

FORM NO. 5

ASSAM AGRICULTURAL UNIVERSITY, JORHAT - 13

To,
The Comptroller,
Assam Agricultural University
Employees' Group Insurance Scheme
Jorhat - 13

Through
The proper channel.

Sub : Application for payment of amount due to Late _____ against
AAU Employees' Group Insurance Scheme, 1988

Ref: Your No. _____ Dtd. _____

Sir,
With reference to the above, I hereby request that the full /percent of
amount due to Late(attested copy of death
Certificate be enclosed) under the AAU Group Insurance Scheme Account No..... may be paid to me.

Yours faithfully,

Signed in my presence
Signature attested

Signature
Name in Block Capitals
.....
Address :-

Head of Office /
Comptroller/DDO

No. _____ Dtd. _____

Forwarded to the Comptroller, GIS, AAU, Jorhat - 13

Head of Office

ASSAM AGRICULTURAL UNIVERSITY

GROUP INSURANCE SCHEME

**APPLICATION FORM FOR SANCTION OF SAVINGS / INSURANCE DUES
UNDER GROUP INSURANCE SCHEME : AAU : JORHAT -13**

(To be submitted by the applicant through the Head of Office)

1. Name of the retired/deceased Employees.

2. Date of joining in the AAU Group Insurance Scheme. :

3. Date of retirement/Death :

4. Designation of Post held last. :

5. Name of the Office/Deptt. working last. :

6. Basic pay last drawn :

7. AAU GIS Account No. :

8. Details of member of family :

NAME	RELATIONSHIP WITH THE DECEASED EMPLOYEES	AGE
(A)		
(B)		
(C)		
(D)		
(E)		

9. Home Address :

10. Present Address :

11. Outstanding liability for loan etc. if any :

Full signature of applicant

Date _____

(To be filled in and submitted to the Comptroller by the Head of Office)

Memo No. _____ Dtd. _____ 200

Certified that the monthly subscription of Rs..... for the month of, towards the Group Insurance Scheme was deducted from the last pay bill (From the pay bill for the month of) of the incumbent as stated above.

(2) Any other remarks/recommendation :
by the Head of Office

Seal & Signature of the
Head of Office

Date _____

NAME	RELATIONSHIP WITH THE DECEASED EMPLOYEES	AGE
(A)		
(B)		
(C)		
(D)		
(E)		

9. Home Address

10. Present Address

11. Outstanding liability for loan etc. if any

Full signature of applicant

Date

ASSAM AGRICULTURAL UNIVERSITY : JORHAT - 13
BILL FOR WITHDRAWING INSURED/SAVINGS DUES UNDER
GROUP INSURANCE SCHEME

SANCTION NO. _____

Voucher No. : _____

Date : _____

Account / Group No.	Amount due from Savings refundable amount	Amount due from Insu- rance cover	TOTAL	Deduction of premium	Net payable
1	2	3	4(2+3)	5	6
TOTAL :					

Rupees (.....) only

Full Name of the Subscriber _____

Designation _____

Pay Rs. (Rupees)
 only to Sri/Smti

Asstt. Comptroller,
 Group Insurance Scheme,
 Assam Agricultural University
 Jorhat - 13

Received payment in full by
 Cheque No. _____
 Date _____ for Rs. _____
 (Rupees.....)
 only

Revenue
 Stamp 1/-
 Rupees

Full Signature of the
 subscriber

Checked & entered in Account
 Ledger under A/C No. _____

Asstt. Comptroller
 Group Insurance Scheme
 Office of the Comptroller