

FORM- 9

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relevant fact I shall incur the risk of losing the commutation I have applied for and of having my pension withheld or withdrawn under Rule 8 of the Meghalaya Civil Services (Pension) Rule, 1983.

**Applicant's signature or thumb/finger
Impression in case of illiterate applicants**

Signed in the Presence of _____

**Signature and designation of the
Medical Authority**

PART – II

(To be filled in by the examining Medical Authority)

1. Apparent age :-
2. Height :-
3. Weight :-
4. Describe any scars or identifying marks of the applicant :-
5. Pulse-rate
 - (a) Sitting :-
 - (b) Standing :-
 - (c) What is the character of pulse? :-

6. Blood pressure
 - (a) Systolic :-
 - (b) Diastolic :-
7. Is there any evidence of disease of the main organ ? :-
 - (a) Heart :-
 - (b) Lungs :-
 - (c) Liver :-
 - (d) Spleen :-
 - (e) Kidney :-

Contd...2/-

8. Investigations :-

- (a) Urine :-
(State specific gravity)
(b) Blood :-
(c) X- ray Chest :-
(d) E.G.G. :-

9. Has the applicant a hernia

(if so State the kind and if reducible)

10. Any additional finding :-

PART –III

(To be filled in by the examining Medical Authority)

I/We have carefully examined Shri/Smti/Kumari _____
and am/are of opinion of -

He/She is in good bodily health and has the prospect of an average duration of life.

Or

He/She is not in good bodily health and is not a fit subject for commutation.

Although He/She is suffering from _____

_____ he/she is considered a fit subject or for commutation but his/her
is the purpose of commutation, i.e. the age next birthday should be taken to be

_____ in words) years more than he/her actual age.

Station _____

Date _____

**Signature & Designation
of examining Medical Authority**

PROFORMA

To

Sub: Restoration of commuted portion of pension after 15 years – implemented of the Judgement of the Supreme Court.

Sir,

Kindly restore my commuted portion of pension in terms of Finance Department O.M. No.FEM(PC)9/87/37, dated.31st May, 1991.

Request particulars are given below :-

1. Name in Block Letters _____
2. Date of retirement _____
3. PC/PPO No. _____
4. Amount of original pension _____
5. Amount of pension commuted (if any) _____
6. Name of the Accounts Officers, Viz.,
the authority who issue PC/PPO _____
8. Name of Treasury/Post Office/PPM/
other pension disbursing agency _____

***Strike if not applicable.**

Date :

Postal Address :

Signature of pensioner

Particulars

Verified

Signatures

Rubber Stamp of Pension Disbursing Authority
