

KERALA STATE INSURANCE DEPARTMENT
GROUP INSURANCE SCHEME
FORM GIS - B

Statement showing Deduction towards Group Insurance Scheme for the Month
of 20.....

DDO Code : Salary Head :

Name of Office :

Department :

Mode of Payment (By Salary Deduction/Demand Draft/Cheque/Challan) :

Details of Demand Draft/Cheque/Challan :

Sl. No.	PEN	Name	Account No.	Amount	Remarks
Grand Total				₹	

(Rupees only)

Place :
 Date :/...../20.....

Name & Signature
 of Drawing & Disbursing Officer

(Office Seal)