

FORM – 2

(See Rule5(2), 12(2), 13(2), 17, 18(1), (2) and (3), 19(1) and 22(2)

Form of Application for Commutation of Pension after Medical Examination by An Applicant referred to in Rule 16 of the Rajasthan Civil Services (Commutation of Pension) Rules, 1996.

(To be submitted in duplicate)

PART – I

Space for
Photograph

To

The
.....
.....

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

Sub.: Commutation of pension after medical examination.

Sir,

I, desire to commute a fraction of my pension in accordance with the provisions of the Rajasthan Civil Services (Commutation of Pension) Rules, 1996. 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 in which employed.
5. Date of birth (by Christian era).
6. Date of retirement.
7. Class of pension on which retired (see Chapter III) of the Rajasthan Civil Service (Pension) Rules, 1996.
8. Amount of pension authorised.
9. *Fraction of pension proposed to be commuted.
10. No. and date of the Pension Payment Order.
11. **Disbursing authority for payment of pension
 - (a) Treasury/Sub-Treasury (Name and complete address of the Treasury/Sub-Treasury to be indicated.)
 - (b) (i) Branch of the National Bank with complete postal address.
(ii) Bank Account No. to which monthly pension is being credited each month.
 - (c) Pension Payment Officer.

* 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 of rupees.

** Score out which is not applicable.

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.

Place

Signature

Date

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 authority from which pension is being drawn.

PART – II

ACKNOWLEDGEMENT

Received from Shri.....

(Name)

(Designation)

application in part I of Form 1 for the commutation of a fraction of pension after medical examination.

Place

Signature

Date

Head of Office

PART – III

1. Forwarded to the Director, Pension Department Rajasthan, Jaipur 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 fraction 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

Signature

Date

Head of Office

PART – IV

(To be completed by the Director, Pension Department)

1. Name of the applicant.
2. Date of birth (by Christian era).
3. Date of retirement.
4. Amount of pension.
5. Class of pension (see Chapter III of the Rajasthan Civil Services (Pension) Rules, 1996).
6. Amount of Pension desired to be commuted.

On the basis of		
Normal age	Added	Years

	1 Y.	2 Yrs.
Rs.	Rs.	Rs.

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

Note:- The Director, Pension Department Rajasthan, Jaipur 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.

Signature of the Director,
Pension Department, Rajasthan, Jaipur

Place

Date

Countersigned

(Head of Office)
Full Address.