

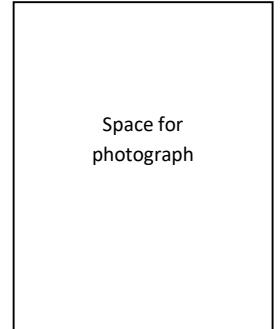
FORM 2
OUAT (Commutation of Pension)
 [See rules 5(2), 9, 11, 12, 13, 18, 19 and 22]
FORM OF APPLICATION FOR COMMUTATION PENSION AFTER MEDICAL EXAMINATION BY AN APPLICANT REFERRED TO IN RULE 16
 (To be submitted in duplicate)

To
 The

.....

.....

(Here indicate the designation and full address of the Head of Office)



Sub: Commutation of pension after medical examination.

Sir,

I desire to commute a fraction of my pension in accordance with the provisions of the Odisha Civil Services (Commutation of Pension) Rules,1992. An attested copy of my photograph is pasted on the application and an un-attested copy is enclosed. The necessary particulars are furnished below:

(1)	Name (in Block letters)	:	
	Mobile Number :	:	
(2)	Father's name (also husband's name in the case of a female OUAT employee)	:	
(3)	Designation	:	
(4)	Name of Office/ Department in which employed	:	
(5)	Date of birth (by Christian Era)	:	
(6)	Date of retirement	:	
(7)	Class of pension on which retired	:	
(8)	Amount of pension authorized (indicate the amount of provisional pension, if full pension not authorized)	:	
(9)	*Fraction of pension proposed to be commuted	:	
(10)	Designation of the Accounts Officer, who authorized the pension and the No. & Date of the Pension Payment Order, if issued,	:	

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

Contd.....

(11)	** Disbursing authority for payment of pension	:	
	(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 Nationalized Bank with complete postal address	:	
	(ii) Bank Account No. to which monthly pension is being credited each month	:	
(12)	Approximate date from which commutation is desired to have effect	:	
(13)	The amount of pension already commuted, if any	:	
(14)	Preference for nearest District Headquarters Hospital where medical examination is desired to take place	:	



Place :
Date :

Signature of the Applicant
Postal address

+Score out which is not applicable

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.

PART - II
ACKNOWLEDGEMENT

Received from application in Part-I of
(Name and Designation)
Form-2 for the commutation of a fraction of pension after medical examination.

Place :
Date :

Signature of Head of Office

✕

PART - II-A

Forwarded to the for needful.
The receipt of Part-I of the Form has been acknowledged on

Place :
Date :



Signature of Head of Office

PART - III

Forwarded to the
With the remarks that the particulars furnished by the applicant in Part-I have been verified the are correct and the applicant is eligible to get a fraction of his/her pension commuted after medical examination.

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

Place :
Date :

Signature of the Appointing Authority

PART - IV*{To be completed by the Accounts Officer}*

(1)	Name of the applicant	:		
(2)	Date of birth <i>(by Christian Era)</i>	:		
(3)	Date of retirement	:		
(4)	Amount of pension including provisional pension, if final pension is not authorized	:		
(5)	Class of Pension	:		
(6)	Amount of pension desired to be commuted	:	<u>On the basis of</u>	
			Normal age	Added years
				1year 2 nd year
			Rs.	Rs. Rs.
(7)	(i)Sum payable, if commutation becomes absolute before the applicant's next birthday which falls on	:		
	(i)Sum payable, if commutation becomes absolute after the applicant's next birthday which falls on	:		
(8)	The Head of Accounts to which commuted value is debitabe	:		
(9)	No. of enclosures, if any (see note below)	:		

Place :

Date :

**Signature & designation of the
Accounts Officer**

COUNTERSIGNED**Appointing Authority**

Note : The Accounts Officer should enclose with the form a copy of the report or statement of the applicant's case, if the applicant has been granted invalid pension or has previously commuted a part of his pension or declined to accept commutation on the basis of an addition of years to actual age, or has been refused commutation on medical ground.

FORM 3
OUAT (Commutation of Pension)
[See rules 18 and 25]
FORM OF LETTER TO THE CHIEF DISTRICT MEDICAL OFFICER

No. dated.

Department: **Odisha University of Agriculture and Technology (OUAT),
Bhubaneswar-751003, Khordha, Odisha.**

To
The Chief District Medical Officer,
.....
.....

Sub: Medical Examination – Commutation of Pension

Sir,
Sri/Smt./ Dr/ Ms..... who retired
..... from service on as (designation)
has applied for commuting a fraction of his pension for a lump sum payment. The following
documents are forwarded herewith:

- (a) Application in Form-2 in original together with :-
 - (i) an unattested copy of the applicant's photograph
 - (ii) Part-IV of Form-2 in original duly completed by the Accounts Officer
- (b) A copy of Form-4 with a spare copy of Part-III of that form
- (c) Report of the statement of the applicant's case, if he has been granted invalid pension or has previously commuted a fraction of his pension or has been refused commutation on medical ground.

2. In terms of Rule-20 Sri/Smt./Dr/ Ms..... should be examined by a Medical Board / Chief District Medical Officer. It is requested that arrangement may be made to get Sri/Smt/Dr./Mr.....examined as expeditiously as possible before his/her next birthday, which falls on

3. It is requested that arrangements for Medical Examination by the Medial Authority indicated in Para-2 above may be made at the nearest District Headquarters Hospital mentioned by Sri/Smt/Dr./Ms In his/her application in Form-2. The attention of the medical authority may be drawn to the provisions of Rule-22.

4. It is requested that Sri/Smt./Dr./Ms may be informed directly under intimation to this Department / Office as to where and when he/she should appear before the appropriate authority for medical examination. A copy of this letter is being endorsed to him/her so that he/she may comply with your instruction on hearing from you.

5. The receipt of this letter may please be acknowledged.

Yours faithfully,

Appointing Authority

Form- 3 continued

Memo No. _____ /UAT., dated. _____
 Copy forwarded to Sri/Smt/Dr./Ms.
 (here give complete postal address)

With the remarks that subject to the medical authority recommending commutation, he/she will on the basis of the report to the Accounts Officer, be eligible for the lump sum payment in lieu of the amount of pension to be commuted as follows :

On the basis of		
Normal age	Added years	
	1year	2 nd year
Rs.	Rs.	Rs.

- (i) *Sum payable if commutation becomes (absolute before the applicant's next birthday) which falls on*
- (ii) *Sum payable if commutation becomes (absolute after the applicant's next birthday) which falls on*

The table of the present value, on the basis of which the calculation by the Accounts Officer has been made, is subject to alternation at any time without notice and consequently the basis is liable to revision before payment is made. The sum payable will be the sum appropriate to the applicant's age on his birthday next after the date on which the commutation becomes absolute.

Sri/Smt/Dr./Ms..... Should report for medical examination to the medical authority directly on hearing from He/she should take with him/her the enclosed Form-4 with the particulars required in Part-I completed except the signature or thumb or finger impressions.

Place :
 Date :

Signature of the Appointing Authority

Memo No. _____ /UAT., dated. _____
 Copy forwarded to the Accounts Officer (here indicate designation and address)
 with reference to his letter No.....
 dated.

Place :
 Date :

Signature of the Appointing Authority

FORM 4
OUAT (Commutation of Pension)

[See rules 6, 18, 22, 23, 24, 25 and 27]

Medical Examination by the
{Here enter the Medical authority}

PART-I

The applicant must complete this 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)	Name of the applicant (in block letters)	:	
(2)	Date of birth <i>(by Christian Era)</i>	:	
(3)	Place of Birth	:	
(4)	Particulars regarding parents, brothers and sisters	:	

Father's age if, living and state of health	Father's age at death and cause of death	No. of brothers living, their age and state of health	No. 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	No. of Sisters living, their age and state of health	No. of Sisters dead, their ages at death and cause of death
1	2	3	4	5	6	7	8

(5)	Have you ever been examined	:	
	(a) For life insurance or / and	:	
	(b) By any Government Medical Officer or State Medical Board	:	
	<i>If so, state details and with what results :</i>	:	

(6)	Have you been granted or considered for grant of invalid pension? if so, state the grounds thereof.		
(7)	Have you ever been granted leave on medical certificate during the last five years? If so, state periods of leave and nature of illness.		
(8)	Have you ever :-		
	(a) Had small-pox, intermittent or any other fever, enlargement or suppuration of glands, spotting 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 year, syphilis or gonorrhoea; or		
	(b) Had any other disease or injury which required confinement to bed, or medical or surgical treatment etc.		
	(c) Undergone any surgical operation, or		
	(d) Suffer from any illness, wound or injury sustained while on active service ;		
	(e) Presence of albumen or sugar in urine ;		
(9)	Present status of health :-		
	(a) Have you a hernia?	:	
	(b) Have you varicocele, varicose veins or piles?	:	
	(c) If your vision in each eye good? (with or without glasses)	:	
	(d) If your hearing in each ear good?	:	
	(e) Have you any congenital or acquired malformation, defect or deformity?	:	
	(f) Have you lost or gained weight markedly during the last three years?	:	
	(g) Have you been under treatment of any Doctor within the last three months and nature of illness for which such treatment was taken?	:	

DECLARATION BY APPLICANT

(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 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 Rule-7 of the Odisha Civil Services (Pension) Rules, 1992.

Date :



Applicant's signature or
Thumb impression
in case of illiterate applicant

Signed in the presence of

.....

Signature and designation of the
Medical Authority (with date and seal)

PART-II

(To be filled in by the examining Medical Authority)

1.	Height	:	
2.	Weight	:	
3.	Describe any scars or identifying marks of the applicant		
4.	Pulse rate	:	
	(a) Sitting	:	
	(b) Standing	:	
	What is the character of pulse?	:	
5.	Blood Pressure	:	
	(a) Systolic	:	
	(b) Diastolic	:	
6.	Is there any evidence of disease of the main organs		
	(a) Heart	:	
	(b) Lungs	:	
	(c) Liver	:	
	(d) Spleen	:	
	(e) Kidney	:	
7.	Investigations	:	
	i. Urine	:	
	(State specific gravity)	:	
	ii. Blood	:	
	iii. X-Ray Chest	:	
8.	Has the applicant a hernia? If so, state the kind & if reducible	:	
9.	Any additional findings	:	

PART-III

(To be filled in by the examining Medical Authority)

I/ We have carefully examined Sri/Smt/Dr./Ms.....
and am/are of opinion that:-

He/she is / is not in good bodily health and has / has not the prospect of an average duration of life.

Place :
Date :

**Signature and Designation of
Examination Medical Authority**

FORM 5
OUAT (Commutation of Pension)


[See rule- 8]

FORM OF NOMINATION

To

The Head of Office,
(Place)

I, Sri/Smt/Dr./Ms hereby nominate the person named below, under Rule-8 of the Odisha Civil Services (Commutation of pension) Rules, 1992.

Name and address of the nominee	Relationship with the pensioner	If nominee is minor		Name and address of other nominee in case the nominee under column (1) pre-deceases the pensioner	Relationship with pensioner	Date of birth if the other nominees is minor	Name and address of person who may receive the commuted value of pension during the other nominee's minority	Contingency on happening of which nomination shall become invalid
		Date of birth	Name and address of person who may receive the said commuted value during the nominee's minority					
1	2	3	4	5	6	7	8	9
								

Place :

Date :

Signature (or thumb impression if illiterate)
and name of pensioner

Address :

Witness: Signature

Name & address:

.....

.....

Signature of the Head of Office

With date and seal

✂

Acknowledgement to be sent by the Head of Office

Certified that the nomination has been received from
(Name of pensioner) whose address is

Place :

Date :

Signature of Head of Office

Full address