Form VI
[See regulation 39 (9)]
Name of the Bank : PUNJAB GRAMIN BANK

APPLICATION FOR COMMUTATION OF PENSION WITHOUT MEDICAL EXAMINATION

(To be submitted within one year from the date of retirement)

THE CHAIRMAN
PUNJAB GRAMIN BANK
HEAD OFFICE
KAPURTHALA

AFFIX PASSPORT SIZE PHOTOGRAPH HERE AND CROSS SIGN IT

Dear Sir

I have retired/will retire (tick applicable) 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:

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	
Address	

Signature _____

Place

Date

ACKNOWLEDGEMENT

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

Former Designation:

Place:

Date:

_____
(Signature of Designated Authority)