

PROCEEDINGS OF THE MANDAL EDUCATIONAL OFFICER::.....

PRESENT:.....

Rc.No.....

Dated:.....

Sub:GROUP INSURANCE SCHEME Sri/Smt.....

Sanction of G.I.S. Savings/Insurance Amount of Rs.....
Orders – Issued.

- Ref: 1) G.O.Ms.No. 293 F&P. Deptt. Dated: 9-10-1984.
- 2) G.O.Ms.No. 323 F&P. Deptt. Dated: 12-11-1984.
- 3) G.O.Ms.No. 367 F&P Deptt. Dated: 15-11-1994.
- 4) G.O.Ms.No. 193 F&P Deptt. Dated: 19-03-2002.
- 5) Govt.Memo.No.34520/147/Admn.II/A2/99, Dated:19-3-2002.
- 6) Other connected papers.

- x- x- x-

O R D E R :

Sri/Smt.....
Who retired from her/his service on the A.N. of -----/died while in service on..... ..

He/She subscribed an amount of Rs...../ -P.M initially towards Group Insurance Scheme from..... and enhanced the amount to Rs...../ - P.M from.....and again enhanced the amount to Rs...../ - P.M from.....to..... towards Savings amount of the incumbent.

Hence Sanctioned is hereby accorded for drawal of an amount of s.....as follows for final settlement of the G.I.S. claim.

- 1. Savings Amount ... Rs.....
- 2. Insurance Amount ... Rs.....

TOTAL... Rs.....

The amount is payable to Sri /Smt..... who retire from his/her service on the A.N.of..... in pursuance of the Orders Issued in the reference read above.

The expenditure is debitable to the following Heads of Accounts.

- 8011 - Insurance & Pension Funds.
- 107 - State Govt. Employees GIS
- 02 - G.I.S. for P.R. Employees
- 001 - Insurance fund
- 002 - Savings fund.

Mandal Educational Officer

Copy submitted to the S.T.O.....
Copy to file.

ANDHRA PRADESH STATE EMPLOYEES GROUP INSURANCE SCHEME
G.O.Ms.No. 293 (F&P) Deptt. Dated:08-10-1984.

C H E C K L I S T

1. Name of the Employee and Designation :
2. Scale of Pay :
3. Date of Commencement of Insurance cover And the Group to which he/she si enrolled Initially. :
4. Change of the Higher Group w.e.f :
5. Date of Retirement/Resignation/Death :
6. Name of the Nominee/Legal – heir in the Event of death of the employee :
7. Calculation of Savings Fund and interest there On as order from time to time. (A separate Annexure copy of which should invariably be Sent to Director of Insurance) :
8. Total Amount sanctioned under Savings Fund (Savings Fund + Interest there on) :
9. Total Amount sanctioned under Insurance Fund in the event of death of the Employee :
10. Head of Account for payment of Savings Fund/Insurance Fund/Interest separately :

SIGNATURE.