FORM NO- 3

To,

The.....
.....

Sub Application for payment of accumulation under State Govt. Employees Group Insurance Scheme, 1982.

Sir,

I am a member of the state Govt. Employees Group Insurance scheme, 1982 since,.....I have retired from service after attaining the age of .....Years/ I have ceased to be employment with the state Government w.e. f .....I was holding the post of.....before retirement/ cessation of employment with the state Government. In the amount due to me under state Government employees Group Insurance scheme may be paid to me.

Designation and Address
of the Head of Office

Yours faithfully,

Month & year of becoming
a member of the scheme may
be indicated here.

1) Rs.....w.e.f.....to.....under Group.....
2) Rs.....w.e.f.....to.....under Group.....
3) Rs.....w.e.f.....to.....under Group.....
4) Rs.....w.e.f.....to.....under Group.....

(Seal and Sign of the Head of Office)