

Office

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

Department

Treasury

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 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

Signature of Drawing Officer

Designation

Verified

Treasury Officer