FORM A

(Form of Application for Commutation of Pension)

I _____ desire to commute a portion of my _____ pension of Rs. _____ a month. I intend to utilize the commuted value on the subject specified on the reverse, and I am convinced that the commutation will be to the distinct and I permanent advantage of myself and my family. I also certify that I have carefully answered each and all of the questions below:-

Date _____

Signature _____

Place _____

Designation _____

Address _____

Questions

Answer

1. What is your date of birth?

2. (a) How much of your pension do you wish to commute?

- (b) Without prejudice to the discretion of the sanctioning authority, from what date approximately do you wish this commutation to have effect?

- (c) Have you already commuted a portion of your pension? If so, give full particulars.

- (d) Has any application from you for commutation of pension ever been rejected?

accepted

Or have you ever-----

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.

FORM A--(Continued)

- 3. Have you any debts or liabilities? Give particulars.
- 4. Have you a wife? Detail the members of your family dependent on you with their respective ages.
- 5. What was your monthly income from all sources during the past year? Give particulars.
- 6. Do you suffer from any complaint likely to shorten life? If so, state its nature.
- 7. (a) What is the number of your pension payment order?

(b) Name the treasury from which you draw your pension or propose to draw your pension and commutation money.

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

Date _____

Signature_____

Place_____

For use in cases of applicant's still in service or whose pension has not been sanctioned.

Forwarded for report to the Accountant General, Srinagar.

Place_____

Signature_____

Date_____

Designation_____

Note.--The class of pension (Superannuation/Retiring/Invalid/Compensatory) should be stated and if the amount is not known a suitable modification should be made in the form.

REVERSE OF FORM "A"**PART I**

Statement of object or objects on which the commuted value will be spent.

Note.--The applicant must give full information of his financial position, the need for commutation and the advantage to be derived therefrom. If, for example he proposed to purchase or build a house he should state the rent he pays for a hired buildings, whether he has secured a site or negotiated for a building, etc. Debts must be detailed with the amount and rate of interest against each, and the applicant must explain to what extent commutation means a saving in charge on interest and the like. Where a business enterprise is the object, it is necessary to state capital outlay working expenses the prospect of business in the locality, profits anticipated and so on.

FORM A--(Continued)

Object	Estimate of cost with full details
1. Construction or purchase of a house.....	
2. Liquidation of debt.....	
3. Education of children or dependents.....	
4. Marriage expenses.....	
5. Starting a business enterprise.....	
Place.....	
Date.....	Signature

PART II

Forwarded to

(here enter the designation and address 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 birthday, which falls on.
- (a) On the basis of normal age i. e.....year Rs.....
 - (b) On the basis of normal age plus1 year, i.e year Rs.....
 - (c) On the basis of normal age plus 2 years, i. e..... years Rs.....
 - ¹(d) Deleted.
 - ¹(e) Deleted.
 - ¹(t) Deleted.

- Sum payable, if the commutation becomes absolute after the applicant's next birthday but before his next birthday but one.
- (a) On the basis of normal age i. eyears Rs.....
 - (b) On the basis of normal age plus 1 year, i. e year Rs.....
 - c) On the basis of normal age plus 2 years, i. e..... year Rs.....

1. Deleted vide SRO-S67 dated 30-11-1971.

FORM A--(Concluded)

PART II--(Concluded)

3. The sum payable will be charged on General Revenues.

Station_____

Signature and Designation of Accounts
Officer

Date_____

Administrative sanction of _____
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_____

Designation_____

*Forwarded to _____
_____ (here enter the designation and address of the Medical
Authority).

_____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 B .

(here enter the date)
but not earlier than the _____ and inform
(here enter the date of retirement)

the applicant direct in sufficient time where and when he should appear for the examination.

**The next birthday of the applicant falls on _____
and his Medical examination may be arranged before the date but within the period prescribed in the
sanctioning order.

Signature and Designation of the Sanctioning
Authority.

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

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