



**Form VII**

[See regulation 39 (9)]

Name of the Bank : Utkal Grameen Bank

**Application for Commutation of Pension subject to Medical Examination**

(to be submitted in duplicated)

**PART - I**

Space for  
Affixing  
attested  
passport  
size  
photograph

To  
Designated Authority

Dear Sir,

I desire to commute a fraction of my pension in accordance with \_\_\_\_\_ 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 (in block letters) : \_\_\_\_\_
2. Designation at the time of retirement : \_\_\_\_\_
3. Name of Office/Department from which retired : \_\_\_\_\_
4. Date of birth (as per Bank's Service Record) : \_\_\_\_\_
5. Date of Retirement : \_\_\_\_\_
6. Class of Pension : \_\_\_\_\_
7. Fraction of Pension proposed to be commuted not exceeding 1/3<sup>rd</sup> thereof : \_\_\_\_\_
8. 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 :

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