

GROUP INSURANCE SCHEME

FORM GIS – A

(Vide Rule 5)

To

The
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.....

Sir/Madam,

I, (Name and Designation) belong to* on the scale of pay Rs..... working in Department. I request that I may be enrolled as a member of Group having a monthly subscription of Rs..... in the Group Insurance Scheme introduced by the Government as per G.O.(P) 392/84/Fin. dated 9.8.1984. I agree to abide by all the rules and instructions made or to be made by Government relating to the scheme.

Yours faithfully,

Place:.....

Date:

(Name & Signature)

*State whether regular establishment, work-charged establishment, contingent establishment, full-time teaching and non-teaching staff or Private School, Private College under direct payment scheme.

For Office use only

Entered in Register of Members in Form No.GIS-8 and page one of the Service Book.

Head of Office.