

CHITTARANJAN NATIONAL CANCER INSTITUTE
37, S. P. Mukherjee Road, Kolkata - 700 026

Form 5

Particular to be obtained from the retiring employee before six months of the date of retirement

1.	Name of the Government Servant	:	
2.	Date of birth / Retirement	:	
3.	Two specimen signatures duly attested (to be furnish in a separate sheet)	:	
4.	Three copies of passport size joint photographs of the of the employee with his/her wife/husband	:	
5.	Two slips showing the particulars of height and personal identification marks duly attested.	:	
6.	Present Address	:	
7.	Address after retirement	:	
8.	Details of the family in form No. 3 if not submitted	:	
9.	Place of payment of pension	:	

Place :

Signature

Date :

Designation.....

Chittaranjan National Cancer Institute
(RESEARCH UNIT)

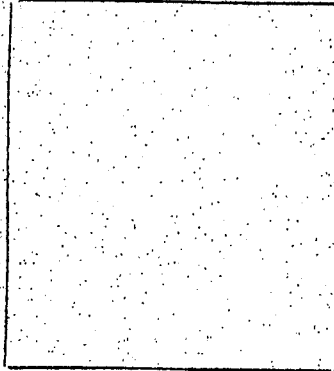
37, S. P. Mukherjee Road, Calcutta-26

FORM OF APPLICATION FOR COMMUTATION OF PENSION
WITHOUT MEDICAL EXAMINATION

To _____

The _____
(Head of Office)

Subject : Communication of pension
without Medical Examination



Sir,

I furnish below the relevant particulars and request that I may be permitted to commute a part of my pension as indicated below. (An attested copy of my photograph is posted on this application and an unattested copy is enclosed.

1. Name in block letters :
2. Date of birth :
3. Date of superannuation on attaining the age of 58 yrs. (or 60 yrs.) :
4. Designation of the post held at the time of superannuation. :
5. Amount of pension sanctioned and whether it is provisional or final. :
6. Class of pension as defined in CNCRC Pension Rules, 1982. :
7. Name of Bank through which the commuted value is desired to be paid, if payment is not desired through CNCRC cash. :
8. Amount (in whole Rupees) or percentage of pension proposed to be commuted. :
9. Particulars of any application for commutation of pension made previously and whether appeared before any Medical authority or not. :

Signature.....

Full Postal

Address.....

Date

FORM 3
[See Rule 54 (12)]
Details of Family

Name of the Government servant

Designation

Date of birth

Date of appointment

Details of the members of my family

as on

Sl. No.	Name of the members of family	Date of birth	Relationship with the officer	Initial of the Head of office.	Remarks
(1)	(2)	(3)	(4)	(5)	(6)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

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

Place

Signature of the Government servant

Dated the

Family for the purpose means family as defined in Clause (b) of sub-rule (14) of Rule 54 of the CCS (Pension) Rules, 1972.

NOTE – Wife and husband shall include respectively judicially separated wife and husband.

Name of Office
 (Place)

1. Name of the pensioner in Capital Letters) hereby nominate the person named below, under Rule 7 of the Central Civil Services (Commutation of Pension) Rules, 1981. (Name of the pensioner in Capital Letters) hereby nominate the person named below, under Rule 7 of the Central Civil

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

Signature (or thumb-impression if illiterate) and name of Pensioner

Acknowledgement to be sent by the Head Office

Certified that the nomination has been received from

(Name of Pensioner) whose address is

Signature of Head of Office
 Full Address:

