FORM ‘A’

COMMUTATION OF PENSION

PART-1

FORM OF APPLICATION
(To be filled by the applicant)

I, Shri ……………………………………………. Signature ……………………………………………

desire to commute ……………………………….. Designation ……………………………………….…

out of my monthly superannuation/retiring pension Address ……………………………………………...

Rs …………………………………………………. ……………………………………………………….

I certify that I have answered correctly each and all of the question below. Two copies of passport

size photograph (one attested are furnished.)

Place :-

Date :-

<table>
<thead>
<tr>
<th>QUESTION</th>
<th>ANSWERS</th>
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<tbody>
<tr>
<td>1. What is the date of your birth</td>
<td>:</td>
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<td>2. Date of your superannuation</td>
<td>:</td>
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<td>3. Date of application</td>
<td>:</td>
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<td>4. How much of your pension do you wish to commute?</td>
<td>:</td>
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<td>5. a) Have you already commuted a portion of your pension, if so give particulars</td>
<td>:</td>
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<td>b) Have any application from you for commutation of pension ever been rejected or have you ever been accepted</td>
<td>:</td>
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<td>6. From what treasury do you wish to draw or propose to draw your pension and commutation money</td>
<td>:</td>
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<td>7. a) If you are already drawing your pension quote the number of your pension payment order or colonial warrant</td>
<td>:</td>
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<tr>
<td>b) State special whether you are drawing anticipatory pension ?</td>
<td>:</td>
</tr>
<tr>
<td>8. Without prejudice to the desertion of the sanctioning authority from what date approximately do you wish this commutation to have effect</td>
<td>:</td>
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9. At what station near the area in which you are ordinarily resident, would you prefer your medical examination to this effect:

10.a) Are you re-employment or likely to be re-employed soon?

b) If so, name the authority under whom you are re-employment or likely to be re-employed:

c) State your designation and address on re-employment:

d) Whether your pension has been drawn or will be allowed to be drawn in whole or in part during re-employment or it has been held in obeyance during re-employment:

11. State the amount of Provident fund money (including any non-refundable withdrawals) and death cum-retirement gratuity to you:

12. Name the account officer who authorized the payment of provident fund money (including any non-refundable withdrawals) death cum-retirement gratuity to you:

Place:

Date:-

(SIGNATURE OF THE APPLICANT)

The clause of pension superannuation retiring invalid compensation should be stated and if the amount of pension is not known a suitable modification should be made in the form. The portion of the pension to be commuted should consist of rupees or rupee and a multiple of five paise.

In case of anticipatory pension the pensioner may if he desires indicate his intention to commute the maximum amount in the affidavit. His final pension being more than the anticipatory pension. In such case amount of proposed to be commuted alternatively be expressed in terms of percentage of full pension within the maximum permissible limit. The pensioner may also indicate whether he anticipates that the final amount of pension that he would be entitled to commute might exceed Rs 15/- in case desire commute such exceeding Rs 25/-

To be filled in by the forwarding authority in case given by rule-7(1) – (3)

Memo No. PPO(P) Dated, Dispur the ........................................
Forwarded to the Accountant General, Assam Guwahati, Beltola-28 for favour of Admissible Report

Deputy Secretary to the Govt. of Assam,
Pension and Public Grievances Deptt.