

To,

Sub Divisional Officer,
Animal Husbandry & Dairying,
Tohana.

Subject:- Regarding Allotment of G.I.S No.
R/sir,

It is humbly submitted that the scheme of subscription of G.I.S. contribution was introduced for every employee of Government of Haryana and the instructions regarding the substance are issue from time to time. According to provisions of aforementioned instructions, contribution of monthly subscription at specified rate is required for every Government Employee.

Keeping in view provisions of relevant instructions operation of GIS Account is mandatory for every regular Government employee of Haryana State. It is humbly requested to kindly allot New GIS Account number as my monthly subscription may be credited with propel transactions. Please necessary annexure/document duly filled as per service data is enclosed here with for ready reference.

I shall be thankful to you for kind favour and oblige.

Thanking you.

Yours faithfully.

Enclosure :-

1. Performa.
2. Annexure 'B' Form 3-A & Form I I see Clause 4 (4)
3. Form 8.
4. Affidavit.
5. Copy of Matriculation Certificate.
6. Copy of Appointment letter.

PROFORMA FOR ALLOTMENT OF NEW GIS ACCOUNT NUMBER

Name of Employee _____ :

Father's Name _____ :

Designation _____ :

Class (A/B/C/D) _____ :

Date of Birth _____ :

Date of Joining in the Department _____ :

Date of Retirement _____ :

Previous GIS Account No. If any _____ :

Date of Membership _____ :

Date of Enhancement _____ :

Whether Nomination form filled or not _____ :

Remarks, if any _____ :

(Signature of applicant)

Designation:

MEMORANDUM

Mr./Ms. _____ a Group _____ employee has been
 notified as a member of the Haryana Government Employees Group Insurance Scheme, 1952 and
 his/her monthly contribution of Rs. _____ (Rupees
 _____) shall be deducted from his/her salary commencing from the month
 _____ and he/she will be eligible to the benefits of the scheme according to
 Group 'A' (G.O.) of the scheme dated _____.

(Verified by DDO, Head of the Office)
 Signature with Stamp _____
 Name _____
 Designation _____

117

Annexure 'B' Form 3-A
(See Clause 15-F Accounting Procedure)

To
Sub Divisional Officer,
Animal Husbandry & Dairying,
Tohana.

Sir,
The scheme known as Haryana Government Employees 1985 has been notified to me and I have fully implicit it.

Date:-

Yours faithfully,

(Signature of applicant)

Name:

Designation:

Form 1 I See Clause 4 (4)
GOVERNMENT OF HARYANA

Department/Office:
Animal Husbandry & Dairying, Department, Haryana.

Date:

MEMORANDUM

Sh./Smt.a Group..... employee has been enrolled as a member of the Haryana Government Employee group Insurance scheme 1985 w.e.f his/her monthly subscription of Rs' (Rupees) shall be deducted from his/her salary commencing from the monthhe/she will be eligible to the benefits of the scheme appropriate to Group A,B,C,D with effect from 1985.

(Verified by DDO / Head of the office)

Signature with Stamp Name:

Designation:

Form 8
[See Clause 19(5)]

Nomination for benefits under the Haryana Government Employees Group Insurance Scheme –1985

The Government servant has a family and wishes to nominate one member or more than one member thereof.

I hereby nominate the person(s) mentioned below, who is/are member(s) of my family and confer on him/them the right to extent specified below any amount that may be sanctioned by the Haryana Government under the Haryana Government Employees Group Insurance Scheme, 1985 in the event of my death while in service or which having able on my attaining the age of superannuation may remain unpaid at my death.

Sr. No.	Name & Relationship with Govt. servant	Age	Share to be paid to each (% age)	Contingencies on the happening of which the nomination shall become invalid	Name, Address & Relationship of the person, if any to whom the right of the nominee shall pass in the event of his/her predeceasing the Government employee

Note: The Government employee should draw line across the space below his last entry to prevent of insertion of any names after he has signed.

(Signature of applicant)
Date: _____

Signature of two Witnesses:
Govt. Employee

1. Name: _____ Designation: _____ Signature _____
2. Name: _____ Designation: _____ Signature _____

This column should be filled-in so as to cover the whole amount that they will be payable under the Insurance Scheme.

AFFIDAVIT

I, _____ S/D//o Sh. _____, R/o H. No.

_____ do hereby solemnly affirm and declare
as under:-

1. That I am permanent resident of above said address.
2. That I am working as _____ in Irrigation & Water Resources Department,
Haryana,
3. That my present place of posting is _____.
4. That my date of birth is _____ as per Matriculation Certificate.
5. That the name of my nominee is Sh./Smt. _____ and my relationship
with him/her is husband/wife/ mother/father or if any.
6. That I obey the rules and regulations of the department.
7. That my above said statement is true to the best of my knowledge.

Dated: _____
Place: _____

Deponent

(_____)

VERIFICATION

Verified that the above said statement is true and correct to the best of my
knowledge and belief and nothing has been concealed therein.

Dated: _____
Place: _____

Deponent

(_____)