

FORM-1

See Rule 5 (2), 6(1), 11, 12, 13, and 14

Form of application for Commutation of a fraction of Pension without medical examination.

(To be submitted in duplicate before/after retirement but within one years of the date of retirement)

PART-I

To,
The

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

Sub: Commutation of pension without Medical Examination.

Sir,

I desire to commute a fraction of my pension as indicated below in accordance

with the provisions of the Rajasthan Civil Services (Commutation of Pension) Rules, 1996. This application is being submitted before/after my retirement. The necessary particulars are furnished below:-

1	Name (in Block letters)	
2	Father's name (also husband's name in the case of a female Government servant).	
3	Designation at the time of retirement/ at the time of submission of application while in service.	
4	Name of Office/Department in which employed.	
5	Date of birth (by Christian era)	
6	Date of retirement/on which to retire.	
7	Class of pension on which retired/ on which to retire.	
8	*fraction of pension proposed to be commuted.	

*The applicant should indicate the fraction of the amount of monthly pension (subject to a maximum of one third thereof) which he desires to commute and not the amount in rupees.

9	No. and date of the Pension Payment Order, if issued (Not applicable when application is made before retirement).	
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10	** Disbursing authority for payment of Pension			
	a	complete address of the Treasury/Sub-Treasury to be indicated).		
	b	(i)	Branch of the Nationalised Bank with complete postal address,	
		(ii)	Bank Account No. to which monthly pension is being credited each month.	
c	Pension Payment Officer.			

Signature

Place

Date

Name & Postal Address

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 disbursing authority

**PART-II
ACKNOWLEDGEMENT**

Received from

(Designation)

application in part I of

Form 1 for the commutation of a fraction of pension without medical examination.

Place

Signature

Date

Head of Office

Note:

This acknowledgement is to be signed, stamped and dated and is to be detached from the form and handed over to the applicant, if the form has been received by the post, it has to be acknowledged on the same date and the acknowledgement send under register

** Score out which is not applicable.

PART-III

1	Forwarded to the Director, Pension Department, Rajasthan, Jaipur with the remarks that :-	
(i)	the particulars furnished by the applicant in part I have been verified and are correct;	
(ii)	the applicant is eligible to get a fraction of his pension commuted without medical examination;	
(iii)	the commuted value of pension determined with reference to the Table applicable at present comes to Rs	
(iv)	the amount of residuary pension after commutation will be Rs	
2	It is requested that further action to authorise the payment of the amount of commuted value of pension may be taken as in rule 14 of the Rajasthan Civil Services (Commutation of Pension) Rules, 1996.	
3	The receipt of Part I of the Form has been acknowledged in part II which has been forwarded separately to the applicant on	

Place:

Signature

Date :

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