GOVERNMENT OF RAJASTHAN

Statement of premium in respect of existing and further insurance for the month of …….(schedule A)

Classification-R-unfurded DEBT other accounts

STATE GOVERNMENT INSURANCE FUND

DEPARTMENT TREASURY ……..

S.NO	Name and Designation		Decl.No.	Policy No.	Monthly Pay	Premium realised			loan	Loan Interest	Misc	Service Tax	Total	For Insurance Department						Susp.	Total Adj	Initials	Remarks
	Name	Desig.				Usual	Incremental	Arrears if any						Premium	Arrears	Loan	Loan Interest	Misc	Service Tax				

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