PROCEEDINGS OF THE MANDAL EDUCATIONAL OFFICER, M.P:. PRESENT: SRI / SMT			
Rc.No. / 20	Dated:	-	- 20 .
Sub: GROUP INSURANCE SCHEME – MANDAL PARISHAD SRI / SMT			
Sanction of G.I.S. Savings Amount of Rs:/- Or			
 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.NO.110, F&P .Dated: 19-05-2014. 7) G.O.Ms. No F & P Deptt., Dated: 8) Retirement Notice Rc.No Dt: 9) Other connected papers. 	_	20,	
-x-x-x- O R D E R :			
Sri / Smt) Insurance ,Agai	e Schem n Enhan	e from ced the
Hence Sanctioned is hereby accorded for drawal of an Amount of			
(Inwords	ttlement o Enclosed)	f the G.]	I.S.
The amount is Payable to Sri / Smt			
/ his service on the A.N.of in pursuance of the orders issued			
. 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.	M.E.O.		

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

CHECK LIST

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 the On as order from time to time. (A separate Annexure copy of which should invariably I Sent to Director of Insurance)		
8.	Total Amount sanctioned under Savings Fun (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

M.E.O.

GROUP INSURANCE SCHEME FINAL CALCULATION STATEMENT

Sri/Smt.____

Contribution	Particular	`S:		_
He / She was retired from h Rc.No.	Dated:	of	DEO	And GIS
Calculation as per G.O.No Employee Retired on the AN of His / Her GIS Particulars	Year of Start	No.of extra Units added	One Unit Maturity on 20based on its starting year	Total Maturity

NON- DRAWAL CERTIFICATE

This is to certify that Sri / Smt.

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

_____only)

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

The above information are found correct as per Records.

Place:

Date:

M.E.O.

CERTIFICATE (EOL Period Subscription)

This is to certify that Sri / Smt.

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:

CERTIFICATE

This is to certify that Sri / Smt.

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:

M.E.O.