

Form VI
[See regulation 39 (9)]

Name of the Bank: ASSAM GRAMIN VIKASH 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 Assam Gramin Vikash Bank (Employee's) Pension Regulations, 2018. 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. EPF No. : _____
5. Date of birth (as per Bank's Service Record) : _____
6. Date of Retirement : _____
7. Class of Pension : _____
8. Fraction of Pension proposed to be Commuted not exceeding 1/3rd thereof. : _____

Signature

Place:

Address: _____

Date:

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: ASSAM GRAMIN VIKASH 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 Assam Gramin Vikash 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 of Pensioner : _____
(in block letters)
2. Name of Ex-Employee : _____
3. Designation at the time of Retirement/ : _____
Death
4. Name of Office/Department from : _____
which retired
5. EPF No. : _____
6. Date of birth of Ex-Employee(as per Bank's : _____
Service Record)
7. Date of Retirement/Death : _____
8. Class of Pension : _____
9. Fraction of Pension proposed to be : _____
commuted not exceeding 1/3rd
thereof
10. 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: _____

Form VII - PART – II

(To be completed by the Designated Authority/Pension Cell)

1. Name of the Applicant : _____
2. Date of birth of Ex-Employee (as per Bank's Service Record) : _____
3. Date of Retirement/Death : _____
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.

Form VIII
[See regulation 39(9)]

PART I

Name of Bank: Assam Gramin Vikash Bank

**Declaration by the Pensioner for facilitating
Medical Examination by the Bank's Medical Officer.**

Space for
Affixing attested
passport size
photograph

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 with Seal)**