

FORM NO. 3
ASSAM AGRICULTURAL UNIVERSITY

To,

The Comptroller
Group Insurance Scheme
Assam Agricultural University
Jorhat - 785 013

Through

The _____

Sub : Application for payment of accumulation under Group Insurance Scheme, AAU - 1988.

Ref: Release order enclosed.

Sir,

I have been a member of AAU Employees Group Insurance Scheme-1988 since.....*
I have retired from service after attaining the age of years. I have ceased to be in employment with
the AAU with effect from I was holding the Post of
..... before retirement / cessation of employment with the AAU Employees Group
Insurance Scheme may be paid to me.

Yours faithfully,

Signature :-
Full Name in Block
Capitals
A/c No.

* Month and the year of becoming a member of the Scheme may be indicated here.

No.....

Dtd.

Forwarded to the Comptroller, Group Insurance Scheme, AAU, Jorhat - 13 for necessary action.

Head of Office

ASSAM AGRICULTURAL UNIVERSITY
GROUP INSURANCE SCHEME

MEMO No. _____ 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

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

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