

FORM- 3

**FORM OF APPLICATION FOR COMMUTATION OF PENSION AFTER
MEDICAL EXAMINATION BY AN APPLICANT REFERRED TO IN RULE 16 OF
THE MEGHALAYA CIVIL SERVICES (COMMUTATION OF PENSION) RULE,
1992**

(To be submitted in Duplicate)

PART 1

To

(Designation and full address to the Head of Office)

Subject :- Commutation of pension after Medical examination.

Sir,

I desire to commute a fraction of my pension in accordance with provisions of the Meghalaya Civil Services (Commutation of Pension) Rules, 1992. 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 case of a female Government
employed :-
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 (Refer)
Chapter -V of the Meghalaya Civil Services
(Pension) Rule, 1983 :-
8. Amount of Pension authorised (indicate the
amount of Provisional Pension if full pension
not authorized) :-

Contd...2/-

9. Fraction of pension proposed to be commuted:-

10. Designation of the Accounts Officer who authorised the pension and the number and date of the pension payment order :-

11. Disbursing Authority for payment of pension.

(i) Treasury/Sub-Treasury (Name and complete Postal Address) :-

(ii) (a) Branch of the P. S. B. with complete Postal Address :-

(b) Account No. to which monthly pension is being credited each month :-

(iii) P.A.O/R.P.O. :-

12. Approximate date from which commutation is desired to have effect :-

13. The amount of pension already commuted, if any :-

14. Reference for station where medical examination is desired to take place. :-

Place _____

Date _____

Signature of the applicant

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 which pension is being drawn.

The applicant should indicate the portion of the monthly pension (subject to the maximum of one-third thereof).

Score out which is not applicable.

PART - II

ACKNOWLEDGEMENT

Received from Shri/Smti/Kumari _____
(Name with former designation)

application in Part 1 of Form 3 for Commutation of a fraction of pension after medical examination.

Place _____

Signature

Date _____

Head of Office

PART III

Memo. No. _____

Dated _____

1. Forwarded to the Accountant General (A&E) Meghalaya etc., Shillong with the remarks that the particulars furnished by the applicant in Part I have been duly 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 necessary report in Form 5 as to the admissibility of the Commuted Value of pension may be sent to the Finance Department, Government of Meghalaya for the purpose of administrative sanction.

3. The receipt of Part – I of the Form has been acknowledged in Part-II which has been forwarded to the applicant separately on _____

Place _____

Signature of

Date _____

Head of Office
