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
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, ...