



Government of Orissa

Department of Public Grievances & Pension Administration

Schedule LIII

Form No.379(New)

O.C.S. (COMMUTATION OF PENSION) FORM 3

(See rules 18, 25, 25 read with F.D. Resolution No. 29826, dated the 9th July, 1992)

FORM OF LETTER TO THE CHIEF DISTRICT MEDICAL OFFICER

Serial No.

Department

Dated the

To

The Chief District Medical Officer

Subject - Medical Examination - Commutation of Pension

Sir,

Shri

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 furnished here with:-

1. (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 grounds

2. In terms of rule 20 Shri

should be examined by a Medical Board/Chief District Medical Officer. It is requested that arrangement may be made to get Shri

examined as expeditiously as possible before his 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 District Headquarters Hospital mentioned by

Shri

in his application in Form-2.

The attention of the Medical authority may be drawn to the provisions of rule 22.

4. It is requested that Shri

may be informed direct under intimation to this Depart /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 so that he may comply with your instructions on hearing from you.

5. The receipt of the letter may please be acknowledged

Yours faithfully,

Appointing Authority/Authorised Authority

Copy forwarded to Shri

(Here give complete postal address)

with the remarks that subject to the medical authority recommending commutation, he will, on the basis of report of 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

1st year

2nd 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 alteration in 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.

Shri should report for medical examination to the medical authority direct hearing from He should take with him 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/
Authorised Authority

Copy forwarded to the Accounts Officer
(here indicate designation and address)

with reference to his letter No.

Date

Signature of the Appointing Authority/Authorised Authority