

FORM 1-A

FORM OF APPLICATION FOR COMMUTAION 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.

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

PART-I

The Director,
I.V.R.I.,
Izatnagar (U.P.)

SUBJECT : Communication of Pension without medical examination.

Sir,

I desire to commute a fraction of my pension in accordance with the provisions of the CCS (Commutation of Pension) Rules, 1981. the necessary particulars are furnished below:

1. Name in Block Letters:
2. Father's Name (and also Husband's Name in Case of a female Govt. Servant):
3. Designation
4. Name of Office/Division/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: 40%
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 nationalized bank with complete postal address:
(ii) Bank Account No. to which monthly pension is to be credited each months:
 - (c) Account Office of the Ministry/Department/Office : DDO, IVRI, Izatnagar

Place : _____

Dated : _____

Signature of the Applicant
Name : _____

Postal address after retirement

Director's Residence, IVRI,
Izatnagar.

Present Postal Address
will be intimated after retirement.