

KERALA STATE INSURANCE DEPARTMENT

GROUP INSURANCE SCHEME

Form GIS – C

(Vide Rule 6)

List of employees who have newly joined to the scheme

DDO/Office Code : Salary Head(For Salary through Treasury): Department/Organisation:

Name of Office: Mode of Payment:(By Chalan/TR5/Direct credit from salary)

Office Address: : Details of Chalan(No, date)

..... Office of remittance

Sl. No	PEN	Name in block letters	Designation	Scale of Pay	Group	Rate of Subscription	Salary Month from which the first deduction has made	Date of encashment of salary	Date of Birth	Date of Joining in Service	Date of Retirement	Whether the employee is a re-employed defence personnel covered under extended insurance scheme (Yes/No)	Whether appointment of the employee is permanent (Yes/No)	Remarks
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														

Place:

Date:

No:

To

The District Insurance Officer,.....

(Office Seal)

Name & Designation of Drawing and /Salary Disbursing Officer

*NB: Re-employed Defence Personnel who are covered under extended insurance scheme are not eligible for admission to GIS Scheme
Temporary employees are not allowed to join the scheme*