Form VII

[See regulation 39 (9)]

Name of the Bank : ----------

Application for Commutation of Pension subject to Medical Examination

(to be submitted in duplicated)

PART – I

Space for Affixing attested passport size photograph

To

Designated Authority

Dear Sir,

I desire to commute a fraction of my pension in accordance with _____ Bank (Employee's) Pension Regulations, 2018. An attested copy of my photograph is affixed on the application and an unattested copy is enclosed. The necessary particulars are furnished below:

1. Name in full (in block letters : _____
2. Designation at the time of retirement : _____
3. Name of Office/Department from which retired : _____
4. Date of birth (as per Bank's Service Record) : _____
5. Date of Retirement : _____
6. Class of Pension : _____
7. Fraction of Pension proposed to be commuted not exceeding 1/3rd thereof : _____
8. Preference for station where medical examination is desired to take place : _____

Place :

Date : _____

Signature

Address : ----------

Acknowledgement

Received from Shri/Smt/Kum. _____ _____ application for commutation of Pension.

(Former Designation)

Place :

Date : _____

(Signature of Designated Authority)

Form VII - PART – II

(To be completed by the Designated Authority)

1. Name of the Applicant : _____

2. Date of birth (as per Bank's Service Record) : _____

3. Date of Retirement : _____

4. Class of Pension : _____

5. Amount of Pension : _____

6. Amount of Pension desired to be commuted : _____

On the basis of

_____

Added Years

Normal Age ----------

1 Year 2 Years

_____ _____ _____

Rs. Rs. Rs.

_____ _____ _____

7.(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 _____ : _____

8. Number of enclosures, if any (see note below)

Place :

Date :

_____

(Signature of Designated Authority)

Note: The Designated Authority should enclose with the Form, a copy of the receipt 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 grounds.

Copy forwarded to Shri/Smt./Kum._____

(give complete postal address)

with the remarks that subject to the Bank's Medical Officer's recommendation, he/she will, on the basis of the report of the Designated Authority be eligible for the lump sum payment in lieu of the amount of pension to be commuted as follows:-

On the basis of

	Added Years	
Normal Age	**1 Year**	**2 Years**
	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 _____ : _____

Note: The Table of the present value, on the basis of which calculation by the Designated Authority has been made, is subject to alteration at any time without notice and consequently the basis is liable to revision before payment is made and 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.

Acknowledgement

Shri/Smt./Kum. _____ should report for medical examination to the Bank's Medical Officer at Bank's Dispensary between _____ a.m. and _____ p.m. on _____. He/She should take with him/her the enclosed Form No.VIII with the particulars required in Part-1 completed except the signature or thumb impressions.

Place :

Date :

_____

(Signature of Designated Authority)

Form VII - PART III

Name of Bank : ——————————————————————————

(Draft Letter to Bank's Medical Officer

Referring the pensioner for Medical Examination)

Ref. No.:

Date :

To

Dr. ——————————————

(Bank's Medical Officer)

Sir/Madam,

Medical Examination-Commutation of Pension

Shri /Smt./ Kum.—————————————————— who retired from the service on ———— ————————as———————————— (Designation) has applied for commuting a fraction of his/her pension for a lump sum payment. The following documents are forwarded herewith.

(a) Application in Form No.VII in original.

(b)* Report or statement of the applicant's case if he has been granted invalid pension or has previously commuted a fraction 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.

In terms of regulation_____of _____(name of the RRB) (Employees') Pension Regulations, 2018 (commutation of pension), Shri/Smt./Kum._____should be examined by a Bank's Medical Officer. It is requested that arrangement may be made to get Shri / Smt. / Kum _____ _____ examined as expeditiously as possible preferably within four weeks.

A copy of this letter is being endorsed to him/her so that he/she may appear for medical examination before you at the earliest.

The receipt of this letter may please be acknowledged.

Yours faithfully

(Designated Authority)

*Strike off whichever not applicable

Form VIII

[See regulation 39(9)]

PART I

Name of Bank ----------

Space for Affixing attested passport size photograph

Declaration by the Pensioner for facilitating

Medical Examination by the Bank's Medical Officer.

The applicant must complete this statement prior to his examination by Bank's Medical Officer and must sign the declaration appended thereto in the presence

of Bank's Medical Officer.

1. Name in full (in block letters)

2. Date of birth (as per Bank's Service Record)

3. Particulars regarding Parents.

   Father's age, if living and state of health.

Father's age at death and cause of death.

Mother's age, if living and state of health.

Father's age at death and cause of death.

4. Have you been considered for grant of invalid Pension ?

If so, state the ground thereof.

5. Have you been granted leave on Medical certificate during the Last three years of your service ? if so, state period of leave and nature of illness.

6. Have you during the last three years period

(a) suffered from any major illness requiring hospitalization ?

If so, the nature of illness and period of hospitalization may please be indicated; or

(b) undergone any major surgical operation

(c) lost or gained weight markedly

Declaration by Applicant

To be signed in presence of the Bank's Medical Officer

I declare all the above answers to be, to the most of my belief, true and correct.

I am fully aware that by wilfully making a false statement or concealing a relevant fact, I shall incur the risk of losing the commutation.

_____

Applicant's signature or thumb- impression in case of illiterate applicant

_____

(Signature of Bank's Medical Officer)

Form VIII - PART II

Medical details of the Pensioner

(*To be filled by the examining Medical Officer*)

1. Apparent age

2. Height

3. Weight

4. Describe any scars or identifying
Marks of the applicant

5. Pulse rate-

a) Sitting
b) Standing

What is the character of the pulse ?

6. Blood pressure-

a) Systolic
b) Diastolic

7. Is there any evidence of disease of the main organs -

a) Heart
b) Lungs
c) Liver
d) Spleen
e) Kidney

8. Investigations (wherever considered
necessary by the Bank's Medical Officer)

(i) Urine (State specific gravity)

(ii) Blood

(iii) X-R-ray Chest

(iv) E.C.G.

9. Any additional finding

Form VIII - PART III

Certificate of Fitness for Payment of Commutation of pension

(*To be filled by the examining Medical Officer*)

I/We have carefully examined Shri/Smt./Kum._____and am/are of opinion that-

He /She is in good bodily health and has the prospect of an average duration of life.

OR

He /She is not in good bodily health and is not a fit subject for commutation.

OR

Although he/she is suffering from _____

_____

_____

_____he/she is considered fit subject for commutation but his/her age for the purpose of commutation, i.e. the age next birthday should be taken to be_____(In words) years more than his/her actual age.

Place :

Date :

_____

(Signature and Designation of

Examining Medical Officer)

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ALOK KUMAR Digitally signed by ALOK KUMAR Date: 2019.01.03 14:44:50 +05'30'