

The Joint Director,
Higher Education Grants,
3, Mahapalika Marg,
Mumbai - 400 001.

Sub: Pension Papers of _____

Sir,

Enclosed are the pension papers of _____, our _____. He has retired on superannuation **w.e.f.** _____.

Besides the pension papers, the enclosed documents include a copy of the option Form for pension and a copy of the challan showing the sum of Management Contribution to P.F. deposited in Government Treasury.

I would be obliged if you would arrange to forward these papers for sanction at an early date.

Thanking you,

Yours faithfully,

Principal

FORM 7
(See Rule 123 (1))

Form of letter to the Audit Officer forwarding the pension papers of a Government Servant
No.....
Government of Maharashtra
Department/Office: _____
Dated the

To
The Accountant General

Subject: Pension papers of _____ for authorization of pension

Sir,

I am directed to forward herewith the pension papers of _____ of this Department/Office for further necessary action.

2. The details of Government dues will remain outstanding on the date of retirement of the Government servant and which need to be recovered out of the death-cum-retirement gratuity are indicated below:

	Amount (Rs.)
(a) Balance of the house building or conveyance advance.	NIL
(b) Over payment of pay and allowances including leave salary.	NIL
(c) Income tax deductible at source under the Income Tax Act, 1961(43 of 1961).	NIL
(d) Arrears of license fee for occupation of Govt. accommodation	NIL
(e) The amount of license fee for the retention of Government accomodation for the permissible period of one month beyond the date of retirement.	NIL
(f) Any other assessed dues and the nature thereof	NIL
(g) The amount of gratuity to be withheld for adjustment of un-assessed dues, if any.	NIL
(h) Recovery of Management Share Contribution	NIL

3. (a) No departmental enquiry is either pending or proposed to be held against _____.

(b) Departmental enquiry is pending/ or proposed to be held against Shri/Shrimati/Kumari _____ and a provisional pension amounting to Rs.....per month with effect from 19 to 19 has been sanctioned.

4. Your attention is invited to the list of enclosures which is forwarded herewith.

5. The receipt of this letter may be acknowledged and this Department /Office informed that necessary instructions for the disbursement of pension have been issued to concerned Treasury Officer.

6. The death-cum-retirement gratuity will be drawn and disbursed by this Department/Office on receipt of authority from you. The outstanding Government dues as mentioned in para.2 above will also be recovered out of the death-cum-retirement gratuity before making payment.

Yours faithfully,

Head of Office.

List of ENCLOSURES:

1. Form 5* and Form 6 duly completed.
 2. Medical certificate of incapacity (if claim is for Invalid Pension)
 3. Service Book(date of retirement to be indicated in the service book).
 4. (a)Two specimen signatures, duly attested by a Gazetted Government servant or in the case of pensioner not literate enough to sign his name, two slips, bearing the left hand thumb impressions, duly attested by a Government servant.
(b) Three copies of passport size photograph with wife or husband (either jointly or separately duly attested by the Head of Office.
(c) Two slips showing the particulars of height and identification marks, duly attested by a Gazetted Government servant.
 5. Option Form for Pensionary benefits.
 6. Challan showing the accumulated balance of Management Contb. to P.F. deposited in the Govt. Treasury along with the schedule of staff.
 7. Statement showing the Pay fixation in the revised scales, duly certified by the Administrative Officer, Higher Education Grants.
 8. Copy of the letter of the University Approval, in case of Teachers.
 9. Statement showing the Breaks in service.
 10. Last Pay Certificate.
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Note: When initials or name of Government servant are or is incorrectly given in the various records consulted, this fact should be mentioned in the letter.

* If a Government servant is compulsorily retired from the service and delay is anticipated in obtaining Form 5 from the government servant, the Head of office may forward the pension papers to the Audit Officer without Form 5. The Form may be sent as soon as it is obtained from the Government servant.

** Only two copies of passport size photograph need to be furnished :

(i) if the Government servant is governed by rule 116 of Maharashtra Civil Services (Pension) Rules, 1982, and is unmarried or a widower or a widow.

(ii) if the Government servant is governed by rule 117 of Maharashtra Civil Services (Pension) Rules, 1982.

@@ Strike out which is not applicable Item (b) in para.3 above is application when the pension papers are referred to Audit Officer for verification after the retirement of the Government servant.

S.N.D.T WOMEN'S UNIVERSITY

MUMBAI

FORM 6

(See rules 120, 122,123(1) and (3) and 127(1) of M.C.S (Pension) Rules – 1982)

Form for Assessing Pension and Gratuity

PART I

1. Name of the University employee :
2. Father's Name :
(and also Husband's Name in the case of a female University employee) :
3. Date of Birth (by Christian Era) :
4. Religion :
5. Permanent Residential Address showing Village town, district and State :
6. Present or last appointment including name of Department/Section of University Office : SNDT Women's University
(1) Substantive : Substantive
(2) Officiating, if any :
7. Date of Beginning of Service :
8. Date of Ending of Service :
9. (1) Name of the College/ University under Which service has been rendered previously : Not Applicable
(2) Total period of College/university service for which pension or gratuity was sanctioned :
(3) Amount and nature of any pension/gratuity Received for the College/University service : ---NIL---
10. Class of pension applicable : Superannuation
11. The date on which action initiated to Assess the service and pay qualifying for Pension as provided in Rule 121 of the Maharashtra Civil Service(Pension) Rules, 1982 : ----NIL----
12. Details of omission, imperfection, or deficiencies in the service book which have been ignored under Rule 121 of the Maharashtra Civil Service (Pension) Rule, 1982 : -----yes-----

13. Total length of qualifying service (for the purpose of adding towards broken periods, a month is reckoned as thirty days). : ____ Years ____ mths ____ days

14. Period of non-qualifying service :

	From	To	Y	M	D
(i) Interruption in service condoned under Rule 48 of the Maharashtra Civil Services (Pension) Rules 1982			-		
(ii) Extra ordinary leave specifically sanctioned not to qualify for pension	:	-----NIL-----			
(iii) Period of suspension not treated as qualifying service.	:	-----NIL-----			
(iv) Any other service not treated as qualifying service.	:	-----NIL-----			
Total	:	-----NIL-----			

15. Pay reckoned for gratuity : Rs.

16. Average pensionable pay : Rs.
@ Pay earned during the last ten months of service

Post held	From to	Pay	Personal Special Pay/ Dearness pay/ Grade Pay Non-practising Allowance	Total 3+4	Amount
1	2	3 Rs	4 Rs	5 Rs	6 Rs

Grand Total :
Pensionable Pay :

@ (I) In a case where the last ten months include some period not to be reckoned for calculating average pay, an equal period backward has to be taken for calculating average pay.
(ii) The calculation of average pay should be based on actual number of days contained in each month

17. Date on which Form 5 has been from the University Employee (To be obtained eight months before the date of retirement of University employee) : Yes

18. (a) Proposed pension :
 (b) Proposed relief on pension :
19. Proposed death-cum-retirement gratuity :
20. Date from which pension is to commence :
21. Proposed amount of provisional pension :
 (If departmental or judicial proceedings is
 instituted against the University employee
 before retirement) : ---NIL---
22. Whether nomination made for :
 (i) Death-cum-retirement gratuity : Yes
 (ii) Family Pension 1950, if applicable : Yes
23. Whether Family Pension, 1964 applies to the
 University employee and if so :
 (i) Pay reckoning for the family Pension :
 (ii) The amount of the family pension becoming
 payable to the family of the University
 employee, if death takes place after retirement:
 (a) before attaining the age of 65 years, :
 OR
 (b) After attaining the age of 65 years :
 (iii) Complete and up-to-date details of the
 family as given in Form 3 :

Sr. No	Name of the member of the Family	Date of Birth	Relationship with the University Employee
1	2	3	4

24. Height :
25. Identification Marks : -
26. Place of Payment of Pension :
 (Government Treasury, or Branch of Public
 Sector Bank/Nationalised Bank)
27. Head of Account to which pension and
 gratuity are debitable : "266-Pension and other Retirement
 benefits-J- Pension to employees of
 State Aided Educational Institutions"

Signature of the Head of Office

FORM - I
(See Rule 115(1))

Nomination for Death-Cum-Retirement Gratuity.

When the Government servant has a family and wishes to nominate one member, or more than one member, thereof.

I, _____ hereby nominate the person/persons mentioned below who is/are member(s) of my family, and confer on him/them the right to receive, to the extent specified below, any gratuity that may be sanctioned by the Government of Maharashtra in the event of my death while in service and the right to receive on my death to the extent specified below, any gratuity which having become admissible to me on retirement may remain unpaid at my death:-

Name(s) & address(s) of nominee/nominees	Relationship with the Government servant	Age	Amount of share of gratuity payable to each*	Name, address, relat- ionship & age of the person or persons, if any to whom the right conferred on the nomi- nee shall pass in the to event of the nominee predeceasing the Govt. servant or the nominee dying after the Govt. servant but before rece- iving payment of gratuity	Amount of share of gratuity payable each@
1	2	3	4	5	6
1.					
2.					

* this column should be filled in so as to cover the whole amount of the gratuity.

@this amount/share of the gratuity shown in this column should cover the whole amount /share payable to the original nominee(s).

This nomination supersedes the nomination made by me earlier on which stands cancelled.

Note: (1) The Government servant shall draw lines across blank space below the last entry to prevent the insertion of any name after he has signed.
(2) Strike out which is not applicable.

Dated this _____ at _____

Signature of the
Government Servant

Witnesses to signature:

Name	signature
1. _____	_____
2. _____	_____

(to be filled-in by the Head of Office/Audit Officer)

Nomination By : _____

Designation : _____

Office : _____

Signature of Head of Office/Audit Officer

Date:

Designation:

**Proforma for acknowledging the receipt of the Nomination Form
by the Head of Office/Audit Officer**

To

Mr. _____

Sir,

In acknowledging the receipt of your nomination, dated the _____ cancellation, dated **N I L** of the nomination made earlier in respect of gratuity in Form **I** am to state that it has been duly placed on record.

Signature of the Head of Office/Audit Officer

Place: Mumbai,

Dated the

Designation

Note: The Government servant is advised that it would be in the interest of his nominees if copies of the nominations and the notices and acknowledgements are kept in safe custody so that they may come into possession of the beneficiaries in the event of his death.

FORM - 3
See Rule 116(14))

DETAILS OF FAMILY

Name of the Govt. Servant : **Mr.** _____

Designation : _____

Date of Birth : _____

Date of Appointment : _____

Details of the members of the family as on:

S.No.	Name of the members of Family*	Date of Birth	Relationship with the Govt. Servant	Signature of Head of Office	Remarks
1	2	3	4	5	6
1.	_____	_____	_____		
2.	_____	_____	_____		
3.	_____	_____	_____		

I hereby undertake to keep the above particulars up-to-date by notifying to the Audit Officer/Head of Office any addition or alteration.

Place: Mumbai

Date :

Signature of the Govt. Servant

* Family for this purpose means family as defined in clause (b) of sub rule(16) of rule 116 of Maharashtra Civil Services (Pension) Rules 82.

Note: Wife and husband shall include respectively judicially separated wife and husband.

FORM – 4

[See Rule 117 (7)]

NOMINATION FOR FAMILY PENSION , 1964

I, _____ hereby nominate the person (s) mentioned shown below, who is / are member (s) of my family to receive in order shown Family Pension, 1964 which may be granted by the Government of Maharashtra in the event of my death after completion of ten years qualifying service.

Sr. No.	Name(s) and address (es) of nominee (s)	Relationship with the Government servant	Age	Whether married or unmarried
1	2	3	4	5

This nomination supersedes the nomination made by me earlier on _____ which stands cancelled.

Note : The Government servant should draw lines across blank space below the last entry to prevent the insertion of any name after he / has signed.

Dated this _____ day of _____, _____ at Mumbai

Name of the witnesses

Signature

1. _____

2. _____

Pensioner's Signature

To be filled in by the Head of Institution

Nominated by :
Designation :
Office :

APPENDIX V
FORM - 5

(See Rules 121(1)(c) and 123(1))

Particulars to be obtained by the Head of Office from the retiring
Government Servant eight months before the date of his/her retirement

1. Name of the Government Servant : _____
2. (a) Date of Birth : _____
(b) Date of **Retirement** : _____
3. Two specimen signatures (to be furnished in a separate-sheet) duly attested by a Gazetted Government servant : Attached Separately
4. Three copies of passport size joint photograph with wife or husband (To be attested by the Head of Office) : Attached Separately
5. Two slips showing the particulars of height and personal identification marks duly attested by a Gazetted Government servant : Attached Separately
6. Present Address : _____

_____.
7. Address after retirement : **Same as above**
8. Name of the Government Treasury of the Branch of Public Sector Bank through which the pension is to be drawn : _____

_____,

_____.
9. Details of the family in Form 3 : Attached Separately

PLACE: MUMBAI.

DATED THE

SIGNATURE OF THE
GOVERNMENT SERVANT

Place : **Mumbai**

Dated :

- Two slips each bearing the left thumb and finger impression duly attested may be furnished by person who is not literate enough to sign his name. If such employee on account of physical disability is unable to give left hand thumb and finger impression of the right hand. Where an employee has lost both the hand he may give his toe impressions. The head of Institution should duly attest impressions.
- Two copies of the passport size photograph of self only need be furnished :
(iii) If the employee is governed by rule 116 of Maharashtra Civil Service (Pension) Rules 1002 and is unmarried or a widower or widow.
(iv) If the employee is governed by rule 117 of Maharashtra Civil Service(Pension) rules 1002.

§ Where it is not possible for employee to submit a photograph with his wife or her husband, she may submit separate photographs. The head of the Institution shall attest the photograph.

◇ Specify a few conspicuous marks, not less than two if possible.

↑ Any subsequent change of address should be notified to the Head of Institution.

@ Applicable only where rule 116 of Maharashtra Civil Service(Pension) Rules, 1002 applies to the employee.

APPENDIX

ENCLOSURES OF FORM 5:

Under Item No. (3)

(I) **SPECIMEN SIGNATURE SLIP**

Specimen signature of

1. _____

2. _____

3. _____

Certified that the above specimen signature was taken in my presence.

DATED:

SIGNATURE:-----

NAME : _____.

DESIGNATION :- **PRINCIPAL(Rubber Stamp)**

APPENDIX V

II) PENSIONERS PHOTOGRAPH

SIGNATURE OF THE PENSIONER: -----

Certified that the signature and the photograph are those of _____

SIGNATURE :-----

NAME : _____

DESIGNATION :PRINCIPAL (Rubber Stamp)

DATED:

APPENDIX V

IV) DESCRIPTIVE ROLL:

(i) HEIGHT : _____

(ii) *Personal Marks, if any
on the hands, face, etc.* 1. _____
2. _____

(iii) Certified that the above identification marks are those of **Mr.** _____

SIGNATURE :

NAME: _____

DESIGNATION :

DATED:

Enclosure of Form 5

(Under Item No.3)

(III) THE THUMB AND FINGER IMPRESSION CARD

<u>Little Finger</u>	<u>Ring Finger</u>	<u>Middle Finger</u>	<u>Fore Finger</u>	<u>Thumb</u>
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Certified that the thumb and finger impressions are those of the left hand of :

1. **Shri/Smt.**

Signature :

Name :

Dated :

Designation :

PART II

Section : I

AUDIT ENFACEMENT:

1. Total period of qualifying service which has been accepted for the grant of superannuation or Retiring or Invalid or Compensation or Compassionate Pension and gratuity with reasons for disallowance, if any (other than disallowance indicated in Part I of this Form).

2. Amount of Superannuation or Retiring or Invalid or Compassionate Pension or gratuity that has been admitted.

3. The date from which superannuation or Retiring or Invalid Compensation or Compassionate Pension or gratuity is admissible.

4. Head of Account to which Superannuation or Retiring or Invalid or Compensation or Compassionate Pension or gratuity is Chargeable.

5. The account of the Family Pension, 1964 becoming payable to the entitled members of the family in the event of death of the Government servant after retirement.

SECTION II

1. Name of the Government servant :
2. Class of pension or gratuity :
3. Amount of pension authorised :
4. Amount of gratuity authorised :
5. Date of commencement of pension :
6. Amount of family pension in the event of death after retirement :
- (i) if death takes place before 65 years of age :
- or**
- (ii) if death takes place after 65 years of age. :
7. The amount of relief admissible on pension. :
8. The Government dues recoverable out of gratuity before authorising its payment. :
9. The amount of gratuity held over for adjustment of unassessed Govt. dues. :
10. Date on which the pension appears received by the Audit Officer. :

CERTIFICATE

1. Certified that Shri / Smt / Kum _____ has been working at this College as a _____ **from** _____ **to** _____ the date of **his/ her Voluntary Retirement/ Superannuation**

2. Certified that Shri/Smt/Kum _____ is /was employed in our College which is /was recognized and aided by the Government of Maharashtra and is /was affiliated to the non –Agricultural University in the Maharashtra State viz BOMBAY UNIVERSITY and that he/she worked as a full time employee for the entire period of service **from** _____ **to** _____

3. Certified that he /she is /was employed by this College and that his /her appointment is/ was _____ within the norms liad down by the Government, under the staffing pattern for the non-teaching staff during the above period.

4. Certified that his/ her salary paid by this College is /was covered under the salary payment scheme of the Government of Maharashtra for the purpose of salary grant paid to this College and the expenditure on his/ her salary is /was held Admissable for grant-in-aid during the above period.

Date :

PRINCIPAL

CERTIFICATE REGARDING NO DUES, NO DEMAND & NO DEPARTMENTAL ENQUIRY

Certified that there are no dues against _____, Designation : _____, and that he has no demands from the Government and/or the College.

Certified that no Departmental enquiry is pending against _____.

Place : Mumbai,

Date :

Principal

NO EVENT OF CERTIFICATE

This is to certify that no event has occurred in the service period of _____ from _____ i.e. the, the date of her/his appointment upto _____ i.e. upto the date of retirement/upto the date of preparation his/her pension paper which will result in recalculation of amount of his/her pension and /or his/her gratuity.

Registrar
S.N.D.T. Women's University

CONSENT FORM

Pensioner's written statement about consent of recovery of overpayment if any

I, _____, Designation: _____ hereby give consent that any over-payment found or money remaining outstanding against me on account of Pay, Leave Salary Allowances, Advances, Loans, House Rent etc may be recovered from my Pension or Gratuity.

Place: Mumbai,

Date :

Signature of the Pensioner

Statement showing the breaks in service of **Mr.** _____ during the entire period of his service from _____ **to** _____.

Sr. No.	Period of Breaks	Dates	Reasons	Whether Condoned	Authority condoning the break	Remarks
1	2	3	4	5	6	7

THERE IS NO BREAK IN HIS / HER ENTIRE SERVICE

Principal

LAST PAY CERTIFICATE

1. Name of the College & Address : _____.
2. Name in full of the employee : **Mr.** _____
3. Designation : _____
4. Qualification : _____
- | | Degree | Diploma | Post Graduate | Professional |
|--|--------|---------|---------------|--------------|
| | a | b | c | d |
- i) Year of Passing _____
ii) Class Obtained _____
iii) University _____
-
5. Date of Appointment in the present college : _____
6. Type of vacancy : _____
7. If temporary, nature of the appointment : a. Part timer
b. Leave substitute
c. On contract basis
d. U.G.C. substitute etc.
8. Date upto which last salary has been drawn : _____
9. Scale of Pay : _____
10. Rate of Last Pay and allowances drawn per month :
- | | |
|---------------------------|-----------|
| i) Basic Pay | Rs. _____ |
| ii) D.P. | Rs. _____ |
| ii) Dearness Allowance | Rs. _____ |
| iii) House Rent Allowance | Rs. _____ |
| iv) Comp.Local Allowance | Rs. _____ |
| v) Travelling Allowance | Rs. _____ |
| TOTAL | Rs. _____ |
11. Date of next increment(Had he been continued in this College) : Reached the Maximum. Nil
12. Whether the employee has : i) ~~Resigned~~ / **Retired Voluntarily** : **N/A**
ii) ~~Terminated~~ : **N/A**
iii) ~~Dismissed~~ : **N/A**
13. If resigned : a. The notice was served : Yes/No : **N/A**
b. Resignation is accepted : Yes /No : **N/A**
c. Notice Pay in lieu of otice period is credited : Yes/No : **N/A**
14. If terminated/dismissed, give reasons thereof, .. in brief : N / A
15. Remarks, if any..... : N I L

PRINCIPAL

FORM - B

(See rules 5(2); 12 ; 13(3) ; 14(1) and 15(3))

**FORM OF APPLICATION COMMUTATION OF FRACTION OF SUPERANNUATION
PENSION WITHOUT MEDICAL EXAMINATION**

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

PART I

TO,
The Joint Director,
Higher Education Grants,
3, Mahapalika Marg,
Mumbai - 400 001.

Subject : Commutation of pension without medical examination.

Sir,

I desire to commute a fraction of my pension as indicated below in accordance with the provisions contained in Maharashtra Civil Services (Commutation of Pension) Rules, 1984. The necessary particulars are furnished below:-

1. Name (in Block letters) : _____
2. Father's name/husband's name. : _____
3. Designation at the time of retirement. :
4. Name of the office/Department in which employed. :
5. Date of birth(by Christian era) :
6. Date of V.R.S./SUPERANNUATION
7. Fraction of Superannuation Pension proposed to be commuted : 40 %
8. Disbursing authority from which pension is to be commuted
 - (a) Treasury/Sub-Treasury (Name and complete address of the Treasury/Sub-Treasury to be indicated). : Pay & Accounts Office
Bandra , Mumbai
 - (b) (i) Branch of the Nationalized Bank with complete postal address. :
 - (ii) Bank Account number to which monthly pension is being credited each month. A/c #

Place: Mumbai

Signature :

Date :

Postal address:

Note: The payment of commuted value of pension shall be made through the disbursing authority from which pension is being 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 being drawn.

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

** Score out which is not applicable.

PART-II

ACKNOWLEDGEMENT

Received from Mr. _____, an application in Part-I of Form-B for the commutation of a fraction of pension without medical examination.

Place : Mumbai

Signature :

Date :

Head of Office:

Note : If the application has been received by the Head of Office before the expiry of three months 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 days and the acknowledgement send 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 - III

I. Forwarded to the Audit 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/her pension commuted without medical examination.
- (iii) the commuted value of pension determined with reference to the Table applicable at present comes to Rs. x x 8.371 = /- and
- (iv) the amount residuary pension after commutation will be Rs. /-

2. The pension papers of the applicant completed in all respect were forwarded under this Department/Office letter No. _____ dated _____ it is requested that the Payment of commuted value of pension may be authorised at the time of issue of 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.

4. The commuted value of pension is debitable to Head of Account, under Finance Department, " Demand No. " 266 - Pension and Other Retirement Benefits-B-Commutated Value of Pensions"

Place :

Signature

Date:

Head of Office

FORM - A

(See rules 5(2); 6(1); 12; 13(1); & (2); 15(1) & (2) and 16(1) & (2))

FORM OF APPLICATION WITH OUT MEDICAL EXAMINATION

(To be submitted in duplicate after retirement but within one year of the date of retirement)

PART I

TO,
The Joint Director,
Higher Education Grants,
3, Mahapalika Marg,
Mumbai - 400 001.

Subject : Commutation of pension without medical examination.

Sir,

I desire to commute a fraction of my pension as indicated below in accordance with the provisions contained in Maharashtra Civil Services (Commutation of Pension) Rules, 1984. The necessary particulars are furnished below:-

1. Name (in Block letters) : _____
2. Father's name/~~husband's name~~. : _____
3. Designation at the time of retirement. : _____
4. Name of the office/Department in which employed. :
5. Date of birth(by Christian era) : _____
6. Date of **V.,R.S.** : _____
7. Class of pension : _____
8. Amount of pension authorised (in case final amount of pension has not been authorised indicate the amount of provisional pension sanctioned under rule 126 of the Maharashtra Civil Services (Pension) Rules, 1982) : _____
9. *Fraction of pension proposed to be commuted. : 40 %
10. Designation of the Audit 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 complete address of the Treasury/Sub-Treasury to be indicated).
(b) (i) Branch of the Nationalized Bank with complete postal address. :
(ii) Bank Account number to which monthly pension is being credited each month. **A/c #**

Place: Mumbai

Signature :

Date :

Postal address:

Note: The payment of commuted value of pension shall be made through the disbursing authority from which pension is being drawn. 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 being drawn.

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

** Score out which is not applicable.

PART-II

ACKNOWLEDGEMENT

Received from **Mr.** _____, an application in Part-I of Form-A for the commutation of a fraction of pension without medical examination.

Place : Mumbai

Signature :

Date :

Head of Office:

Note: This acknowledgement is to be signed, stamped and dated and is to be detached from the Form and handed over to the applicant. If the Form has been received by the post, it has to be acknowledged on the same day and the acknowledgement sent under registered cover.

PART - III

1. Forwarded to the Audit 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 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. 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 Maharashtra Civil Services (Commutation of Pension) Rules, 1984

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

4. The commuted value of pension is debitable to Head of Account under Finance Department, "Demand no _____ 266-Pensions and other Retirement Benefits-B-Commutated Value of Pensions."

Place :

Signature :

Date :

Head of Office: