KERALA STATE INSURANCE DEPARTMENT GROUP INSURANCE SCHEME FORM No. 8

(See Rule 16) REGISTER OF MEMBERS

Section I : Particulars of Employees subscribing to the Insurance Fund Only

Sl. No.	Name	Designation	Date of Birth	Date of Appointment	Date of Commencement of Subscription	Date of Promotion to Higher Group/Date of Transfer to other Department	Date of Death	Remarks
1	2	3	4	5	6	7	8	9

Section II : Particulars of Employees Subscribing to both Insurance Fund and Savings Fund

Sl. No.	Name	Designation	Date of Birth	Date of Appointment	Date of Commencement of Subscription	Date of Promotion to Higher Group/Date of Transfer to other Department	Date of Cessation of Membership and Reason thereof	Remarks
1	2	3	4	5	6	7	8	9