

**GOVERNMENT OF RAJASTHAN**

Statement of premium in respect of existing and further insurance for the month of .....(schedule A)

Classification-R-unfunded DEBT other accounts

**STATE GOVERNMENT INSURANCE FUND**

DEPARTMENT

TREASURY .....

S.NO	Name and Designation		Decl.No.	Policy No.	Monthly Pay	Premium realised			loan	Loan Interest	Misc	Service Tax	Total	For Insurance Department					Susp.	Total Adj	Initials	Remarks		
	Name	Desig.				Usual	Incremental	Arrears if any						Premium	Arrears	Loan	Loan Interest	Misc					Service Tax	