

FORM – 3

(See rule 20 (3) and (4) and 23 (5))

**Form of Letter to the Superintendent of a Government Hospital/
Chief Medical & Health Officer.**

No.

Government of Rajasthan

-----**(Department)**

Dated the -----

To,

Sub :- Medical Examination-Commutation of Pension

Sir,

**Shri _____ who retired from service on _____ as _____
(Designation) has applied for commuting a fraction of his pension for a lump
sum payment. The following documents are forwarded herewith :-**

- (a) Application in Form 2 in original together with :-**
 - (i) An unattested copy of the applicant's photograph.**
 - (ii) Part IV of Form 2 in original duly completed by the
Director, Pension Department, Rajasthan, Jaipur.**
- (b) A copy of Form 4 with a spare copy of Part III of that Form.**
- (c) Report of the statement of the applicant's case if he has been
granted invalid pension or has previously commuted a
fraction of his pension or declined to accept commutation on
the basis of addition of years to his actual age or has been
refused commutation on medical grounds.**

2. In terms of rule 20 of the Rajasthan Civil Service (Commutation of Pension) Rules, 1996 Shri_____should be examined by a Medical Board/Medical Officer not lower than the rank of Civil Surgeon or a Chief Medical Officer. It is requested that arrangement may be made to get Shri_____examined as expeditiously as possible before his next birth day which falls on ____.

3. It is requested that arrangements for medical examination by the medical authority indicated in para 2 above may be made at the nearest available station mentioned by Shri_____in his application in Form 2. The attention of the Medical authority may be drawn to the provisions of rule 23 of the Rajasthan Civil Services (Commutation of Pension) Rules, 1996.

4. It is requested that Shri_____may be informed direct under intimation to this Department/Office as to where and when he should appear before the appropriate authority for medical examination. A Copy of this letter is being endorsed to him so that he may comply with your instructions on hearing from you.

5. The receipt of this letter may please be acknowledged.

Yours faithfully,
(Head of Office)

Copy forwarded to Shri _____(here give complete postal address) with the remarks that subject to the medical authority recommending commutation, he will on the basis of the report of the Director, Pension Department, Rajasthan, Jaipur, be eligible for the lumpsum payment in lieu of the amount of pension to be commuted as follows :-

On the basis of

| Normal | <u>Added</u> | <u>Years</u> |
|--------|--------------|--------------|
| Age | 1 Yr. | 2 Yrs. |
| Rs. | Rs. | Rs. |

- (i) Sum payable if commutation becomes absolute before the applicant's next birthday which falls on _____.
- (ii) Sum payable if commutation becomes absolute after applicant's next birth day which falls on _____.

The Table of the present value, on the basis of which the calculation by the "Director, Pension Department," Rajasthan, Jaipur has been made, is subject to alteration at any time without notice and consequently the basis are liable to revision before payment is made. The sum payable will be the sum appropriate to the applicant's age on his birth day next after the date on which the commutation becomes absolute or if the medical authority directs that years will be added to that age, to the consequent assumed age.

Shri _____ should report for medical examination to the medical authority direct on hearing from _____. He should take with him the enclosed Form 4 with the particulars required in Part 1 completed except the signature or thumb or finger impressions.

Place

Date

Signature

Head of Office

Copy forwarded to the Director, Pension Department, Rajasthan, Jaipur with reference to his letter number _____ dated _____.

Signature

Head of Office

FORM – 4

(See rule 6 (1), 18 (3), 23 (1),(2) and (3) , 24 (3), 26 (2) & 28 (1)

Medical Examination by the -----

(here enter the medical authority)

PART – I

The applicant must complete this statement prior to his examination by the _____ and must sign the declaration.

(here enter the medical authority)

Appended thereto in the presence of that authority.

- 1. Name of the applicant (in Block letters).**
- 2. Date of birth (by Christian era).**
- 3. Place of Birth.**
- 4. Particulars regarding parents, brothers and sisters :-**

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

- 5. Have you ever been examined,**
 - (a) For Life Insurance, or/and**
 - (b) By any Government Medical Officer or Medical Board.**

- 6. Have you been granted or considered for grant of invalid pension ?
If so, state the ground thereof.**
- 7. Have you ever been granted leave on medical certificate during the last five years ? If so, state periods of leave and nature of illness.**
- 8. Have you ever :-**
- (a) Had small-pox, intermittent or any other fever, enlargement on suppuration of glands, spitting of blood, asthma, inflammation of lungs, pleurisy, heart disease, fainting attacks, rheumatism appendicitis, epilepsy, insanity, or other nervous disease, discharge from or other disease of the ear, syphilis or gonorrhoea; or**
 - (b) had any other disease or injury which required confinement to bed, or**
 - (c) undergone any surgical operation, or**
 - (d) suffered from any illness, wound or injury sustained while on active service.**
 - (e) Presence of albumen or sugar in urine**
- 9. Present state of health**
- (a) Have you a hernia ?**
 - (b) Have you varicocele, varicose vein or piles ?**
 - (c) Is your vision in each eye good (with or without glasses) ?**
 - (d) Is your hearing in each ear good ?**
 - (e) Have you any congenital or acquired malformation, defect or deformity ?**
 - (f) Have you lost or gained weight markedly during the last three years.**

- (g) Have you been under treatment of any doctor within the last three months and 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 answers to be, to the best of my belief, true and correct.

I am fully aware that by willfully making a false statement or concealing a relevant fact, I shall incur the risk of losing the commutation. I have applied for and of having my pension with held or withdrawn under rule 6 of the Rajasthan Civil Service (Pension) Rules, 1996.

**Applicant's signature or thumb
impression in case of illiterate applicant**

Signed in presence of _____ and designation of medical authority.