KERALA STATE INSURANCE DEPARTMENT GROUP INSURANCE SCHEME

FORM GIS – D (Vide Rule 12)

·	Place :/20 Date :/20
From	
To *	
Sir,	
Sub : Group Insurance Scheme – Certifi deduction in Form T.R.72.	cate of having entered the compulsory
	Yours faithfully,
	Signature : Name : SDO Code : Designation :
* The District/Sub Treasury Officer/Relevant Office Countersigning salary bills.	ers of PWD and Forest Departments/Officers
	FICATE
Subscription @ ₹ (Compulsory Deductio	n) towards Group Insurance Scheme in respect of
Shri./Smt	(Name),
(Designation),	(Department) has been
noted in T.R.72 Combined Register of L.P.Cs	and Pay Slips(for Treasuries) / corresponding
Registers(for PWD/Forest, etc., Department). The	ne group and rate of deduction will be entered in
the L.P.C. when issued as per Rule 192 of K.T.C. V	ol. I.
Place :/20	Signature : Designation : Address :

(Treasury/Office Seal)