

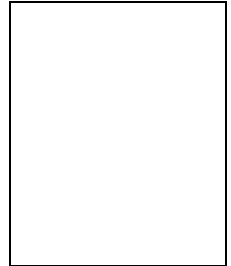
FORM 2

**FORM OF APPLICATION FOR COMMUTATION OF A PORTION OF PENSION
WITHOUT MEDICAL EXAMINATION**

(To be submitted in **DUPLICATE** after retirement within one year of the date of retirement)

PART I

To



(Designation and full address of the Head 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 Meghalaya Civil Services (Commutation of Pension Rules, 1982. 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 :-
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 :-
8. Amount of pension authorised in case total amount of pension has not been authorised indicate the amount of provisional pension sanctioned under Rule 83 or 69 of the Meghalaya Civil Services (Pension) Rules, 1983. :-

Contd.....2/-

9. Fraction of pension proposed to be commuted. :-
10. Designation of the Accounts Officer who authorized the pension and the N.O.C and date of the Pension payment Order, if any. :-
11. Disbursing authority for payment of pension. :-
- (a) Treasury/Sub-Treasury(Name and complete postal address :-
- (b) Bank Account No to which monthly pension is being credited each month (Name complete postal address of P.S. B) :-
- (c) P.A.O / R. P.O. :-

Place _____
Date _____

Signature of the applicant
Postal Address

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 rupee.

Score out which is not applicable.

Contd...3/-

PART II

ACKNOWLEDGEMENT

Received from Shri/ Smti/Kumari_____

(same with former designation) application in Part I of form 2 for the commutation of fraction of pension without Medical Examination.

Place_____

Signature

Date _____

Head of Office

Note:-The acknowledgement is to be signed, stamped and date 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 day and the acknowledgement sent under register cover forthwith.

PART – III

Memo_____

Dated _____

Forwarded to the Accountant General (A &E), Meghalaya, Shillong with the remarks that :-

- (i) The particulars furnished by the applicant in Part I of the Form have been verified and are correct.
- (ii) The applicant is eligible to get a fraction of the pension commuted without Medical examination.
- (iii) The Pension papers of the applicant completed in all respect were forwarded under the Office Department letter No..... datedit 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.
- (iv) 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_____

Head of Office.