

**Form VI**

[See regulation 39 (9)]

Name of the Bank : **PRATHAMA U.P. GRAMIN BANK**

**Application for Commutation of Pension without Medical Examination**  
(to be submitted within one year from the date of retirement)

To

Designated Authority

Space for  
Affixing  
attested  
passport size  
photograph

Dear Sir,

I retired/will retire from the Bank's service with effect from ----- and have opted for Bank's Pension Scheme. I desire to commute a fraction of my pension in accordance with the Prathama U.P. Gramin Bank (Employee's) Pension Regulations, 2018. The necessary particulars are furnished below:

Name in full (in block letters) : \_\_\_\_\_  
Designation at the time of Retirement : \_\_\_\_\_  
Name of Office/Department from which retired : \_\_\_\_\_  
Date of birth (as per Bank's Service Record) : \_\_\_\_\_  
Date of Retirement : \_\_\_\_\_  
Class of Pension : \_\_\_\_\_  
Fraction of Pension proposed to be Commuted not exceeding 1/3<sup>rd</sup> thereof. : \_\_\_\_\_

\_\_\_\_\_  
Signature

Place :

Address: -----  
-----  
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**Acknowledgement**

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

\_\_\_\_\_  
Former Designation

Place :

Date :

\_\_\_\_\_  
(Signature of Designated Authority)

**Form VII**

[See regulation 39 (9)]

Name of the Bank : **PRATHAMA U.P. GRAMIN BANK**

**Application for Commutation of Pension subject to Medical Examination**

(to be submitted in duplicated)

**PART – I**

To  
Designated Authority

Space for  
Affixing  
attested  
passport size  
photograph

Dear Sir,

I desire to commute a fraction of my pension in accordance with Prathama U.P. Gramin 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 1/3<sup>rd</sup> thereof : \_\_\_\_\_
8. Preference for station where medical examination is desired to take place : \_\_\_\_\_

Place :

Date :

Signature \_\_\_\_\_

Address : -----

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**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

Normal Age	Added Years	
	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.

**Form VII - PART – II (contd.)**

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		
Normal Age	Added Years	
	1 Year	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 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 : **PRATHAMA U.P. GRAMIN 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 Prathama U.P. Gramin Bank (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 -- **PRATHAMA U.P. GRAMIN 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)