

**KERALA STATE INSURANCE DEPARTMENT**  
**GROUP INSURANCE SCHEME**

FORM GIS – C  
(Vide Rule 6)

**List of Members who have joined the Scheme**

DDO/SDO Code \* : ..... Salary Head : ..... Department : .....  
Name of Office : ..... Mode of Payment (Salary Deduction/DD/Challan) : .....  
Address : ..... Details of DD/Challan : .....  
..... District : .....

Sl. No.	PEN	Name in Block letters	Designation	Scale of Pay	Group & Rate of Subscription		Date of encashment of the bill in which first deduction is made	Date of Birth	Date of Retirement	Self-drawing or not (Y/N)	Remarks
					6	7					
1	2	3	4	5	6	7	8	9	10	11	12

Note: \* DDO/SDO Code whichever is applicable  
Column No. 8 should be the date of encashment of the Salary bill for September in which the first deduction is made

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

(Office Seal)

Name & Signature  
of Drawing & Disbursing Officer

To  
The District Insurance Officer, .....