

24/ 9/11

Form No. I

Assam Agricultural University Group Insurance Scheme, Jorhat-13.

Department/ Station/ Office _____

Date

MEMORANDUM

Sri _____ a Group employee has been enrolled as a member of the Assam Agril. University Employees' Group Insurance Schemes, 1988 with effect from 1st September, 1988. His monthly subscription of Rs. _____ (Rupees _____) only shall be deducted from his salary/wage commencing from the month of _____ and he will be eligible to the benefits of the Group Insurance Scheme appropriate to Group _____ with effect from _____.

Signature of the Head
Office/Station/Department.

No. _____ dtd. _____

Submitted in duplicate to the Comptroller, AAU, Jorhat for information and necessary action.

Signature of the Head
Office/Station/Department.

Returned with Account No. _____ allotted. This number should be quoted in all correspondences connected therewith.

Comptroller
Group Insurance Scheme
AAU, Jorhat

Form No. 7

Nomination for benefit under the AAU Employees' Group Insurance Scheme, 1988

When the AAU Employee has family and wishes to nominate one person or more than one person.

I, having family, hereby nominate the person/persons mentioned below and confer on him/ them the right to receive to the extent specified below any amount that may be sanctioned by the AAU under the AAU Employees' Group Insurance Scheme, 1988 in the event of my death while in service or which having become payable on my attaining the age of superannuation may remain unpaid at my death.

Name & Address of Nominee / Nominees	Relationship with AAU, Employee	Age	Share of amount	Contingencies on the happening of which Nomination shall become invalid	Name, address & relationship of the persons, if any, to whom the right of the nominee shall pass in the event of his predeceasing the AAU employee.
1	2	3	4	5	6
1.					
2.					
3.					

Dated, this day of 20 at

Signature of two witness :

- 1.
- 2.

Countersigned

Signature of AAU Employee in full

A/c No.

N. B. The AAU Employee should draw line across the blank space below his last entry to prevent the insertion of any name after he has signed.

* This column should be filled in so as to cover the whole amount that may be payable under the Insurance Scheme.

** Where a AAU Employee who has no family makes a nomination, he shall specify in this column that the nomination shall become invalid in the event of his subsequently acquiring a family.

Form No. 6

Nomination for benefit under the AAU Employees' Group Insurance Scheme, 1988

When the AAU Employee has no family and wishes to nominate one person or more than one person.

I, having no family, hereby nominate the person/persons mentioned below and confer on him/ them the right to receive to the extent specified below any amount that may be sanctioned by the AAU under the AAU Employees' Group Insurance Scheme, 1988 in the event of my death while in service or which having become payable on my attaining the age of superannuation may remain unpaid at my death.

Name & Address of Nominee / Nominees	Relationship with AAU, Employee	Age	Share of amount to be paid to each	Contingencies on the happening of which Nomination shall become invalid	Name, address & relationship of the persons, if any, to whom the right of the nominee shall pass in the event of his predeceasing the AAU employee.
1	2	3	4	5	6
1.					
2.					
3.					

Dated, this day of 20 at

Signature of two witness :

1.

2.

Countersigned

Signature of AAU

Employee in full

A/c No.

N. B. The AAU Employee should draw line across the blank space below his last entry to prevent the insertion of any name after he has signed.

* This column should be filled in so as to cover the whole amount that may be payable under the Insurance Scheme.

** Where a AAU Employee who has no family makes a nomination, he shall specify in this column that the nomination shall become invalid in the event of his subsequently acquiring a family.