

**O.C.S. (COMMUTATION OF PENSION) FORM 1-A**

{ See rules 5 (2), 11, 12, 13 and 14 read with F.D. Resolution No. 29826, dated the 9<sup>th</sup> July 1992 }

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

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

**PART I**

To

The .....  
.....  
.....

(Here indicate the 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 Orissa Civil Services (Commutation of Pension) Rules, 1992. 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. Name of the Office/Department in which employed.
5. Date of birth (by Christian era)
6. Date of retirement on superannuation
7. \*Fraction of superannuation pension proposed to be commuted.
8. IDisbursing authority from which pension is to be drawn after retirement-
  - (a) Treasury/Sub-Treasury/Special Treasury (Name and complete address of the Treasury/Sub-Treasury/Special Treasury To be indicated).
  - (b) (i) Branch of the nominated nationalised bank with complete postal address.  
(ii) Bank Account No. to which monthly pension is to be credited each month.

Place : *Signature of the Applicant*

Date :

*Present Postal Address*

*Postal address after retirement*

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\* 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 II  
(ACKNOWLEDGEMENTS)**

Received from Shri/Smt./Kumari .....  
(Name and Designation)

application in Part I of Form 1-A for commutation of a fraction of pension without medical examination.

Place :  
Date :

*Signature of the Head of Office  
Authorised Authority*

**NOTE-**If the application has been received by the Head of Office before the date of retirement on superannuation this Acknowledgement should be detached from the form and handed over to the applicant. If the form has been received by post, it has to be acknowledged on the same day and the acknowledgement sent under registered cover to 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 to that effect by the applicant.

**PART II-A**

Forwarded to the .....for needful, the receipt of Part I of the form has been acknowledged on .....

*Signature of  
Head of Office*

**PART III**

Forwarded to the Accountant-General, Orissa 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 medical examination;
- (iii) the commuted value of pension determined with reference to the Table applicable at present comes to Rs.....; and
- (iv) the amount of residuary pension after commutation will be Rs.....

2. The pension papers of the applicant completed in all respects were forwarded under this Department/Office letter No.....dated.....It is requested that the payment of commuted value of pension may be authorised through the Pension Payment Order which may be issued one month before the retirement of the applicant.

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

2. The commuted value of pension is debitable to Head of Account .....

Place :  
Date :

*Signature of the  
Appointing Authority*