

FORM NO.-5

To,

The

Sub:- Application for payment of amount due to
Late/Sri.....
under the State Government Group Insurance Scheme, 1983.

Sir,

With reference to your letter No.....I here
by request that the full/.....percent of amount due to Late /
Sri.....under the State Government Employees
Group Insurance Scheme may be paid to me.

Yours faithfully,

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