## **GOVERNMENT OF RAJASTHAN**

## STATE GOVRNMENT INSURANCE FUND

Department						Γreasury						
S.NO.		Designation Per	Date of	Monthly	Monthly Premium realised	Remarks	FOR INSURANCE DEPARTMENT USE				Initials	Remarks
				Dav.			ADJUSTED TOWARDS					
							Premium	Policy No.	Suspence	Decl. No.		
NI - I -	This fame is to be seed as		-1					C:				

Note:	This form is to be used only for officials in regard to whom recoveries	are to be made for the fi	rst time.	
	Certified that recoveries amounting to Rsh	nave been made from Pa	y Bill No D	ated

Date www.rajsevak.com

Signature of Drawing Officer Designation

Verified

Treasury Officer