GOVERNMENT OF RAJASTHAN
Statement of first deduction on account of Insurance Premium for the month of ................................................ SCHEDULE - B
Classification - R - UNFUNDED DEBT - Other Accounts
STATE GOVERNMENT INSURANCE FUND

<table>
<thead>
<tr>
<th>S.NO.</th>
<th>Name</th>
<th>Designation</th>
<th>Date of Permanent appointment</th>
<th>Monthly Pay</th>
<th>Monthly Premium realised</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
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</tr>
</tbody>
</table>

FOR INSURANCE DEPARTMENT USE
ADJUSTED TOWARDS
---------|------------|----------|-----------|

Note : This form is to be used only for officials in regard to whom recoveries are to be made for the first time.
Certified that recoveries amounting to Rs. ................................................ have been made from Pay Bill No. ................................. Dated........................................

Date
www.rajsevak.com

Signature of Drawing Officer
Designation

Verified
Treasury Officer