

**FORM-I A**

**FORM OF APPLICATION FOR COMMUTATION OF A PERCENTAGE OF SUPERANNUATION PENSION WITHOUT MEDICAL EXAMINATION WHEN APPLICANT DESIRES THAT THE PAYMENT OF THE COMMUTED VALUE OF PENSION SHOULD BE AUTHORIZED THROUGH THE PENSION PAYMENT ORDER**

(To be submitted in duplicate at least three months before the date of retirement)

**PART I**

The Director  
Saha Institute of Nuclear Physics  
1/AF, Bidhannagar,  
Kolkata-700064

**Subject: - Commutation of pension without medical examination.**

Sir,

I desire to commute a percentage of my pension in accordance with the provisions of the Central Civil Services (Commutation of Pension) Rules, 1981. The necessary particulars are furnished below -

1. Name (in Block letters):
2. Father's name (and also husband's name in the case of a female Government servant) :
3. Designation:
4. Date of Birth (by Christian era):
5. Date of retirement on superannuation or on the expiry of extension in service granted:
- 6.\* Percentage of superannuation pension proposed to be commuted under FR 56(d):
7. (i) Branch of the nationalized bank with complete postal address :
- (ii) Bank Account No. to which monthly pension is being credited each month:

**Signature**

Present Postal Address:

Postal address after Retirement:

\*The applicant should indicate the percentage of the amount of monthly pension subject to be maximum of 40% thereof which he/she desires to commute and not the amount in Rupees.

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**PART II**

**(ACKNOWLEDGEMENT)**

Received from Shri/Smt./Kumari.....(name).....(designation)  
application in Part I of Form I-A for commutation of a percentage of pension without medical examination.

Place :

Date :

**Signature**  
**SINP**