Office	
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GOVERNMENT OF RAJASTHAN

Classification - R - UNFUNDED DEBT - Other Accounts

STATE GOVRNMENT INSURANCE FUND

Depart	ment								Freasury			
S.NO.	Name	Designation	Date of Permanent appointment	Monthly Pay	Monthly Premium realised	Remarks	FOR INSURANCE DEPARTMENT USE				Initials	Remarks
							ADJUSTED TOWARDS					
							Premium	Policy No.	Suspence	Decl. No.		
Note:	This form is to be used or Certified that recoveries	-	_							Dated		

Signature of Drawing Officer Date Designation

Verified

Treasury Officer