



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

FORM NO. 1

GROUP INSURANCE SCHEME

Department / Station/Office_____

Date:_____

MEMORANDUM

Sri_____ a Group employee has been enrolled as a member of the Assam Veterinary and Fishery University Employees Group Insurance Schemes with effect from _____. His monthly subscription of Rs._____(Rupees _____) only shall be deducted from his salary /wage commencing from the month of _____ and he will be eligible to the benefits of the Group Insurance Scheme appropriate to Group_____ with effect from_____.

Signature of the Head
Office/Station/Department

No._____ Dtd._____

Submitted in duplicate to the Financial Officer, GIS, AVFU, Khanapara for information and necessary action.

Signature of the Head
Office/Station/Department

Returned with Account No. _____ allotted. This number should be quoted in all correspondences connected therewith.

Financial Officer
Group Insurance Scheme
AVFU, Khanapara.

Form No.6

Nomination for benefit under the AVFU Employees' Group Insurance Scheme

When the AVFU Employee has no family and wishes to nominate one person or more than one person.

I, having no family, hereby nominate the person/ persons mentioned below and confer on him/ them the right to receive to the extent specified below any amount that may be sanctioned by the AVFU Employees Group Insurance Scheme in the event of my death while in service or which having become payable on my attaining the age of superannuation may remain unpaid at my death.

Sl No.	Name & Address of Nominee/Nominees	Relationship with the AVFU employee	Age	Share of amount	Contingencies on the happening of which nomination shall be come invalid	Name, address & relationship of the persons, if any, to whom the right of the nominee shall pass in the event of his predeceasing the AVFU employee
1						
2						
3						
4						

Dated, this _____ day of _____ at _____

Signature of two witness:

1.

2.

Signature of AVFU employee in
full _____

Countersigned

A/c No. _____.

N.B.

- The AVFU Employee should draw line across the blank space below his last entry to prevent the insertion of any name after he has signed.
- This column should be filled in so as to cover the whole amount that may be payable under the Insurance Scheme.
- Where a AVFU Employee who has no family makes a nomination, he shall specify in this column that the nomination shall become invalid in the event of his subsequently acquiring a family.

Form No.7

Nomination for benefit under the AVFU Employees' Group Insurance Scheme

When the AVFU Employee has family and wishes to nominate one person or more than one person.

I, having family, hereby nominate the person/ persons mentioned below and confer on him/ them the right to receive to the extent specified below any amount that may be sanctioned by the AVFU Employees Group Insurance Scheme in the event of my death while in service or which having become payable on my attaining the age of superannuation may remain unpaid at my death.

Sl No.	Name & Address of Nominee/Nominees	Relationship with the AVFU employee	Age	Share of amount	Contingencies on the happening of which nomination shall be come invalid	Name, address & relationship of the persons, if any, to whom the right of the nominee shall pass in the event of his predeceasing the AVFU employee
1						
2						
3						
4						

Dated, this _____ day of _____ at _____

Signature of two witness:

1.

2.

Signature of AVFU employee in
full _____

Countersigned

A/c No. _____.

N.B.

- The AVFU Employee should draw line across the blank space below his last entry to prevent the insertion of any name after he has signed.
- This column should be filled in so as to cover the whole amount that may be payable under the Insurance Scheme.
- Where a AVFU Employee who has no family makes a nomination, he shall specify in this column that the nomination shall become invalid in the event of his subsequently acquiring a family.