

**APPLICATION FOR COMMUTATION OF PENSION SUBJECT TO MEDICAL  
EXAMINATION**

(To be submitted in Duplicate)

THE CHAIRMAN  
PUNJAB GRAMIN BANK  
HEAD OFFICE  
KAPURTHALA

Dear Sir

I have retired from the services of the bank w.e.f. \_\_\_\_\_ and have opted for Bank's Pension Scheme. I desire to commute a fraction of my Pension in accordance with the Punjab Gramin Bank Employees' Pension Regulations 2018. The necessary particulars are furnished below:

AFFIX PASSPORT  
SIZE  
PHOTOGRAPH  
HERE AND  
CROSS SIGN IT

Name in full (in block letters)	
Designation at the time of Retirement	
Name of Office/Department from where retired	
Data of Birth (as per Bank's Service Record)	
Date of Retirement	
Class of Pension	
Fraction of Pension proposed to be commuted not exceeding 1/3rd thereof	
Preference for station where medical examination is desired to take place	
Address	

Signature \_\_\_\_\_

Place

Date

**ACKNOWLEDGEMENT**

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

Former Designation:

Place:

Date:

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