

**FORM 2**  
**FORM OF APPLICATION FOR COMMUTATION OF**  
**PENSION AFTER MEDICAL EXAMINATION BY AN**  
**APPLICANT REFERRED TO IN RULE 18 OF THE**  
**CENTRAL CIVIL SERVICES (COMMUTATION OF**  
**PENSION) RULES, 1981**  
[see Rules 5(2),9(3),13(2), 14(2),19,20(1),(2) and (3), 21(1) and 25(2)]  
(To be submitted in duplicate)  
**PART-I**

SPACE FOR PHOTOGRAPH
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The.....  
.....  
.....

(Here indicate the designation and full address of the Head of Office)

**Subject :- Commutation of pension after medical examination.**

Sir,

I desire to commute a percentage of my pension in accordance with the provisions of the Central Civil Services (Commutation of Pension) Rules, 1981. An attested copy of my photograph is pasted on the application and an unattested copy is enclosed. The necessary particulars are furnished below -

- |  |     |     |     |
|--|-----|-----|-----|
| 1. Name (in Block letters)   | ... | ... | ... |
| 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  | ... | ... | ... |
| 7. Class of pension on which retired [ See Chapter V of the Central Civil Services (Pension) Rules, 1972   | ... | ... | ... |
| 8. Amount of pension authorized (indicate the amount of provisional pension if full pension not authorized)  | ... | ... | ... |
| 9. <sup>1</sup> Percentage of pension proposed to be commuted (the applicant should indicate the percentage of the amount of monthly pension subject to a maximum of forty percent thereof which he desires to commute and not the amount in rupees) | ... | ... | ... |
| 10. Designation of the Accounts Officer who authorized the pension and the number and date of the Pension Payment Order  | ... | ... | ... |
| 11. <sup>2</sup> Disbursing authority for payment of pension (score out which is not applicable)-  |     |     |     |
| (a) Treasury/Sub-Treasury (name and complete   |     |     |     |

- address of the Treasury/Sub-Treasury to be indicated) ... ..
- (b) (i) Branch of the Nationalized Bank with complete postal address ... ..
- (ii) Bank Account No. to which monthly pension is being credited each month ... ..
- (c) Accounts Office of the Ministry/Department/Office ... ..
12. Approximate date from which commutation is desired to have effect ... ..
13. The amount of pension already commuted, if any ... ..
14. Preference for station where medical examination is desired to take place ... ..

Signature  
Postal Address.....

Place : .....  
Date : .....

Footnote : 1. The applicant should indicate the percentage of the amount of monthly pension (subject to a maximum of forty percent thereof) which he desires to commute and not the amount in rupees.  
2. Score out which is not applicable.

NOTE. - The payment of commuted value of pension shall be made through the disbursing authority from which pension is being drawn. It is not open to an applicant to draw the commuted value of pension from a disbursing authority other than the authority from which pension is being drawn.

**PART- II  
ACKNOWLEDGEMENT**

Received from Shri.\  
Kum.\Smt.....(name).....(designation) application  
in Part I of Form 2 for commutation of a percentage of pension after medical examination.

Place : .....  
Date : .....  
Signature  
Head of Office

**PART- III**

Forwarded to the Accounts Officer.....(here indicate the address and designation) with the remarks that the particulars furnished by the applicant in Part I have been verified and are correct and the applicant is eligible to get a percentage of his pension commuted after medical examination.

2. It is requested that Part IV of the Form may be completed and returned to this office as early as possible.

Place : .....  
Date : .....  
Signature  
Head of Office

**PART- IV**

(To be completed by the Accounts Officer)

- 1. Name of the applicant ... ..
- 2. Date of birth (by Christian era) ... ..
- 3. Date of retirement ... ..
- 4. Amount of pension including provisional pension,  
if final pension not authorized ... ..
- 5. Class of pension ... ..  
[ See Chapter V of the CCS (Pension) Rules, 1972 ]
- 6. Amount of pension desired to be commuted ... ..

On the basis of		
Normal age	Added years	
	1 years	2 years
Rs.	Rs.	Rs.

- 7. (i) Sum payable if commutation becomes absolute  
before the applicant's next birthday, which falls  
on.....
- (ii) Sum payable if commutation becomes absolute  
after the applicant's next birthday, which falls  
on.....
- 8. The Head of Account to which commuted value is  
debitable ... ..
- 9. Number of enclosures, if any ... ..  
[ See Note below ]

Place :

Signature and  
Designation of the  
Accounts Officer

Date :

Countersigned

(Head of Office)  
Full address

NOTE. - The Accounts Officer should enclose with the Form a copy of the report or statement of the applicant's case if the applicant has been granted invalid pension or has previously commuted a part of his pension or declined to accept commutation on the basis of an addition of years to actual age, or has been refused commutation on medical grounds.