

KERALA STATE INSURANCE DEPARTMENT
GROUP INSURANCE SCHEME

FORM GIS – C

(Vide Rule 6)

List of Members who have joined the Scheme

DDO/SDO Code * : Salary Head : Department :

Name of Office : Mode of Payment (Salary Deduction/DD/Challan) :

Address : Details of DD/Challan :

..... District :

Sl. No.	PEN	Name in Block letters	Designation	Scale of Pay	Group & Rate of Subscription		Date of encashment of the bill in which first deduction is made	Date of Birth	Date of Retirement	Self-drawing or not (Y/N)	Remarks
					6	7					
1	2	3	4	5	6	7	8	9	10	11	12

Note: * DDO/SDO Code whichever is applicable
Column No. 8 should be the date of encashment of the Salary bill for September in which the first deduction is made

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

(Office Seal)

Name & Signature
of Drawing & Disbursing Officer

To
The District Insurance Officer,