

'FORM 'D'

Form of *application* for commutation of pension without Medical examination.

To

The Pension sanctioning authority
(through Head of Office where *from*
the pensioner retired).

Space for
Photograph .

Subject: --Commutation of pension without Medical Examination.

Sir,

I furnish below the relevant particulars and request that I may be permitted to commute a part of my pension as indicated below ¹[An attested copy of my Photograph is pasted on this application _____ an unattested copy is enclosed].

1. Name in block letters.
2. Date of Birth.
3. Date of superannuation on attaining the age of 58 years.
4. Designation of the post held at the time of superannuation and the name of Department/Office.
5. Amount of pension sanctioned and whether it is provisional or final.
6. Class of Pension.
7. Name of Treasury or Bank and Account Number from which pension is being drawn.
8. Name of the Treasury or Bank through which the commuted value is desired to be paid.
9. Number and date of P.P.O. 10. Amount (in whole Rupees) or percentage of pension proposed to be commuted.
11. Particulars of any application for commutation of pension made previously and whether appeared before any medical authority or not.

Date:

Signature,
Full postal address .

1. Inserted vide SRO-327 dated 12-6-1978.

.PART II

Forwarded to the Accountant General for authorizing payment of commuted value to _____ as may be due and admissible
(Pensioner)
under rules.

Place _____ Signature of Head of Office.

Dated _____

PART III

Acknowledgement.

Received from Shri _____
Retired _____ an application for
(Designation)
commutation of pension without medical examination.

Dated _____ Signature, name and address
of Head of Office.

This acknowledgement is to be signed, stamped and dated and is to be detached from the form and handed over to the applicant. If the form is received by post it has to be acknowledged on the same day and sent under registered cover to the applicant.