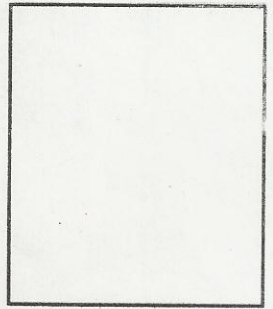


UNIVERSITY OF DELHI
FORM OF APPLICATION FOR COMMUTATION OF
PENSION WITHOUT MEDICAL EXAMINATION



The Registrar,
University of Delhi
Delhi-110007

Subject : Commutation 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 pasted on this application and attested copy is enclosed).

1. Name in Block letters. : _____
2. Date of Birth : _____
3. Date of superannuation/Voluntary Retirement on attaining the age of 60 years. : _____
4. Designation of the post held at the time of superannuation/voluntary Retirement and the name of the College/Department : _____
5. Amount of Pension sanctioned and whether it is provisional or final : _____
6. Amount (in whole Rupees) of pension proposed to be commuted : _____
7. Particulars of any application for commutation of Pension made previously and whether appeared before any medical authority or not : _____

Yours faithfully,

Signature

Full Postel Address,

Dated : _____

1. Age next birthday (according to the service record). : _____
2. Rate of Commutation at age next birthday. : _____
3. Amount proposed to be commuted by the Pensioner : _____
4. Amount of Pension sanctioned : _____
5. Calculation of commuted value of Pension : _____

Principal