

PROCEEDINGS OF THE HEAD MASTER:: Z.P.HIGH SCHOOL,.....

PRESENT: SRI / SMT.

Rc.No. / 20.....

Dated: - -20 .

Sub: GROUP INSURANCE SCHEME – ZILLA PARISHAD
SRI / SMT.....

Sanction of G.I.S. Savings Amount of Rs...../- Orders – Issued.

- Ref: 1) G.O.Ms.No. 293 F&P. Deptt. Dated: 9-10-1984.
2) G.O.Ms.No. 323 F&P. Deptt. Dated: 12-11-1984.
3) G.O.Ms.No. 367 F&P Deptt. Dated: 15-11-1994.
4) G.O.Ms.No. 193 F&P Deptt. Dated: 19-03-2002.
5) Govt.Memo.No.34520/147/Admn.II/A2/99, Dated:19-3-2002.
6)G.O.Ms.No.110 F&P, Dated: 19-05-2014.
7) G.O.Ms.No. F&P, Dated:
6) Retirement Notice Rc.No.....Dated:.....of
DEO,.....
7) Other connected papers.

-x-x-x-

ORDER :

Sri / Smt.....

.....who retired from his / her service on the A.N. of

She / He subscribed an amount of Rs...../-P.M initially towards Group Insurance Scheme from, Again Enhanced the Amount of Rs...../- from,Again Enhanced the Amount of Rs...../- from.....and Enhanced the Amount of Rs...../- P.M from to towards Savings Amount of the incumbent.

Hence Sanctioned is hereby accorded for drawal of an Amount of Rs...../-
(Inwords..... rupees only) for final settlement of the **G.I.S. Saving claim** of the incumbent as per the reference 7th cited above. (Statement Enclosed)

The amount is Payable to Sri / Smt.....
.....who retire from her / his service on the A.N.of in pursuance of the orders issued in the reference read above.

The expenditure is debitable to the following Heads of Accounts.

- | | | |
|------|---|----------------------------------|
| 8011 | - | Insurance & Pension Funds. |
| 107 | - | State Govt. Employees GIS |
| 01 | - | G.I.S. for State Govt. Employees |
| 001 | - | Insurance fund |
| 002 | - | Savings fund. |

Copy submitted to the S.T.O,.....
Copy to file.

HEAD MASTER

ANDHRA PRADESH STATE EMPLOYEES GROUP INSURANCE SCHEME
G.O.Ms.No. 293 (F&P) Deptt. Dated:08-10-1984.

C H E C K L I S T

1. Name of the Employee and Designation :
2. Scale of Pay :
3. Date of Commencement of Insurance cover And the Group to which he / she is enrolled Initially. :
4. Change of the Higher Group w.e.f :
5. Date of Retirement / Resignation / Death :
6. Name of the Nominee/Legal – heir in the Event of death of the employee :
7. Calculation of Savings Fund and interest there On as order from time to time. (A separate Annexure copy of which should invariably be Sent to Director of Insurance) :
8. Total Amount sanctioned under Savings Fund (Savings Fund + Interest there on) : Rs...../-
9. Total Amount sanctioned under Insurance Fund in the event of death of the Employee : ---
10. Head of Account for payment of Savings Fund/Insurance Fund/Interest separately : 8011 – 107 – 01 – 001 - 002

HM

GROUP INSURANCE SCHEME

FINAL CALCULATION STATEMENT

Sri/Smt. _____

Contribution Particulars: _____

He / She was retired from his / her service on the A.N.of _____ as per Proceedings
 Rc.No. _____ Dated: _____ of DEOAnd GIS
 Calculation as per G.O.No . _____ Finance Department Dated: _____

Employee Retired on the AN of _____ His / Her GIS Particulars	Year of Start	No.of extra Units added	One Unit Maturity on _____20___based on its starting year	Total Maturity

NON- DRAWAL CERTIFICATE

This is to certify that Sri / Smt. _____

was retired from his / her service on the AN of _____
after attaining the age of 60 years on Superannuation.

And his / her Final Payment of GIS Saving Fund
Claime Rs. _____/- (Inwords _____
_____ only)

was NOT DRAWN and PAID to the above retired
employee as on date.

The above information are found correct as per Records.

Place:

Date:

HM

CERTIFICATE

(EOL Period Subscription)

This is to certify that Sri / Smt. _____

was retired from his / her service on the AN of _____
after attaining the age of 60 years on Superannuation.

And his / her during the entire service he / she
was **not availed** Ex-tra Ordinary Leaves as per Records.

His / Her during the entire service he / she
was **availed** Ex-tra Ordinary Leaves as per Records And
Certified that GIS Contribution was recovered and remitted to
GIS Head of Account during the E.O.L Period also.

The above information are found correct as per Records.

Place:

Date:

HM

CERTIFICATE

(Subscription)

This is to certify that Sri / Smt. _____

was retired from his / her service on the AN of _____
after attaining the age of 60 years on Superannuation.

And Certified that His / Her during the entire service he / she was contributed / recovered under GIS from his / her salary time to time regularly depending on the Time Scale of the the above incumbent.

The above information are found correct as per Records.

Place:

Date:

HM