

**APPLICATION FOR REVIVAL OF MEMBERSHIP IN
GROUP INSURANCE SCHEME**

(To be sent to the District Insurance Officer concerned in duplicate for onward transmission to Government in the Finance Department with their remarks)

1. Name of the subscriber :
2. GIS Account No. :
3. Designation and Office Address :
4. Date of birth :
5. Date of entry in service :
6. Date from which the membership is admitted :
7. Rate of subscription at the time of admission in the scheme :
8. Enhancement of rates of subscription and the date from which the enhancements are effected :
9. Period of default in subscription :
10. Reason for default in subscription (Brief description)
 - (a) LWA under appendix XII A/C of KSR Part I :
 - (b) LWA other than appendix XII A/C of KSR Part I :
 - (c) Suspension :
 - (d) Deputation/Foreign service :
 - (e) Omission in LPC :
 - (f) Omission due to oversight :

(g) Thrown out from service and :
reappointed (give details)

(h) Appointed to other services where the :
scheme is not applicable/not
implemented and returned to service
where the scheme is applicable/
implemented (give details)

(i) Other reasons (give details) :

11. If the default in subscription is due to reason
10 (a) to

(i) Date of rejoining duty after leave :

(ii) Age at the time of rejoining duty after :
leave

12. Whether willing to remit the arrears of
subscription with interest at the rates
admissible under the scheme on the accretion
to the savings funds in not more than 3
installment

Place:

Date:

Name & Signature of the Applicant

VERIFICATION OF HODs/HOs/DDOs

I have verified the details furnished above with relevant records and found correct.

Signature

Place:

Date:

Name & Designation of the Controlling Officer

(Office seal)