

BOMBAY PORT TRUST

COMMUTATION OF PENSION - FORM 'H'

PART I - FORM OF APPLICATION

I ----- desire to
commute Rs.* P. of my
@ ----- pension of Rs. P.
a month. I certify that I have
answered correctly each and all
of the questions below.

Space for pasting
attested passport size
photograph of the
applicant.

Place -----

Signature -----
(or left hand thumb impression)

Date -----

Designation -----

Enc: 2nd copy of
passport size
photograph
(unattested)

Address -----

* The portion of the pension to be commuted should consist
of whole Rupees or of Rupees and a multiple of five Paise.

@ The class of pension (superannuation, retiring, invalid,
compensation) should be stated.

Questions

Answers

1. What is the date of your birth?
2. How much of your pension do you wish to commute?
3. (a) Have you already commuted a portion of your pension? If so, give particulars.

(contd.....)

Questions

Answers

(b) Has any application from you for commutation of pension ever been rejected or have you ever accepted/declined to accept commutation of pension on the basis of an addition of years to your actual age recommended by the medical authority? If so, give particulars.

- 4. If you are already drawing your pension, quote the No. of your Pension Payment Order.
- 5. Without prejudice to the discretion of the sanctioning authority from what date approximately do you wish this commutation to have effect?
- 6. State the amount of Provident Fund money (including any non-refundable withdrawals) and the amount of death-cum-retirement gratuity received by you.

Place - - - - -

Signature - - - - -
(or left hand thumb impression)

Date - - - - -

No. - - - - -

(For use in cases governed by Rule 65(1) of the Bombay Port Trust Pension Rules)

Forwarded to the Chief Accountant for report.

Signature - - - - -

Date - - - - -

Designation - - - - -

(contd.)

PART - II

No. -----

Submitted to the Chairman for his administrative sanction

Forwarded to the Secretary for obtaining the administrative sanction of the Trustees.

2. Subject to the medical authority's recommending commutation, the lump sum payable will be as stated below :-

(a) Sum payable, if commutation becomes absolute before the application's next birthday, which falls on -----

On the basis of normal age, i.e. ----- years Rs. ---

On the basis of normal age plus one	year, i.e. -----	years Rs. ---
" " " two	years i.e. -----	years Rs. ---
" " " three	years i.e. -----	years Rs. ---
" " " four	years i.e. -----	years Rs. ---
" " " five	years i.e. -----	years Rs. ---

(b) Sum payable, if commutation becomes absolute after the applicant's next birthday before his next birthday but one

On the basis of normal age, i.e. ----- years Rs. ---

On the basis of normal age plus one	year i.e. -----	years Rs. ---
" " " two	years i.e. -----	years Rs. ---
" " " three	years i.e. -----	years Rs. ---
" " " four	years i.e. -----	years Rs. ---
" " " five	years i.e. -----	years Rs. ---

Dated -----

Chief Accountant.

PART - III

No. -----

Returned to the Chief Accountant.

The Board at its meeting held on ----- vide Resolution No. ----- has administratively sanctioned the commutation.

Dated -----

Secretary.

(Contd.)...

PART - IV

Forwarded to the Chief Medical Officer in original
on ----- with a request that he will arrange for the
medical examination of the applicant by the proper medical
authority as early as possible within three months from
the -----

(here enter the date of administrative sanction or the
date of retirement)

but not earlier than the date of retirement of the applicant
which is ----- and inform the applicant direct in
sufficient time where and when he should appear for the
examination.

*The next birthday of the applicant falls on -----
and his medical examination may be arranged before that date
but within the period prescribed above.

Chief Accountant.

* (To be struck out when the next birthday falls
beyond the proscribed date.)

BOMBAY PORT TRUST
COMMUTATION OF PENSION.- FORM 'I'

PART - I

Subject to the medical authority's recommending commutation and the conditions prescribed in Part II of this Form, the lump sum payable will be as stated below :-

(a) Sum payable, if commutation becomes absolute before the applicant's next birthday, which falls on - - - - -.

- On the basis of normal age, i.e. - - - - years Rs.
- On the basis of normal age plus one years i.e. ---- years Rs.---
- " " " two years i.e. ---- years Rs.---
- " " " three years i.e. ---- years Rs.---
- " " " four years i.e. ---- years Rs.---
- " " " five years i.e. ---- years Rs.---

(b) Sum payable, if commutation becomes absolute after the applicant's next birthday but before his next birthday but one

- On the basis of normal age, i.e. - - - - years Rs.
- On the basis of normal age plus one year i.e. ---- years Rs.---
- " " " two years i.e. ---- years Rs.---
- " " " three years i.e. ---- years Rs.---
- " " " four years i.e. ---- years Rs.---
- " " " five years i.e. ---- years Rs.---

Dated - - - - -

Chief Accountant:

PART - II

The commutation for lump sum payment of the pension of ----- is administratively sanctioned by the Chairman/Board on ----- on the basis of the report contained in Part I above. The table of present values, on the basis of which the calculations in the report in Part I above is made, is subject to alteration at any time without notice, and consequently they are 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 shall be added to that age, to the consequent assumed age.

2. The Chief Medical Officer has been requested to arrange for the medical examination and inform Shri ----- direct where and when he should appear for the examination. He should bring with him the enclosed Form 'J' with the particulars required in Part I completed except for the signature.

Chief Accountant.

Station -----

Date -----

To

BOMBAY PORT TRUST
COMMITATION OF PENSION

FORM 'J'

MEDICAL EXAMINATION BY THE -----
(here enter the medical authority)

PART - I

Statement to be filled in by the applicant for commutation of a portion of his pension under the Bombay Port Trust Pension Rules.

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

1. State your name in full.
(in BLOCK LETTERS)
2. State place of birth.
3. State your age and date of birth.
4. Furnish the following particulars concerning your family:-

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 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 and cause of death
--	--	--	--

5. Have any of your near relations suffered from tuberculosis (consumption, scrofula), cancer, asthma, fits, epilepsy, insanity or any other nervous disease?
6. Have you ever been abroad? Where and for what period and how long since?
7. Have you ever served in the Navy, Army, Air Force or in any Government Department?
8. Have you ever been examined -
 - (a) for Life Insurance or/and
 - (b) by any Government Medical Officer or Post Trust Medical Officer/Board, State Medical Board, Civil or Military? If so, state details and with what result?
9. Have you ever been granted leave on medical certificate? If so, state period/s of leave and nature of illness.
10. Have you ever -
 - (a) had small-pox, 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 and other disease of the ear, syphilis, 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

(contd...)

(d) suffered from any illness, wound or injury sustained while on active service with Armed Forces during the World War II?

11. Have you rupture ?
12. Have you varicocoele, varicose veins or piles ?
13. Is your vision in each eye good ?
14. Is your hearing in each ear good ?
15. Have you any congenital or acquired malformation, defect or deformity?
16. When were you last vaccinated ?
17. Is there any further matter concerning your health not covered by the above questions such as presence of albumen or sugar in the urine, marked increase or decrease in your weight in the last three years or being under treatment of any doctor within the last three months and the nature of illness for which such treatment was taken?

DECLARATION BY APPLICANT

(To be signed in presence of the medical authority)

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

I will fully reveal to the medical authority all circumstances within my knowledge that concern my health and fitness.

I am fully aware that wilfully 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 7 of the Bombay Port Trust Pension Rules.

(Applicant's signature)

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. Girth of abdomen at level of umbilicus.
5. Pulse rate -
(a) Sitting,
(b) Standing.
What is the character of pulse ?
6. What is the condition of arteries ?
7. Blood pressure -
(a) Systolic,
(b) Diastolic.
8. Is there any evidence of disease of the main organs -
(a) Heart.
(b) Lungs.
(c) Liver.
(d) Spleen.
(e)
9. Does chemical examination of urine show (i) albumen, (ii) sugar? State specific gravity.
10. Has the applicant a rupture ? If so, state the kind and if reducible.
11. Describe any scars or identifying marks,
12. Any additional information.

(contd...)