

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.