

KERALA STATE INSURANCE DEPARTMENT

GROUP INSURANCE SCHEME

FORM GIS – A
(Vide Rule 5)

To

The
.....
..... (DDO/Controlling Officer)

Sir/Madam,

I, (Name),
..... (Designation) belong
to* on the scale of pay ₹.....
working inDepartment. I
request that I may be enrolled as a member of Group (A/B/C/D) having a monthly
subscription of ₹ in the Group Insurance Scheme introduced by the Government
as per G.O.(P) 392/84/Fin. dated 9.8.1984. I agree to abide by all the rules and
instructions made or to be made by Government relating to the scheme.

Yours faithfully,

Place :

Date :/...../20.....

(Name & Signature)

**State whether regular establishment, work-charged establishment, contingent establishment, full-time teaching and non-teaching staff or Private School, Private College under direct payment scheme.*

For Office use only

Entered in Register of Members in Form No.GIS-8 and page one of the Service Book.

(Office Seal)

Head of Office.