

**FORM - I**

**Part-I**

Statement to be filled in by the applicant for commutation of a portion of his pension under the Assam Services (Commutation of Pension) Rules.

The applicant must complete this Statement prior to his examination by the ..... (here enter the name of the Medical authority) and must sign the declaration appended thereto in the presence of that authority.

1. State your name in full (in Block letters) :
2. State your place of birth :
3. PPO No. :
4. State your age and date of birth :
5. Furnish the following particulars concerning your family :

Father's age if living and state of health	Father's age at death and cause of death	Number of brothers living, their ages and state of health	Numbers of brothers dead, their age at and cause of death	Mother's age if living and state of health	Mother's age at death and cause of death	Number of sisters living, their ages and state of health	Number of sister dead, their ages at and cause of death
1	2	3	4	5	6	7	8

6. Have any of near relations suffered from tuberculosis (consumption, scrofula), cancer, asthma, fits, epilepsy, insanity or any other nervous disease?
7. Have you ever been abroad?  
Where and for what period and how long ago?
8. Have you ever served in the Navy, Army, Air Force or in any Government Department?
9. Have you ever been examined-
  - (a) for life Insurance, or/and
  - (b) by any Government Medical Officer or State Medical Board, Civil or Military?  
If so, state details and with what result?
10. Have you ever been granted leave on Medical Certificate? If so, state periods of leave and nature of illness?
11. Have you ever-
  - (a) had small-pox, intermittent or any other fever, enlargement or supporation of glands, spitting blood, asthma, inflammation of lungs, pleurisy, heart disease, fainting attacks, rheumatism, appendicitis, epilepsy, insanity, or other disease of the ear, syphilis, gonorrhoea, or
  - (b) had any other disease or injury which required confinement to bed or medical or surgical treatment, or
  - (c) undergone any surgical treatment, or
  - (d) suffered from any illness, wound or injury sustained while on active service with his Majesty's Forces during World War II?

12. Have you rupture?
13. Have you vericocele, varicose veins or piles?
14. Is your vision in each eye good?
15. Is your hearing in each ear good?
16. Have you any congenital or acquired malformation, defect or deformity?
17. When were you last vaccinated?
18. Is there any further matter concerning your health not covered by the above question such as presence of albumen or sugar in the urine, marked increase or decrease in your weight in the last three years, being under treatment of any doctor within the last three months and the nature of illness for which such treatment was taken?

**Declaration by applicant**

(To be signed in the presence of the medical authority).

I declare all the above answer to be, to the best of my belief, true and correct,

I will fully reveal to the medical authority all circumstances within my knowledge that concern my health and fitness.

I am fully aware that by wilfully making a false of statement or concealing a relevant fact I shall incur the risk of losing the commutation I have applied for and of having my pension withheld or withdrawn under the relevant pension rules.

Signed in presence of.....

Applicant's signature.

Signature and designation  
of medical authority

**PART II**  
**COMMUTATION OF PENSION**  
(To be filled in by the examining medical authority)

1. Name of the applicant :
2. Apparent age :
3. Height :
4. Weight :
5. Birth of abdomen at level of umbilicus :
6. Pulse rate-
  - (a) Sitting :
  - (b) Standing :What is character of pulse?
7. What is condition of arteries? :
8. Blood pressure-
  - (a) Systolic :
  - (b) Diastolic :
9. Is there any evidence of disease of the main organs-
  - (a) Heart :
  - (b) Lungs :
  - (c) Liver :
  - (d) Spleen :
  - (e) :
  - (f) :
  - (g) :
10. Does chemical examination :  
of urine show, (i) Albumen  
(ii) Sugar? State specific gravity.
11. Has the applicant a rupture? :  
If so, state the kind and if reducible.
12. Describe any scars or  
identifying marks :
13. Any additional information. :

Station.  
Dated.

(Signature and designation of  
examining medical authority)



**FORM C**  
**PART III**

(1) I/We have carefully examined..... and am/are of opinion that he is not in good bodily health and has the prospect of an average duration of life is not a fit subject for commutation.

Or

(2) In the case of an impaired life which is yet considered a fit subject for commutation:-

I/We have carefully examined..... and am/are of opinion that as he is suffering from..... his age for the purpose of commutation , i.e. his age next birthday should be taken to be..... years.

Score (1) or (2) as the case may be.

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**FORM C**  
**PART IV**

Photograph of the pensioner to be attested by the examining medical authority.



Signature and designation of the examination medical authority.

1. Name of the pensioner.....
2. Signature of pensioner.....
3. Left hand thumb and finger impression of non-gazetted Government servants in the case of illiterate persons only.

.....  
Taken in my/our presence.

Place.....  
Dated.....

(Signature and designation of  
examining medical authority)