



ASSAM VETERINARY AND FISHERY UNIVERSITY
G.S. Road, Khanapara, Guwahati-22.

FORM NO.-3

To,

The Financial Officer
Group Insurance Scheme
Assam Veterinary and Fishery University
Khanapara, Guwahati-22.

(Through Proper Channel)

Sub:- Application for payment of accumulation under Group Insurance Scheme.

Ref :- Release order enclosed.

Sir,

I have been a member of AVFU Employees Group Insurance Scheme-1988 since _____ I have retired from service after attaining the age of _____ years. I have ceased to be in employment with the AVFU with effect from _____ I was holding the post of _____. Before retirement / cessation of employment with the AVFU Employees Group Insurance Scheme may be paid to me.

Yours Faithfully

Signature:

Full name in block:

Capitals _____

GIS A/c No. _____

*Month and the year of becoming a member of the scheme may be indicated here.

Memo No.

dtd.

Forwarded to the Financial Officer, Group Insurance Scheme, AVFU, Khanapara for necessary action.

Head of Office

ASSAM VETERINARY AND FISHERY UNIVERSITY
GROUP INSURANCE SCHEME

APPLICATION FORM FOR SANCTION OF SAVINGS / INSURANCE DUES
UNDER GROUP INSURANCE SCHEME :: AVFU, Khanapara, Guwahati-22.

(To be submitted by the applicant through the Head of Office)

- 1. Name of the retired/ deceased Employees :
- 2. Date of the joining in the University :
Group Insurance Scheme
- 3. Date of retirement /Death :
- 4. Designation of post held last :
- 5. Name of the office / Department :
Working last
- 6. Basic Pay last Drawn :
- 7. University GIS Account No. :
- 8. Details of family member : As follows

SI No.	NAME	RELATIONSHIP WITH THE RETIRED/ DECEASED EMPLOYEES	AGE
1			
2			
3			

- 9. Home Address :
- 10. Present Address :
- 13.Outstanding liability for loan etc :
in the AVFU

Full signature of Applicant

Date,_____

(To be filled in and submitted to the Financial Officer by the Head of Office)

Memo no.

Dated.

Certified that the monthly subscription of Rs. _____
for the month of _____ towards the Group Insurance Scheme
was deducted from the last pay bill (from the pay bill for the month of _____)of the
incumbent as stated above.

2. Any other remarks / recommendation : NIL.
By the Head of Office.

Seal & Signature of the
Head of Office

Date_____

OFFICE OF THE COMPTROLLER:: ASSAM VETERINARY AND FISHERY UNIVERSITY
G.S. Road, KHANAPARA, GUWAHATI-22

BILL FOR WITHDRAWING INSURED / SAVINGS DUES UNDER
GROUP INSURANCE SCHEME

Sanction_____

Voucher No._____

Date_____

Sl No.	Account / Group No.	Amount due from savings refundable amount	Amount due from Insurance cover	Total	Deduction of Premium	Net Payable
1	2	3	4	5	6	7
	Total					

(Rupees)only.

Full name of the subscribers
Designation:

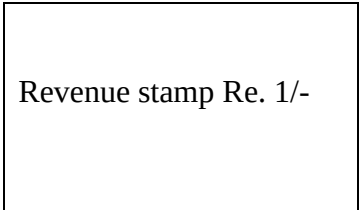
Pay Rs.

(Rupees) only to Sri/ Smti._____

Asstt. Comptroller
Group Insurance Scheme
Assam Veterinary and Fishery University
Khanapara, Guwahati-22.

Received payment in all by the cheque no.

Date for Rs.
(Rupees) only



(full signature of the subscriber)

Checked & entered in account Ledger under
A/C No.

Asstt. Comptroller
Group Insurance Scheme
Office of the Financial Officer
AVFU, Khanapara,

ASSAM VETERINARY AND FISHERY UNIVERSITY
GROUP INSURANCE SCHEME

Memo no.

Dated.

Certified that _____ has subscribed uninterrupted under
Group Insurance Scheme 1983. The appropriate group up to _____ (specify the month).

Seal & Signature of Head of Office
Drawing & Disbursing Officer
Date_____