



महानगर टेलीफोन निगम लिमिटेड
MAHANAGAR TELEPHONE NIGAM LTD

(A GOVT OF INDIA ENTERPRISE)

Office of Dy. General Manager (Pension), 4th Floor, Currey Road Tel. Exchange,
Currey Road (East), Mumbai – 400 012.

No. MTNL/PEN/VRS-2019/Corr/2019-20/21

Dated 11-02-2020

To,
All GMs / CE BW
MTNL Mumbai

GENERAL INSTRUCTIONS


Sub: Submission of Commutation of Pension Form by VRS-2019 CSO retiree – reg

As per the Corporate Office ~~Order~~ Order no. MTNL/CO/GM(HR)/VRS/NE/2016-17 dated 04-11-2019 on MTNL Voluntary Retirement Scheme-2019, the CSO retiree who had attained more than 55 years of age on the effective date of voluntary retirement will be eligible for the commutation of pension only on attain the superannuation age on the date of offer of VRS i.e. 60 years. Provided that other CSO retirees currently aged 55 year or less, on the effective date of voluntary retirement shall be permitted with effect from 01-02-2025, in partial relaxation to extant rules of CCS (Commutation of Pension) Rules, 1981.

The CSO retiree once become eligible for the pension commutation as per above, commutation of pension shall be governed by CCS (Commutation of pension) Rules, 1981 and such retiree shall be eligible for commutation of pension without submission of medical fitness certificate upto one year from the date of becoming eligible for commutation. Provided further that on producing medical fitness certificate beyond one year, the commutation factor shall be as per age of such employee(s) on the date of commutation.

In this regard, all eligible retirees are instructed to submit attached FORM-1 (Commutation of pension without medical fitness certificate) duly signed by the controlling officer and Head of the Office to the concerned P&A unit **before one month from the date of becoming eligibility** for onwards submission to O/o Pr.CCA, Mumbai. In case, any retiree is submitting the application **beyond one year from the date of eligibility**, those retiree need to submit request in attached FORM-2 to the Head of the Office. On receipt of the same, Head of Office will forward the FORM-2 alongwith FORM-4 (Medical Certificate) to the Medical Authority in FORM-3 letter. On receipt of the same from the Medical Authority, all the three forms will be forwarded to the P&A units duly signed by the Head of the Office for onwards submission to O/o Pr.CCA, Mumbai. The retiree will also submit DOT issued PPO alongwith Commutation of pension form for issue of revised PPO.

All are requested to submit the application for commutation of pension within stipulated time for the timely settlement by pension sanctioning authority.


for Dy. General Manager (Pension)
MTNL, Mumbai-400012

Copy to:

1. ED, MTNL Mumbai - for kind information please
2. All PGMs - for kind information please

FORM I

**FORM OF APPLICATION FOR COMMUTATION OF A
PERCENTAGE OF PENSION WITHOUT MEDICAL EXAMINATION**
[See Rules 5(2), 6(1), 12, 13, 14(1) and (2), 15(1) and (2) and 16(1) and (2)]

(To be submitted in duplicate after retirement but within one year of the date of retirement)

PART I

To

The.....

.....

(Here indicate the designation and full address of the Head of Office)

Subject:- Commutation of pension without medical examination.

Sir,

I desire to commute a percentage of my pension as indicated below in accordance with the provisions of the Central Civil Services (Commutation of Pension) Rules, 1981. The necessary particulars are furnished below –

1. Name (in Block Letters)
2. Father's/husband's name
3. Designation at the time of retirement
4. Name of Office/Department/Ministry in which employed
5. Date of birth (by Christian era)
6. Date of retirement
7. Class of pension on which retired
8. Percentage of monthly pension proposed to be commuted
(indicate percentage, equal to or less than 40%)
9. Details of Pension Payment Order, if issued
 - (i) Number
 - (ii) Date
 - (iii) Designation of the Accounts Officer who authorised the pension
10. Details of Bank account to which monthly pension is being credited:
 - (i) Name of Bank and Branch
 - (ii) Account No.
 - (iii) BSR Code,

Place :

Date :

Signature

Postal Address

PART II

ACKNOWLEDGEMENT

Received from Shri..... (name), (former designation), application in Part I of Form 1 for the commutation of a percentage of pension without medical examination.

Place :

Signature

Date :

Head of Office

NOTE. - This acknowledgement is to be signed, stamped and dated and is to be detached from the Form and handed over to the applicant. If the form has been received by post, it has to be acknowledged on the same day and the acknowledgement sent under registered cover.

PART III

Forwarded to the Accounts Officer.....(here indicate the address and designation) with the remarks that -

- (i) the particulars furnished by the applicant in Part I have been verified and are correct ;
- (ii) the applicant is eligible to get a percentage of his pension commuted without medical examination ;
- (iii) Amount of pension authorised. [In case final amount of pension has not been authorised, indicate the amount of provisional pension sanctioned under Rule 64 of the Central Civil Services (Pension) Rules, 1972]
- (iv) the commuted value of pension determined with reference to the Table applicable at present comes to Rs.....
- (v) the amount of residuary pension after commutation will be Rs.....

2. It is requested that further action to authorise the payment of the amount of commuted value of pension may be taken as in Rule 15 of the Central Civil Services (Commutation of Pension) Rules, 1981.

3. The receipt of Part I of the Form has been acknowledged in Part II which has been forwarded separately to the applicant on.....

Place :

Signature

Date :

Head of Office

FORM 2
FORM OF APPLICATION FOR COMMUTATION OF
A PERCENTAGE OF PENSION AFTER MEDICAL EXAMINATION BY AN
APPLICANT REFERRED TO IN RULE 18
[see Rules 5(2),9(3),13(2), 14(2),19,20(1),(2) and (3), 21(1) and 25(2)]
(To be submitted in duplicate)

PART-I

SPACE
FOR
PHOTOGRAPH

To

The

.....

.....

(Here indicate the designation and full address of the Head of Office)

Subject:- Commutation of pension after medical examination.

Sir,

I desire to commute a percentage of my pension in accordance with the provisions of the Central Civil Services (Commutation of Pension) Rules, 1981. A self-attested copy of my photograph is pasted on the application and an unattested copy is enclosed. The necessary particulars are furnished below -

1. Name (in Block Letters)
2. Father's/husband's name
3. Designation at the time of retirement
4. Name of Office/Department/Ministry in which employed
5. Date of birth (by Christian era)
6. Date of retirement
7. Class of pension on which retired
8. Percentage of monthly pension proposed to be commuted
(indicate percentage, equal to or less than 40%)
9. Details of Pension Payment Order, if issued
 - (i) Number
 - (ii) Date
 - (iii) Designation of the Accounts Officer who authorised the pension

Contd/--

10. Details of Bank account to which monthly pension is being credited:
 (i) Name of Bank and Branch
 (ii) Account No.
 (iii) BSR Code,
11. Approximate date from which commutation is desired to have effect... ..
12. The amount of pension already commuted, if any
13. Preference for station where medical examination is desired to take place

Signature
 Postal Address.....

Place :
 Date :

NOTE. - The payment of commuted value of pension shall be made through the disbursing authority from which pension is being drawn.

PART- II

ACKNOWLEDGEMENT

Received from Shri.\ Kum.\Smt (name)
 (former designation) application in Part I of Form 2 for commutation of a percentage of pension after medical examination.

Place : Signature
 Date : Head of Office

PART- III

Forwarded to the Accounts Officer.....(here indicate the address and designation) with the remarks that the particulars furnished by the applicant in Part I have been verified and are correct and the applicant is eligible to get a percentage of his pension commuted after medical examination.

2. It is requested that Part IV of the Form may be completed and returned to this office as early as possible.

Place : Signature
 Date : Head of Office

PART- IV

(To be completed by the Accounts Officer)

1. Name of the applicant
2. Date of birth (by Christian era)
3. Date of retirement
4. Amount of pension including provisional pension,
if final pension not authorised... ..
5. Class of pension [See Chapter V of the CCS (Pension) Rules, 1972]
6. Amount of pension out of the amount in item 4 above
that may be allowed to be commuted-

On the basis of		
Normal Age	1 added year	2 added years
Rs.....	Rs.....	Rs.....

7. (i) Sum payable if commutation becomes absolute before the applicant's next birthday,
which falls on....., Rs.....
- (ii) Sum payable if commutation becomes absolute after
the applicant's next birthday Rs.....
8. Number of enclosures, if any
[See Note below]

Place :

Date :

Signature and
Designation of the
Accounts Officer

Countersigned

(Head of Office)
Full address

NOTE. - The Accounts Officer should enclose with the Form a copy of the report 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 3
FORM OF LETTER OF THE CHIEF ADMINISTRATIVE
MEDICAL AUTHORITY

[see Rules 20(3) and (4) and 28(5)]

(Please see Annexure)

No.....
Government of India
Ministry of.....
Department of.....
Dated the.....

To

.....
.....

Subject:- Medical Examination - Commutation of Pension.

Sir,

Shri./Smt/Kumari.....who retired from service
on..... as..... (designation) has applied for
commuting a percentage of his pension for a lumpsum payment. The following documents are
forwarded herewith :-

- (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 percentage
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.

2. In terms of Rule 22 of the Central Civil Services (Commutation of Pension) Rules, 1981,
Shri./Smt/Kumari should be examined by a Medical
Board/Medical Officer not lower than the rank of Civil Surgeon or a District Medical Officer.
It is requested that arrangement may be made to get
Shri./Kumari/Smt.....examined as expeditiously as possible before
his/her 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 available station mentioned by
Shri./kumari/Smt.....in his/her application in Form 2. The attention of the
medical authority may be drawn to the provisions of Rule 25 of the Central Civil Services
(Commutation of Pension) Rules, 1981.

4. It is requested that Shri./smt/kumari.....may be informed direct under
intimation to this Ministry/Department/ 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/her so that he/she may comply with your instructions on hearing from you.

5. The receipt of this letter may please be acknowledged.

Yours faithfully,
(Head of Office)

Copy forwarded to Shri./Smt/Kumari.....(here give complete postal address) with the remarks that subject to the medical authority recommending commutation, he/she will, on the basis of the report of the Accounts Officer, be eligible for the lumpsum payment in lieu of the amount of pension to be commuted as follows :

On the basis of		
Normal age	Added years	
	1 years	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 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 at 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 or if the medical authority directs that years will be added to that age, to the consequent assumed age.

Shri/Smt/Kumari.....should report for medical examination to the medical authority direct on hearing from..... She/He should take with him/her the enclosed Form 4 with the particulars required in Part I completed except the signature or thumb or finger impressions.

Signature
(Head of Office)

Date :

Copy forwarded to the Accounts Officer.....(here indicate designation and address) with reference to his Letter No....., dated.....

Signature
(Head of Office)

FORM - 4

MEDICAL EXAMINATION BY

THE.....

(Here enter the medical authority)

[see Rules 6(1), 20(3), 25(1), (2) and (3), 26(3), 27(1) and (3), 28(2), 30(1) and 31(2)]

PART-I

PART I

The applicant must complete this statement prior to his examination by the..... (Here enter the medical authority) and must sign the declaration appended thereto in the presence of that authority.

- 1. Name of the applicant (in Block letters)
- 2. Date of birth (by Christian era)
- 3. Place of birth
- 4. Particulars regarding parents, brothers and sisters -

Father's age, if living and state of health	Father's age at death and cause of death	Number of brothers living, their ages and state of health	Number of brothers dead, their ages at death and cause of death	Mother's age, if living and state of health	Mother's age at death and cause of death	Number of sisters living, their ages and state of health	Number of sisters dead, their ages at death and cause of death

- 5. Have you ever been examined -
 - (a) for Life Insurance, or/and
 - (b) by any Government Medical Officer or State Medical Board
 If so, state details and with what results
.....
- 6. Have you been granted or considered for grant of invalid pension? If so, state the ground thereof
- 7. Have you ever been granted leave on medical certificate during the last five years? If so, state periods of leave and nature of illness
- 8. Have you ever -
 - (a) had smallpox, intermittent or any other fever, enlargement or suppuration of glands, spitting of blood, asthma, inflammation of lungs, pleurisy, heart disease, fainting attacks, rheumatism,

- appendicitis, epilepsy, insanity or other nervous disease, discharge from or other disease of the ear, syphilis or gonorrhoea ; or
- (b) had any other disease or injury which required confinement to bed, or medical or surgical treatment ; or
 - (c) undergone any surgical operation ; or
 - (d) suffered from any illness, wound or injury sustained while on active service
 - (e) presence of albumin or sugar in urine
9. Present state of health -
- (a) Have you a hernia?
 - (b) Have you varicocele, varicose veins or piles?
 - (c) Is your vision in each eye good (with or without glasses)?
 - (d) If your hearing in each ear good?
 - (e) Have you any congenital or acquired malformation, defect or deformity?
 - (f) Have you lost or gained weight markedly during the last three years?
 - (g) Have you been under treatment of any doctor within the last three months and nature of illness for which such treatment was taken?

Declaration by Applicant
(To be signed in the presence of the medical authority)

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

I am fully aware that by willfully making a false statement or concealing a relevant fact I shall incur the risk of losing the commutation I have applied for and of having my pension withheld or withdrawn under Rule 8 of the Central Civil Services (Pension) Rules, 1972.

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

Signed in the presence of.....
(Signature and designation of medical authority)

PART- II
(To be filled in by the examining medical authority)

- 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 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 - | | | | |
| (i) Urine | ... | ... | ... | ... |
| (State specific gravity) | | | | |
| (ii) Blood | ... | ... | ... | ... |
| (iii) X-Ray Chest | ... | ... | ... | ... |
| (iv) ECG | ... | ... | ... | ... |
| 9. Has the applicant a hernia? | ... | ... | ... | ... |
| (If so, state the kind and if reducible) | | | | |
| 10. Any additional finding | ... | ... | ... | ... |

PART- III

(To be filled in by the examining medical authority)

I/We have carefully examined Shri/Shrimati/Kumari.....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 a 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.

Station :

Signature and
designation of
examining medical
authority

Date :