

UNDERTAKING

IS/o
retiring employee of Cantt Board Lansdowne declared that I will reside at
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.....
this area is not covered under Cantt Board Hospital Lansdowne.

Since I have shifted my residence, now I do not wish to obtain cards/medical facilities from the Cantt Board Hospital Lansdowne and avail out/indoor facilities in the above hospital.

Dated :

Signature

Name :

Designation :

Address :

.....

.....

Copy to : RMO, CGH Lansdowne

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Joint photographs of Sh./Smt.....

Joint photographs of Sh./Smt..... Pension

Joint photographs of Shri..... Pension

Form No. 5

(See Rules 59 and 61 of C.C.S.(Pension) Rules)

Particularly to obtained by the Head of Office from the relating Government Servant eight months before the date of his retirement.

1. Name
2. (a) Date of birth
- (b) Date of retirement
3. Two specimen signature (to be furnished in a separated sheet) duly attested
 By Gazetted Government servant.....
4. Three copies of passport size joint photograph with wife or husband (to be
 Attested by head of Office)
5. Two slips showing the particularly of height and personal identification marks
 Duly attested by Gazetted Government servant.
6. Permanent Address.

7. Address after retirement

8. Name of the Treasury or the Branch of public Sector Bank of the Pay and Account Office through
 which the pension is be drawn.
9. Details of the family in form 3

Place	Signature
Dated the	Designation
	Ministry/Deptt./Office

1. Two slips each bearing the left hand thumb and finger impressions duly attested May be furnished by a person who is not literate enough to sign his name. If a Government Servant on account of physical disability is unable to give left hand finger impression he may give thumb and finger impression he may give thumb and finger impression of the right hand. Where a Government servant has lost both the hands , he may give his too impression . Impression should be duly attested Government servant.
 2. Two copies of the passport size photograph of self only need be furnished :-
 - (i) If the Government servant is government is governed by rule 54 of the Central Civil Services (Pension) Rules, 1972 and is unmarried or a Widower or widow;
 - (ii) If the Government servant is governed by Rule 55 of the Central Civil Services (Pension) Rules, 1972.
 3. Where it is not possible for a Government servant to submit a photograph with his Her wife or her husband, he or the may submit separate photograph. The photograph shall be attested by Head of Office.
 4. Specify a few conspicuous shall marks, not less than two, if possible.
 5. Any subsequent charge of address should be notified to the Head.
 6. Application only where rule 24 of the Central Civil Services (Pension) Rules, 1972 applies to the Government servant.
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FROM OF APPLICATION FOR COMMUTATION OF A FRACTION OF PENSION WITHOUT MEDICAL EXAMINATION

(See Riles 5 (2) ,6(1) ,12,13(1) and (2) ,14 (1) and (2) ,15 (1) and (2) and 16(1) and (2) (To be submitted in duplicate after retirement but within one year of teh date of retirement.

PART –I

To,

The(Here indicate the designation and
..... full address of the Head of 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 provision of the Central Civil Services (Commutation of pension) Rules 1981 ,The necessary particulars are furnished below :-

1. Name (in block letters .) -----
2. Fathers name (also husbands name in the case of a female Govt. Servant .-----
3. Designation at the time of retirement . -----
4. Name of office /Department /Ministry in which employed -----
5. Date of birthday (by Christian rea.) -----
6. Date of retirement -----
7. Class of pension on which retired -----
8. Amount of pension authorized (In case final amount of Pension has not been authorized indicate the amount of provisional pension sanctioned under Rules 64 of the Central civil services (Pension) Rules. 1972
9. Fraction of pension proposed to be commuted. -----
10. Designation of the Account Officer who authorized the pension and the number and date of the pension payment order if issued -----
11. Disbursing authority for payment of pension -----
(a) Treasury /Sub treasury (Name and completely address of the treasury /Sub treasury to be indicated -----
(b) (i) Branch of the Nationalized Bank with complete postal address -----

(ii) Bank Account No. to which monthly pension is being created each month.
(c) Account Office of the Ministry /Department /Office -----

Place -----

signature of official & address

Date -----

PART II

ACKNOWLEDGMENT

Received from Shri -----(Former designation)
application in Part –I of from the commutation of a fraction of pension without medical
examination .

Place -----

Signature of Head Office

Date -----

PART –III

Forwarded to the Account Officer -----(here indicate the
address and designation) with the remarks that:-

(i) The particulars furnished by the applicant in Part –I have been verified and are
correct

(ii) The applicant is eligible to get a fraction of his pension commuted without
examination.

(iii) The commuted value of pension determined with reference to the Table applicable
at present comes to Rs. -----

(iv) The amount of residuary pension after commutation will be Rs. -----

2. It is requested that further action to authorize the payment of the amount of
commuted value of pension may be taken as in Rule 15 of the
Central Civil Services (Commutation of pension) Rules 1981.
3. The receipt of Part -I of the has been acknowledged in part II which has been forwarded
separately to the applicant on. -----
4. The Commuted value of pension is debatable to Head of Account -----

Place -----

Signature of Head Office

Date -----