KERALA STATE INSURANCE DEPARTMENT

GROUP INSURANCE SCHEME

FORM GIS – B

Statement showing Deduction towards Group Insurance Scheme for the Month of .... 20.........

DDO Code : .... Salary Head : ....

Name of Office : ....

Department : ....

Mode of Payment (By Salary Deduction/Demand Draft/Cheque/Challan) : ....

Details of Demand Draft/Cheque/Challan : ....

Sl. No.	PEN	Name	Account No.	Amount	Remarks
Grand Total ₹					

(Rupees .... only)

Place : ....

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

Name & Signature
of Drawing & Disbursing Officer

(Office Seal)