

FORM 3
FORM OF LETTER OF THE CHIEF ADMINISTRATIVE
MEDICAL AUTHORITY

[see Rules 20(3) and (4) and 28(5)]

(Please see Annexure)

No.....
Government of India
Ministry of.....
Department of.....
Dated the.....

To

.....
.....

Subject:- Medical Examination - Commutation of Pension.

Sir,

Shri./Smt/Kumari.....who retired from service
on..... as..... (designation) has applied for
commuting a percentage of his pension for a lumpsum 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 percentage
of his pension or declined to accept commutation on the basis of
addition of years to his actual age or has been refused
commutation on medical grounds.

2. In terms of Rule 22 of the Central Civil Services (Commutation of Pension) Rules, 1981,
Shri./Smt/Kumari should be examined by a Medical
Board/Medical Officer not lower than the rank of Civil Surgeon or a District Medical Officer.
It is requested that arrangement may be made to get
Shri./Kumari/Smt.....examined as expeditiously as possible before
his/her next birthday which falls on.....

3. It is requested that arrangements for medical examination by the medical authority
indicated in para. 2 above may be made at the nearest available station mentioned by
Shri./kumari/Smt.....in his/her application in Form 2. The attention of the
medical authority may be drawn to the provisions of Rule 25 of the Central Civil Services
(Commutation of Pension) Rules, 1981.

4. It is requested that Shri./smt/kumari.....may be informed direct under
intimation to this Ministry/Department/ Office as to where and when he 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 instructions on hearing from you.

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

Yours faithfully,
(Head of Office)

Copy forwarded to Shri./Smt/Kumari.....(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 of the Accounts Officer, be eligible for the lumpsum payment in lieu of the amount of pension to be commuted as follows :

On the basis of		
Normal age	Added years	
	1 years	2 years
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 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 alteration 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 or if the medical authority directs that years will be added to that age, to the consequent assumed age.

Shri/Smt/Kumari.....should report for medical examination to the medical authority direct on hearing from..... She/He 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.

Signature
(Head of Office)

Date :

Copy forwarded to the Accounts Officer.....(here indicate designation and address) with reference to his Letter No....., dated.....

Signature
(Head of Office)