

**GROUP INSURANCE SCHEME**

**FORM GIS 'C'**

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

Name of Office/Department  
and full address :

Revenue District :

Sl. No.	Sl.No. in the register of members	Name (in black letters)	Designation and scale of pay	Group and rate of subscription	Date of encashment of the bill in which the first deduction is made	Date of Retirement	Whether self-drawing or not	Date of entry in service	Remarks
1.	2	3	4	5	6	7	8	9	10

Station :

Date :

*Head of Office/Department.*

To

The Director of Insurance, Thiruvananthapuram.