

**APPLICATION FOR ADMISSION INTO
A.P. STATE EMPLOYEES GROUP INSURANCE SCHEME**

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01. Name of the Applicant :
02. Official designation :
03. Service to which attached. If on deputation, :
state the parent department, Govt. also.
04. Service to which the applicant belongs :
05. Whether the post of the applicant is :
pensionable or not.
06. Whether the applicant is permanent, temporary: :
or re-employed. If temporary, give the date of :
commencement of service.
07. Rate of emoluments drawn : PAY D.A. HRA
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08. Scale of pay :
09. Rate of subscription per mensem :
10. If subscriber is subscribing to any other fund, :
name of such fund
11. Whether or not the individual is compulsory or: COMPULSORY
optional subscriber. :
12. Whether the applicant has a family or not :
13. Account No. to be allotted by the Accounts :
Officer
14. Remarks :

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Confirmed nomination in the prescribed form is duly filled in and enclosed.

Station: Signature of the applicant
Dated: Name:
Designation:
Address:

Dated the _____ day of _____ (Month/Year) at
_____ (Place)

Returned with Account Number allotted. This Number should be indicated in all correspondence relating to GIS.

Signature of the Head of Institution