

FORM 1

FORM OF APPLICATION FOR COMMUTATION OF A FRACTION OF  
SUPERANNUATION PENSION WITHOUT MEDICAL EXAMINATION WHEN  
APPLICANT DESIRES THAT THE PAYMENT OF COMMUTED VALUE OF PENSION  
SHOULD BE AUTHORISED THROUGH THE PENSION PAYMENT

\*\*\*\*\*

(TO BE SUBMITTED IN DUPLICATE AT LEAST THREE MONTHS BEFORE THE  
DATE OF RETIREMENT)

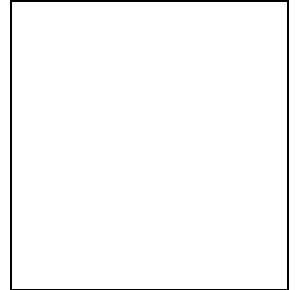
PART -1

To

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Designation and full address of the Head of Office)

Subject : Commutation of pension without Medical Examination.



Sir,

I desire to commute a 'fraction' of my pension in accordance with the provisions of the Meghalaya Civil Services (Commutation of Pension) Rules, 1992. The necessary particulars are furnish below :-

- 1 .Name (Block Letter) :-
2. Father;s name (and also husband's name in the case of female Govt. employee)
3. Designation :-
4. Name of the Office/Department in which employed:-
5. Date of Birth (by Christian Era ) :-
6. Date of retirement on Superannuation or on the expiry of extension in service granted under F.R.57(a) :-
7. Fraction of superannuation Pension proposed to be commuted:-
- 8, Disbursing Authority from which pension is to be drawn after retirement. :-
- (a) Treasury/Sub-Treasury :-
- (b) (i) Branch of the Public Sector Bank :-
- (ii) Bank Account No. to which monthly pension is to be credited :-

Place \_\_\_\_\_

Date \_\_\_\_\_

Signature

Present Postal Address

**Note-** The payment of commuted value of pension shall be made through the disbursing authority from which pension is to be drawn after retirement. It is not open to an applicant to draw the commuted value of pension from a Disbursing Authority other than the Disbursing Authority from which pension is to be drawn.

Contd...2/-

**PART -11**

**ACKNOWLEDGEMENT**

Received from Shri/Smti/Kumari \_\_\_\_\_

(Name & designation)

Application in Part 1 of Form 1 for commutation of a fraction without Medical Examination.

**Place** \_\_\_\_\_

**(Signature)**

**Date** \_\_\_\_\_

**Head of Office**

**Note** – If the application has been received by the Head of Office before the expire of three months of the date of retirement on superannuation, this acknowledged should be detached from the Form and handed over to the applicant. If the form has been received by post, it has to be acknowledge on the same day and the acknowledgement sent under registered cover of the applicant. In case it is received after the specified date, it should be accepted only if it has been put into. The post on or before that date subject to the production of evidence that effect by the applicant.

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

\*\*Score out which is not applicable.

**PART-III**

**Memo No** \_\_\_\_\_

**Dated** \_\_\_\_\_

Forwarded to Accountant General (A&E) Meghalaya, etc., 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 his pension commuted without Medical Examination.,

2. The pension papers of the applicant completed, in all respects were forwarded under the Office/Department letter No. \_\_\_\_\_ dated \_\_\_\_\_. 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, Govt. of Meghalaya for the purpose of administrative sanction.

3. The receipt of Part I of this Form has been duly acknowledged in Part II which has been forwarded to the applicant separately on \_\_\_\_\_

**Signature of Head Office.**

\*\*\*\*\*