

FORM-A

PART-I

[Rule 10(2).]

I, desire to commute a portion of my original pension of Rs. a month. I certify that I have correctly answered the questions below:

Dated, the _____ **Signature :**
Place _____ **Designation :**
_____ **Address :**

1.	How much of your pension do you wish to commute?	
2.	Have you a wife/husband?	
3.	How many members are there in your family (with ages and sex)	
4.	What was your monthly income from all sources during the past year?	
5.	Do you suffer from any complaint likely to shorten life? If so, state its nature.	
6.	What is the class of your pension (compensation/invalid/superannuation/retiring/compassionate)	
7.	What is the date and year of your birth?	
8.	From what Treasury/Bank do you draw your pension?	
9.	What is the number of your present Pension Payment Order issued by the Accountant General, West Bengal?	
10.	(i) Have you commuted any portion of your pension previously? If so, please give details.	
	(ii) Have you applied for commutation of your pension previously? If so, please give details	
11.	What portion of the pension commuted by you represent your original pension and relief in pension if any?	
12.	Whether the pension has been sanctioned under the old Pension rules or the new Pension Rules?	

FORM A
PART-II
[Rule 20(1) (a)]

No.

Date:-.

ACKNOWLEDGEMENT

Received from Shri/Smt..... application in in
PART-I of Form-A for commutation of a portion of pension after medical examination.

Date:-

Place:-

Signature of the Competent Authority

FORM - A
PART-III
[Rule 20(1) (b)]

No.....

Date:

Forwarded to the Audit Officer (here indicate the address and designation)
..... with the remarks that the particulars
furnished by the applicant in Part-I have been verified and are correct and the applicant is
eligible to get a portion of his pension commuted after medical examination.

2. It is requested that Part-IV of Form A may be completed and returned to this office as early as possible.

Date:-

Place:-

Signature of the Competent Authority

FORM-A

PART - IV

[Rule 20(2)]

Forwarded to

2. Subject to the Medical Authority's/Medical Board's recommending commutation, the lump sum payable will be as stated below :

i)	Sum payable, if the commutation becomes absolute before the applicant's next birthday which falls on	
	On the basis of normal age, ie,years Rs	
	1. Year, ie,.....years.	Rs.
	2. Year, ie,.....years.	Rs.
	3. Year, ie,.....years.	Rs.
	4. Year, ie,.....years.	Rs.
	5. Year, ie,.....years.	Rs.
ii)	Sum payable, if the commutation becomes absolute after the applicant's next birthday but one. On the basis of normal age, ie,years Rs	
	1. Year, ie,.....years.	Rs.
	2. Year, ie,.....years.	Rs.
	3. Year, ie,.....years.	Rs.
	4. Year, ie,.....years.	Rs.
	5. Year, ie,.....years.	Rs.
3	The sum payable will be a charge on	
	Central revenues	Rs.
	The Govt. of West Bengal	Rs.

Station :

Signature and designation of Audit Officer

Date :

1. Name and address of the pensioner :
2. Amount of the original pension :
3. Amount on which value is reported :
4. Class of pension :
5. Date of retirement :

FORM A
PART V(I)
[Rule 20 (3)]

(If the applicant desires to commute a sum not exceeding Rs. 25)

No.....

Place:-

Date:-

MEMORANDUM

With reference to his application, datedregarding commutation of a portion of his pension, Sri/Smt..... is informed that Government is prepared to consider the question of allowing him to commute Rs..... out of his original monthly superannuation pension of Rs..... for a lump sum of Rs..... Provided commutation can be sanctioned to take effect from a date prior to his next birth day falling on after setting all the preliminaries connected with the sanction. He is accordingly requested to state whether he is willing to accept the above lump payment and if so to submit a medical certificate in the prescribed form from Dr..... the Chief Medical Officer of Health, / Sub-Divisional Medical Officer as to the average expectation of his life and bring with him at the time of examination the enclosed Form-B (Part-I) with particulars required therein except for the signature. The medical examination fee of Rs. 16.00 should be paid to the aforesaid Surgeon.

2. He is also informed that the existing table on the basis of which the sum has been calculated is subject to alteration at any time without notice and consequently the sum calculated is also liable to revision.
3. He is further informed that unless the medical certificate is produced within three weeks from the date of receipt of this order his case will be closed.
4. An acknowledgement of the receipt of this order is requested within seven days.

**Signature of the Competent
Authority**

To
The.....
.....
.....

(Name and address of the applicant)

No.....

Copy with a copy of Form B (Part-II) forwarded to Dr.....
..... /CMOH.....
/ Sub Divisional Medical Officer..... for information with the
request hat after obtaining from the applicant a statement in Part I of
form B (which must be signed in his presence) he shall subject him to a
strict examination and enter the results of his examination in Part-II of
Form B. He is also requested to record his opinion as to the accuracy
with which the pensioner has answered the question in Part I regarding
his medical history and habits and complete the certificate contained at
the end of Part-II of Form B. the applicant's signature or impressions of
the thumb of his left hand should also be obtained on the certificate.

**(Signature of the
Competent Authority)**

FORM A

PART V(2)

[Rule 20 (3)]

(If the applicant desires to commute a sum exceeding Rs. 25)

No.....

Place:-

Date:-.

MEMORANDUM

With reference to his application, datedregarding commutation of a portion of his pension, Sri/Smt..... is informed that Government is prepared to consider the question of allowing him to commute Rs..... out of his original monthly pension of Rs..... for a lump of Rs..... provided that commutation becomes absolute before the next day of his birth falling on He is accordingly requested to state whether he is willing to accept the above lump payment and if so to submit a medical certificate in the prescribed form from the Medical Board as to the average expectation of his life and bring with him at the time of examination the enclosed Form-B (Part-I) with particulars required therein completed except for the signature.

2. H is also requested to deposit a fee of Rs. 16 in to a Govt. Treasury under the “Head 080- Medical –A. Allopathy-VI-Other receipt-Other items” and to make over the receipt of the Fee to the Board before the examination.

3. He is also informed that the existing table on the basis of which the sum has been calculated is subject to alteration at any time without notice and consequently the sum calculated is also liable to revision.

4. The date, time & place o the meeting of the Board will be communicated direct by the

5..An acknowledgement of the receipt of this order is requested within seven days.

**Signature of the
Competent Authority**

To
Shri/Smt.....

.....
.....

(Name and address of the applicant)

No.....

Copy with copies of Form B (Part-II & III) forwarded to for information and necessary action with the request that the Board may instructed that after obtaining from the applicant a statement in Part I of form B (which must be signed in his presence) It shall subject the pensioner to a strict examination in the light of the facts stated in the medical statement and enter the results of its examination in Part-II of Form B. The Board may also be requested to record its opinion as to the accuracy with which the pensioner has answered the question in Part I of Form-B regarding his medical history and habits and complete the certificate in Part-III of Form B. The applicant's signature or impressions of the thumb of his left hand should be obtained on the certificate. The date, time, and place o the meeting of the Board may also be communicated to the applicant. The date of examination to be fixed may be any date convenient to the Board within three months from the date of this Memorandum. The present address of the applicant is noted above.

**(Signature of the
Competent Authority)**

Note:-The medical Board in the district will consist of Chief Medical Officer of Health and the district Medical Officer. In case The chief Medical Officer of Health is not available, It may consist of the District Medical Officer and Nominee of the Chief Medical Officer of Health, who should be a member of the West Bengal Health Service.

Date:-

Place:-

**Signature of the
Competent Authority**

FORM-B

[Rule 23 (1)]

Medical Examination by the
(here enter the medical authority)

PART-I

Statement by the applicant for commutation of a portion of his pension. The applicant must complete the statement prior to his examination by the (here enter the medical authority) and must sign the declaration appended thereto in the presence of that authority.

1.	State your name in full (in block letters)	:	
2.	State place of birth	:	
3.	State your age & date of birth	:	
4.	Furnish the following particulars concerning your family	:	
Father's age if living and state of health		Father's age at death and cause of death	
Number of brothers living, their ages and state of health		Number of brothers dead, their ages at death and cause of death	
Mother's age if living and state of health		Mother's age at death and cause of death	
Number of sisters living, their ages and state of health		Number of sisters dead, their ages at death and cause of death	
5.	Have any of your near relations suffered from tuberculosis (consumption, scrofula), cancer, asthma, fits, epilepsy, insanity or any other nervous disease?	:	

6.	Have you ever	:	
	a. had small pox, intermittent or any other fever, enlargement or suppuration of glands, spitting of blood, asthma, inflammation of lungs, pleurisy, heart disease, fainting attacks, rheumatism, appendicitis, epilepsy, insanity or other nervous disease, discharge from or other disease of the ear, syphilis, gonorrhoea, or	:	
	b. had any other disease or injury which required confinement to bed or medical or surgical treatment, or	:	
	c. undergone any surgical operation?	:	
7.	Have you any rupture. ?	:	
8	Have you varicocele, varicose veins or piles ?	:	
9	Is your vision in each eye good ?	:	
10	Is your hearing in each ear good ?	:	
11	Have you any congenital or acquired malformation defect or deformity ?	:	
12	When were you last vaccinated ?	:	
13	Is there any further matter concerning your health not covered by the above questions which should be communicated to the medical authority ?	:	
14	Have you ever been granted leave on medical certificate ? If so, state periods of leave and nature of illness.	:	
15	Have any application for insurance on your life ever been declined or accepted at an increased premium ?	:	
16	a. Have you ever been told that you had albumen or sugar in the urine ?	:	
	b. Do you rise at night to urinate ?	:	
	c. Are you now or have you ever been on special diet for your health ?	:	
	d. Has there been any marked increase or decrease in your weight within the past three years ? If so, how much ?	:	
17	Have you been under the treatment of any doctor within the last three months ? If so, for what illness ?	:	

Declaration by Application

(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 will fully reveal to the medical authority all circumstances within my knowledge that concern my health and fitness.

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 Article 351 of the Civil Service Regulations.

Signed in presence of the

(Applicant's signature)

**(Signature and designation
of medical authority)**

FORM-B
PART-II
[Rule 23 (1)]

(To be filled by the examining medical authority)

1.	Apparent age	:	
2.	Height	:	
3.	Weight	:	
4.	Girth of abdomen at level of umbilicus	:	
5.	Pulse rate -	a) Sitting	:
		b) Standing	:
		c) What is the character of pulse?	:
6.	What is the condition of arteries?	:	
7.	Blood pressure -	a) Systolic	:
		b) Diastolic	:
8.	Is there any evidence of diseases of the main organ?	a) Heart	:
		b) Lungs	:
		c) Liver	:
		d) Spleen	:
		e)	:
9.	Does chemical examination of urine show. State specific gravity.	(i) albumen	:
		(ii) sugar	:
10.	Has the applicant a rupture? If so, the kind and if reducible	:	
11.	Describe any scars or identifying marks	:	
12.	Any additional information	:	

I have carefully examined.....
and am of opinion that –

Either he/she is/is not in good bodily health and has the prospect of an/is not a fit subject for average duration of life/commutation (in case of an impaired life which is yet considered a fit subject or commutation) “as is suffering from his /her age for the purpose of commutation, i.e., his/her age on next birthday should be taken to be years more than his/her actual age”

Station:-

Date:

(Signature and Designation of
examination medical authority)

(Signature or
thumb impression of the left hand
of the applicant.)

FORM B
PART-III
[Rule 23(2)]

We have carefully examined and are of opinion that Either he/she is /is not in good bodily health and has the prospect of an average duration of life /is not a fit subject for commutation or (in the case of an impaired life which is yet considered a fit subject for commutation) “as is suffering from his/her age for the purpose of commutation i.e., his/her age next birthday should be taken to be years more than his/her actual age”.

Station:-

Date:

**(Signature and Designation of
examination medical authority)**

**(Signature or
thumb impression of the left hand
of the applicant.)**

FORM-C
(To be submitted in duplicate)

PART I
[Rule 14(1)(a)]

**Form of Application for Commutation of Pension without
Medical Examination**

I furnish below the relevant particulars and request that I may be permitted to commute a portion of my pension as indicated below

1.	Name (in Block letter)	:	
2.	Date of birth	:	
3.	Date of superannuation on attaining the age of 58 years(or 60 years in the case of Group D employees): (60 years)	:	
4.	Designation of the post held at the time of superannuation and the name of the Department/Office;	:	
5.	Amount of pension sanctioned and whether it is provisional or final:	:	
6.	Class of pension as defined in the West Bengal Services(Death-cum-Retirement Benefit) Rules, 1971:	:	
7.	Name of Treasury of Bank and Account Number from which pension is being drawn:	:	
8.	Name of Treasury of Bank through which he commuted value is desired to be paid, if payment is not desired through the Accounts Officer who authorized the pension:	:	
9.	Designation of the Accounts Officer and the Number and date of the Pension Payment Order, if issued:	:	
10.	Amount (in whole rupees)of pension and portion of pension proposed to be commuted :	:	
11.	Particulars of any application for commutation of pension made previously and whether appeared before any Medical authority or not.	:	
Date:-	Signature	:	
	Full address	:	
	No.	:	

PART-II

No.....

Forwarded to the Accountant General ,West Bengal for authorizing the payment of the commuted value . The receipt of Part-I of Form C has been acknowledged in Part – III which has been forwarded separately the application on.....

Date

**Signature of the
Competent Authority**

**PART III
Acknowledgement**

Received from Shri.....
retired on(Designation)..... an
application for commutation of pension without medical examination.

Date

**Signature of the
Competent Authority**