Dept.
Section: E3-6721/2010/SPB

Subject: SPB - Est - Application for enrollment in Group Insurance regarding. ✓

Reference:

1. The GIS 'E' form in respect of the newly enrolled members may be forwarded to the District Insurance Officer, District Insurance office, Thycaud, for necessary action ✓

Name of employee.

1. Smt Sukanyalatha S.N Peon ✓
2. Smt Deepka V.K Peon ✓
3. Sri Venugopal S Chowkidar ✓

2/ Nomination form, Memorandum and C form put up may be approved with Combat signature ✓

3/ Draft C/L put up for approval ✓.

14/10/2010.

14/10

A.A/ Sr. A.O.

19/10

20/10

4/ The recently GIS 'C' form in respect of the following employees in the Planning Board may be forwarded to the District Insurance officer, Thiruvananthapuram for necessary action

1. P.N Pradeepan - Rs. 200/- Driver Gr II LDV
2. George E " Rs 200/-
3. V. Rajendrapillai " Rs 200/-
4. T.R. Rajeev " Rs 200/-
5. Shine mone. R. " Rs 200/-
6. Shaju. T.O Peon Rs 150/-
7. Sujatha. S Peon. Rs 150/-
8. Prasad. V.M Peon Rs 150/-

5. C/L to District Insurance officer, and 'C' form put up may be approved.

7/12/2011.

7/12/11
SO. A.O

7/12/11

SS.

7/12/2011

Com. 14. 25/53/2006. 2 lakhs. GPW. © Govt. of Kerala.

Dept.
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Subject:

Reference:

6. The GIS 'C' form in respect of the following employees in State Planning Board may be forwarded to the District Insurance Officer, Thiruvananthapuram for necessary action

a, Sri. Purushothaman. M, Peon Grade II - Rs. 150/-
b, Sri Nimesh. F " - Rs. 150/-
c, Sri. Rajendran. S, Electrician - Rs. 200/-
d. Smt. Kavitha. K, Peon " - Rs. 150/-

7. - c/c - to District Insurance officer and 'C' form put up may be approved.

30/06

30/10/12 Jagannath Chandran 30/10/12

8. The GIS 'C' form in respect of the following employees in the SPB may be forwarded to the District Insurance Officer Thiruvananthapuram for necessary action.

a. Sri. Purushothaman M Peon Grade - Rs 150/-
b. Sri. Nimesh F " Rs 150/-
c. Sri. Rajendran. S Electrician Rs 200/-
d. Smt Kavitha. K Peon Grade Rs 150/-

9 Draft c/c and duly filled 'C' form put up for approved.

Sr. AO

→ E3

19/10/12

19/10/12

No. E3-6721/2010/SPB

10/ The GIS 'C' form in respect of newly enrolled employee may be forwarded to the District Insurance officer, District Insurance office, Thiruvananthapuram, for further necessary action.

11/ Nomination, Memorandum and 'C' form and draft letter put up for approval.

19/9/15 — 19/9/15 — A.O 22/9/15

12/ The GIS 'C' form in respect of newly enroled employee may be forwarded to the District Insurance officer, District Insurance office, Thiruvananthapuram for further necessary action:

1). Smt. Seema.B.S. clerk : Rs 200/-

2). Smt. Akhila.K.S : Clerk : Rs 200/-

13/ Draft letter to District Insurance officer and 'C' form put up for approval.

15/10/15 — JS 100 15/10 — 15/10/15 — 15/10/15

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Section :

14/ ~~The GIS 'C' form~~

Subject :

Ref:- (i) Submission by Sri. Ajeesh N.D, Night Watch on 01/02/2016

Reference :

(ii) Submission by Sri. Todulal.A, L.D. Clerk on 06/02/2016

14/ The GIS 'C' form in respect of Newly enrolled employees (i) Sri. Ajeesh N.D, Night Watchman and (ii) Sri Todulal.A, L.D. clerk, may be forwarded to the District Insurance Officer, District Insurance Office, Thiruvananthapuram for further necessary action.

15/ Nomination, Memorandum, ~~and~~ 'C' form and draft letter put up for approval.

12/1 — 20/2/16 — 20/2/16 — 20/2/16

Ref:- (i) Submission by Sri. Shaju T.O, Office Attendant on 26/02/2016

16/ The GIS form for the application for revival of membership of Sri. Shaju T.O, office Attendant may be forwarded to the District Insurance officer, District Insurance office, Tvpm for further necessary action.

17/ Application for alteration and draft letter put up for approval.

1/3 — 3/3 — 3/3 — 9/3/16

Ref: Submission by Smt. Shamna A, OA and Smt. Shajitha Palayadan, OA.

18/ The GIS 'C' form in respect of new enrolled employees @

(i) Smt. Shamna A, OA

(ii) Smt. Shajitha Palayadan, OA

may be attested to enroll them in the online mode of Tapal.

19/ Nomination, memorandum, 'C' form and draft letter put up for approval

13/4 AC (on leave) 13/04/16 13/4/16 S.A.O

Ref: Submission by Smt. Beena.K, OA and Sri. Vineeth Das. J.S, OA

20/ The GIS 'C' form in respect of newly enrolled employees

(i) Smt. Beena.K, OA

(ii) Sri. Vineeth Das. J.S, OA

may be attested to enroll them in the online mode of Tapal.

21/ Nomination, memorandum and 'C' form put up for attestation approval

25/3/16 S.A.O

നം. ജി3-6721/2010/SPB

Dept.
Section :

Subject :

Reference :

22/ ധനകാര്യ (ജി.പി.എഫ്) വകുപ്പിൽ നിന്നും 24.05.16 ലെ സർക്കാർ ഉത്തരവും ജി3 ഓഫീസിലെ ഓഡിറ്റ് അക്കൗണ്ടന്റ് ശ്രീ. [illegible] യുടെ 02.06.16 ലെ സത്യവാങ്മൂലവും [illegible] കാണുക.

സൂചനയിലെ സർക്കാർ ഉത്തരവ് പ്രകാരം ശ്രീ.ടി.കെ. രാജുവിന്റെ 06/12 മുതൽ നാളിതുവരെ മുടങ്ങിക്കിടന്ന ജി.പി.എഫ് വരിസംഖ്യ 06/12 മുതൽ 03/13 വരെ 8.8% പലിശ കൂട്ടി [illegible] നിരക്കിലും 04/13 മുതൽ നാളിതുവരെ 8.7% [illegible] പലിശ നിരക്കിലും ഒടുക്കി ജി.പി.എഫ് അക്കൗണ്ട് പുതുക്കുന്നതിന് അനുമതി നൽകി ഉത്തരവായിട്ടുണ്ട്.

23/ സൂചനയിലെ സത്യവാങ്മൂലം [illegible] ജി.ഒ.-ന് പ്രകാരം അക്കൗണ്ട് പുതുക്കുന്നതിനായി തുക 8688/- രൂപ [illegible] കാണുന്നു.

24/ [illegible]

[illegible]

F.S. 10/6/16

[illegible] 10/6 [illegible] 10/6/16 [illegible] (i/c)

GPM. 25/364/2014/8,00,000

Seen
Action

10/6

26/ ശ്രീമതി. ഗായത്രി.വി, ചെറിയവേട്ടിൽ ഹൗസ് വാർഡിന്റെ 06.06.16 ലെ നാമനിർദ്ദേശം സ്വീകരിച്ചു തിരഞ്ഞെടുത്തു. } Flag A

സൂചന പ്രകാരം ഇതു രേഖപ്പെടുത്തിയ ചെറിയവേട്ടിൽ ഹൗസിന്റെ അസിസ്റ്റന്റ് ശ്രീമതി. ഗായത്രി.വി.യുടെ സ്റ്റാൻഡ് അപ്പ് ഇന്ത്യാ പോസ്റ്റൽ പേയ്മെന്റ് ബാങ്ക് സേവിംഗ്സ് അക്കൗണ്ടിന്റെ Pass Book പരിശോധിക്കുന്നതിന് ഇവരുടെ ഭർത്താവിന്റെ പേരിലുള്ള അക്കൗണ്ടിലേക്ക് Form C നിലവിൽ കൊടുക്കുന്നതാണെന്ന് കണ്ടെത്തിയതിനാൽ വിശദീകരണം.

27/ Form C ഹാജരാക്കുന്നതു വരെ ഇവരുടെ നാമനിർദ്ദേശം സ്വീകരിക്കുന്നതിനുള്ള തീരുമാനം നടപ്പിലാക്കുന്നതല്ല.. പ്രസ്തുത വിവരം ശ്രീമതി. ഗായത്രിയെയും ഭർത്താവിനെയും അറിയിച്ചു ചുമതലപ്പെടുത്തിയിരിക്കുന്നു.

F5
14/6

ഫൈനൽ 14/6 | ഫി.ടി 14/6 | സിനിയർ.ഫി.ഓ 17/6/16

28/ ~~ശ്രീ. ജയിംസ്.കെ.ടിന്റെ സ്ഥാനക്കയറ്റം~~
28/ അടുത്തു ഇല്ലിപ്പുഴ പോസ്റ്റ് ഓഫീസിലേക്ക് ശ്രീ. ജയിംസ്.കെ.ടിന്റെ 02.07.16 ലെ നാമനിർദ്ദേശം സ്വീകരിച്ചു തിരഞ്ഞെടുത്തു. } Flag A

സൂചന പ്രകാരം അടുത്തു ഇല്ലിപ്പുഴ പോസ്റ്റ് ഓഫീസിലേക്ക് ശ്രീ. ജയിംസ്.കെ.ടിന്റെ നിയമനം നാൽ ദിവസത്തിൽ പ്രതീക്ഷിച്ച അവസാന തീയതിയിൽ തന്നെ ഇപ്രകാരം തിരഞ്ഞെടുത്തതിനാൽ ഇദ്ദേഹത്തിന്റെ നാമനിർദ്ദേശം സ്വീകരിക്കുന്നതിനുള്ള നടപടി ക്രമങ്ങൾ പൂർത്തിയാക്കുവാൻ

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Reference :

ചിറയിൻകീഴ് പിഡബ്ല്യുഡി റിപ്പോർട്ടിന് നിരക്കുന്നതാണ്. കൂടാതെ കടയുടെ റിപ്പോർട്ട് ലഭ്യമാക്കാൻ നടപടി സ്വീകരിച്ചിട്ടുണ്ട് എന്നും അറിയുന്നു. അപേക്ഷയിൽ നിരക്കുന്നതാണ്.

2/ അപേക്ഷാ ഫോം പൂരിപ്പിച്ചതിൽ Form C യിൽ നിർദ്ദേശിച്ചിട്ടുള്ള രേഖകൾ ഇല്ലാത്തതിനാൽ അപേക്ഷ തിരിച്ചയച്ചിട്ടുണ്ട്.

3/ Form C യിലുള്ള രേഖകൾ ലഭ്യമായതിനുശേഷം അപേക്ഷകന്റെ നിവേദനം പരിഗണിക്കുന്നതാണ്.

Fwd

8/11/16

ഡെപ്യൂട്ടി കളക്ടർ (ആർ.ആർ) 9/11/16

തഹസിൽദാർ (ആർ.ആർ) 17/11/16

31/ ഇതുമായി ബന്ധപ്പെട്ട് ചിറയിൻകീഴ് താലൂക്ക് ഓഫീസിലെ 03.08.16 ലെ ഇ2-9118/14/ഡി.ടി.ഒ നമ്പർ ഡി.ടി.ഒ യുടെ കത്ത് മുഖവിലയ്ക്കെടുക്കുന്നു.

ഇതുപ്രകാരം ചിറയിൻകീഴ് താലൂക്കിലെ പുതുക്കുറിച്ചി വില്ലേജിലെ താഴെപ്പറയുന്ന നിവേദകരുടെ കൈവശം ഇപ്പോൾ സർക്കാർ രേഖകളിൽ ഉണ്ടായിരുന്ന ഭൂമിയുടെ പട്ടയം (ടി) നിലവിലുണ്ടായിരുന്ന ഭൂമിയുടെ പട്ടയം ഇപ്പോൾ ഓഫീസിൽ ലഭ്യമല്ലെന്നും അതിനാൽ പട്ടയം പുനർ സൃഷ്ടിച്ച് നൽകുന്നതിനുള്ള അപേക്ഷ പരിഗണിക്കുന്നതിനുമാണ് ആവശ്യപ്പെട്ടിരിക്കുന്നത്.

1. ശ്രീമതി. നീ. തങ്കമ്മ, കോൺ. വിവേകാനന്ദൻ കണ്ടത്തിൽ.

2. ശ്രീ. കെ. ജെ. ഡാനിയേൽ, ഓഫീസർ (ആർ.ആർ)

32/ മേൽ പ്രകാരം നിവേദകരുടെ ഓഫീസിൽ നിന്നുള്ള റിപ്പോർട്ടിനായി കാത്തിരിക്കുന്നതിനാൽ ഈ അവസരത്തിൽ തഹസിൽദാർ പുതുക്കുറിച്ചി വില്ലേജിൽ നേരിട്ട് പരിശോധന നടത്തുന്നതിനും

വിവരങ്ങൾ ആവശ്യമാണ്.

1. ജീവനക്കാരന്റെ PEN No.
2. " പേരിന്റെ സ്പെല്ലിംഗ്
3. Rate of Subscription
4. ജനനത്തീയതി
5. നൽകിയിട്ടുള്ള നിയമനം നിർത്തിയ തീയതി.

3a) ഇവ രണ്ടാമത്തെ പേജായ വിവര ശേഖരണ ലിസ്റ്റുകളിൽ - ഓരോന്നിലും ഉൾപ്പെടുത്തി, പ്രസ്തുത രേഖയിൽ ഒപ്പുവെപ്പിച്ചിരിക്കുന്നതാണ്.

3b) ഇതിന്റെ രണ്ടാമത്തെ കോപ്പിയിൽ ഒപ്പുവെപ്പിച്ചു വാങ്ങി സൂക്ഷിച്ചിരിക്കുന്നു.

Fwd
5/8/16

5/8/16 ഒപ്പ് 5/8/16 ഒപ്പ് 5/8/16 ഒപ്പ്

3c) ഇതു രേഖപ്പെടുത്തുന്നതിന് ശ്രീ. ഷാജൻ പത്രോസ്, രണ്ട് സാക്ഷികൾ ശ്രീ. വിനയചന്ദ്രൻ. വി.ആർ, ശ്രീമതി ഗിരിജ കുമാരി. ആർ എന്നിവരുടെ സാന്നിധ്യത്തിൽ ചെയ്തതാണ്. രേഖപ്പെടുത്തിയ ശേഷം, രേഖപ്പെടുത്തിയ വിവരങ്ങൾ ശ്രീ. ഷാജൻ പത്രോസ്, ശ്രീ. വിനയചന്ദ്രൻ. വി.ആർ എന്നിവരുടെ സാന്നിധ്യത്തിൽ വായിച്ചു കേൾപ്പിച്ചതാണ്. ശ്രീ. ഷാജൻ പത്രോസ്, ശ്രീമതി ഗിരിജ കുമാരി. ആർ എന്നിവരുടെ സാന്നിധ്യത്തിൽ ശ്രീ. വിനയചന്ദ്രൻ. വി.ആർ രേഖപ്പെടുത്തിയ വിവരങ്ങൾ ശരിയാണെന്ന് ബോധ്യപ്പെടുത്തിയതാണ്. പൂരിപ്പിച്ച Form No. 1 (2 പേജുകൾ) നൽകിയ വിവരം സാക്ഷ്യപ്പെടുത്തിയതാണ്.

3d) Insurance Dept. ന്റെ Website ലുള്ള ടി ജീവനക്കാരന്റെ Entry പരിശോധിച്ചിട്ടുള്ളതാണ്. രേഖയിൽ സൂക്ഷിച്ചിട്ടുണ്ട്.

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3/ Form No. 1, Form A, Form. 7 തെരഞ്ഞെടുപ്പ് പത്രിക നിരസിച്ചതായ വിവരം ബന്ധപ്പെട്ട ഇൻഷ്വറൻസ് കമ്പനികൾക്ക് അറിയിക്കുന്നതിനായി ആവശ്യമായ നടപടി സ്വീകരിക്കുന്നതിനായി കൊടുക്കുന്നു.

4/ കവറിന്റെ നമ്പർ അറിയിക്കുന്നതിനായി നൽകിയിരിക്കുന്നു.

E_3
9/8/16

ജൂനിയർ സൂപ്രണ്ട് 9/8/16

സീനിയർ സൂപ്രണ്ട് 9/8/16

5/ ഈ കമ്പനിയിലെ അക്കൗണ്ടിംഗ് സെക്ഷനിൽ നിന്നുള്ള 03.08.16 തീയതിയിലെ E_2-27193/16/കെ.പി.സി നമ്പരായുള്ള യു.ഒ. നോട്ട്; ചീഫ് ഓഫീസിലെ ഫിനാൻസ് കമ്പനിയുടെ 10.08.16 തീയതിയിലെ E_2-916/14/വി.പി.ഒ/പി.ജി.സി നമ്പരായുള്ള കത്തുകൾ എന്നിവ കൂടിവായിച്ചു നോക്കുക.

Flag A&B

അക്കൗണ്ടിംഗ് സെക്ഷനിൽ നിന്നുള്ള യു.ഒ നോട്ട് പ്രകാരം ഈ കമ്പനിയിലെ താത്കാലിക ജീവനക്കാർക്ക് ഗ്രൂപ്പ് ഇൻഷ്വറൻസ് നൽകിയിട്ടുള്ളതിനാൽ 2016 ആഗസ്റ്റ് മാസം മുതലുള്ള പ്രീമിയം ചെയ്യുവാൻ സാധിക്കുകയില്ലെന്നും,

തെരഞ്ഞെടുത്ത നിവേദകസംഘം ഇന്ന് ഇൻഡ്യൻ നമ്പർ ലഭ്യമാക്കുന്നതിനായി നടപടി സ്വീകരിക്കുന്നതിനായി കാണുന്നതിനായി അപേക്ഷിച്ചിരിക്കുന്നു:

1. ശ്രീ.സുധി.കെ.എസ് ലിനിയർ ക്ലാർക്ക്
2. ശ്രീമതി.വി.നിമിത "
3. ശ്രീ.നിതേഷ് ഇ.കെ ക്ലാർക്ക്
4. ശ്രീ.ഇസ്മായിൽ "
5. ശ്രീ.ശ്രീ.വിനോദ് "
6. ശ്രീ.ടോണി ചെമ്പലോസ് "
7. ശ്രീ.നിധിഷ്മോൻ വി.കെ "
8. ശ്രീ.നിജേഷൻ.പി സഹോദരൻ
9. ശ്രീ.അഭിലാഷ്.കെ.വി - ഒരേ ഓഫീസ് അംഗങ്ങൾ
10. ശ്രീമതി.നിത.കെ - "
11. ശ്രീമതി.ഷൈമ.സി - "
12. ശ്രീ.ധനേഷ്.കിഴക്കിനി "
13. ശ്രീമതി.മിഥില ചാലയാടൻ "
14. ശ്രീമതി.മീന.പി "
15. ശ്രീ.വിനായകൻ.വി.പി "
16. ശ്രീ.വിനിത് നാണു ഇ.കെ "
17. ശ്രീമതി നിവ്യനിജേഷൻ "

ഇതിനുപുറമെ തിരുവനന്തപുരത്തെ ഓഫീസുകളിലെ 10.08.2010 ലെ കണക്ക് പ്രകാരം നിലവിൽ ഒഴിവുള്ള ഓഫീസർമാർ ജോലി ചെയ്യുന്നു

→

ഇ3 - 6721/10/ഹൈവേ.

വർക്കല ശ്രീ രമ ഓഫീസ് അസിസ്റ്റന്റ് ആയ ശ്രീ. രാജേഷ്. കെ. തെയ്യത്ത് നിവാരണം ചെയ്തുകൊടുത്തിരുന്നു.

1/ ഈ സാധാചരണത്തിൽ മുൻപിൽ സൂചിപ്പിച്ചിട്ടുള്ള ജീവനക്കാരുടെ പേരുകളും വിവരങ്ങളും അടങ്ങിയ ലേഖനം നിലവിലുള്ളതായി ഇല്ല. ഇപ്പോൾ ഓഫീസിൽ ലഭ്യമായ കൊടുക്കാവുന്നതാണ്. സൂചനയിൽ സൂചിപ്പിച്ചിട്ടുള്ള ഓരോ ജീവനക്കാരുടെയും വിവരങ്ങൾ F2 ഫിൽ നൽകിയിരിക്കുന്നതിനാൽ അവരുടെ ലഭ്യമാകുന്നതാണ്.

2/ സേവന പുസ്തകം, Pay Bill Register തുടങ്ങിയവയിൽ നിന്നുള്ള വിവരങ്ങൾ ശേഖരിച്ചുകൊണ്ടിരിക്കുന്നതിനാൽ ലഭ്യമാക്കുന്നതിന് കാലതാമസം നേരിടുന്നതാണ്.

F3
ടി
4/8/16

ടി
19/8/16

AA
22/8/16

Sr. AO
23.8.16

സൂചന:- തീ. 6/2016/ചനുലോസ്, ഇൻകിനെറ്റ് നോട്ടീസ്.

(43) സൂചനയിലെ ഈ ജീവനക്കാരുടെ തൊഴിൽ സംബന്ധമായ വിവരങ്ങൾ ലഭ്യമാക്കുന്നതിന് നിലവിൽ ഓഫീസിൽ

ശ്രീ. ദേവസ്വം ചീഫ് എഞ്ചിനീയർ തൃശ്ശൂർ ഇൻസ്പെക്ഷൻ നടത്തി
മേൽനടപടിക്കായി ഫയൽ ചെയ്തിരുന്നതിനാലാണ് ഈ
കാലതാമസം ഉണ്ടായതെന്നും ശ്രീനിവാസപ്പൊതുവാൾ 2015 ജൂൺ
മാസത്തിൽ മരണപ്പെട്ടതിനാൽ അദ്ദേഹത്തിന്റെ അനന്തരാവകാശി
യായ ഭാര്യയുടെ പേരിലേക്ക് പട്ടയം മാറ്റുന്നതിനുള്ള
നടപടികൾ സ്വീകരിച്ചുവരുന്നതിനിടയിൽ കോടതിയുടെ
ഉത്തരവ് നിലവിൽ വന്നതിനാൽ പട്ടയം മാറ്റുന്നതിനുള്ള
അപേക്ഷ ലഭിച്ചിട്ടില്ലെന്നും ഇതിനിടയിൽ ഭൂമിയുടെ
ന്യായവില പുതുക്കി നിശ്ചയിച്ചതിനാൽ പുതുക്കിയ
ന്യായവില പ്രകാരം തുക അടയ്ക്കുന്നതിന് 07.08.14 ന് നോട്ടീസ്
അയച്ചിട്ടുണ്ടെന്നും 12.08.14 മുതൽ 31.05.15
വരെ ഭൂമി പോലീസ് കസ്റ്റഡിയിലായിരുന്നതിനാൽ
18.09.2014 ന് തൃശ്ശൂർ ഇൻസ്പെക്ഷൻ നടത്തുവാൻ
സാധിച്ചിട്ടില്ലെന്നും. തുടർന്നാണ് ചീഫ് എഞ്ചിനീയർ
ഇൻസ്പെക്ഷൻ നടത്തിയതെന്നും ഭൂമിയുടെ ന്യായവില
നിശ്ചയിച്ചതിന്റെ വിവരങ്ങൾ തിരുവനന്തപുരത്തുനിന്നും
ലഭിക്കേണ്ടതുണ്ടെന്നും അതിനായി ഇൻസ്പെക്ഷൻ റിപ്പോർട്ട്
നൽകിയിട്ടുണ്ടെന്നാണ്.

(4) തിരുവിതാംകൂർ ദേവസ്വം കമ്മീഷണർ
മറുപടി നൽകിയിട്ടുണ്ട്.

22.10

OS-6721/10/അന്വേഷി

(45) ഈ കാര്യാലയത്തിൽ ഫയൽ ചെയ്തിരിക്കുന്ന ഒരു കേസിൽ വാദിയുടെ വക്കീൽ ശ്രീ. ടി.നേഹ്മു.എ.എസ് തന്റെ ശ്രേഷ്ഠ ഉപജീവനത്തിന് വരിക്കാരനല്ലാത്തതിനാൽ മേൽപ്പറഞ്ഞ ഉപജീവനത്തിന്റെ വിശ്വാസ്യതയ്ക്ക് വേണ്ടി ഉപജീവനം നൽകുന്നതിനായി വക്കീൽ ഫീസിനത്തിൽ ഈടാക്കുന്ന തുകയിൽ കുറവ് വരുത്തുന്നതിനായി ഫയൽ ചെയ്തിരിക്കുന്ന അപേക്ഷയിന്മേൽ ഉപജീവനം നൽകുന്നതിനായി അഭിപ്രായം ആരായുന്നതാണ്.

(46) തീരുമാനം അറിയിക്കുന്നതിനായി സമർപ്പിക്കുന്നു.

26.10

26.10

AR

S.I.C.P.O

26.10

സൂചന:- തിരുവനന്തപുരം ജില്ലാ ചുമതലയുള്ള സബ്ഡിവിഷണൽ മജിസ്ട്രേറ്റിന്റെ 18.08.17 ലെ ഡി1-1349/2015/സിഡിഒ/ നമ്പർ കത്ത്.

(47) സൂചനയിലെ കത്ത് ഈ കാര്യാലയത്തിലെ രേഖയിൽ സൂക്ഷിക്കുന്നതാണ്.

ജി-6721/10/2014-ബി1

തീയതി 04.09.2014 കോഴിക്കോട്

ശ്രീമതി. രജനീഷ് എം. വർഗ്ഗീസ്

മുഖേന ലൈസൻസിന് നിശ്ചയിച്ചിട്ടുള്ള

ഫീസടയ്ക്കുന്നതിന് ഇതുവരെ ഈടാക്കിയിരുന്ന

150/- രൂപ നിരക്ക് ഈടാക്കുന്നതിനും ഇവരുടെ

സ്ഥലത്തോട് ചേർന്നുള്ള കെട്ടിടം വെയർഹൗസിന്

വേണ്ടി ഉപയോഗിക്കുന്നതിന് അനുമതി നൽകിയിട്ടുണ്ട്. 2015 ജനുവരി

മാസം മുതൽ ഈടാക്കുന്നതിനും ലൈസൻസിന്റെ പുതുക്കലിന് ഉദ്ദേശിക്കുന്നതിനും 2016 ജനുവരി

മാസം മുതൽ 150/- രൂപാ നിരക്ക് ഈടാക്കുന്നതിനും അനുവദിച്ചിട്ടുണ്ട്. 2016 ഡിസംബർ

മാസം മുതൽ പുതുക്കുന്നതിനുള്ള ലൈസൻസിന്

400/- രൂപ വരെ ഫീസ് ഈടാക്കുന്നതിനും നിലവിൽ

ഈടാക്കുന്നതിലും കൂടുതലാണെങ്കിൽ ഇങ്ങനെ

ഈടാക്കുന്നതിനും ഉത്തരവായി. ഇതിന് ധനകാര്യ

വകുപ്പിന്റെ സമ്മതം ലഭിച്ചിട്ടുണ്ട്.

ഇതിന്റെ അടിസ്ഥാനത്തിൽ ലൈസൻസിന്റെ

25-672/10/2017 തീയതി

(48) മേൽ സാഹചര്യത്തിൽ വിശദമായ തിരുവനന്തപുരം ആർ.ടി.ഓഫീസിൽ നിന്നും അന്വേഷണം നടത്തി റിപ്പോർട്ട് ആവശ്യപ്പെടുന്നതാണ്.

(49) തുടർനടപടിക്കായി സമർപ്പിക്കുന്നു.

23.9.17

50/ ഖണ്ഡിക 47 മുതൽ തുടർന്നുവായിക്കുക.

ശ്രീ. അനീഷ്. എം. ജോസ്, ചേർത്തല യുടെ അപേക്ഷയിൽ നിന്നും ഗുഡ് സർവ്വീസ് എൻട്രിയിലേക്ക് അനുവദിച്ചു തന്ന കാലയളവ് സംബന്ധിച്ച വിവരം ആരാഞ്ഞുകൊണ്ടുള്ള 'C' Form-ൽ ഇല്ലാ. അപേക്ഷകർക്ക് ഇത്തരം ആനുകൂല്യം ലഭിക്കുന്നതിനായി ആയതിലേക്കായി നിർദ്ദേശിക്കുന്നതിനായി/ഉത്തരവിനായി

25.09.2017

ഫയൽ.

51/ ചേർത്തിരിക്കുന്ന "C" ഫോം പൂരിപ്പിച്ചയച്ചു കിട്ടുന്നു

E3

25/9/17

25/9/17.

ഫ.നം- 6721/10/തദ്ദേശം :

(52) ചൂണ്ടിക്കാട്ടിയ സ്ഥലം പരിശോധിച്ച് റിപ്പോർട്ട് നൽകുന്നതാണ്.

27/12/17 — വി.ഇ.ഒ, 27/12/17 AA

(53) കണ്ണൂർ ജില്ലാ പഞ്ചായത്ത് ഓഫീസിലെ ഫോൺ നമ്പർ 0497-2700645 ആണ്. ഓഫീസ് പ്രവർത്തിക്കുന്ന സമയം രാവിലെ 10 മണി മുതൽ വൈകുന്നേരം 5 മണി വരെയാണ്.

(54) ഓൺലൈൻ സേവനങ്ങൾക്ക് കണ്ണൂർ ജില്ലാ പഞ്ചായത്ത് ഓഫീസിലേക്ക് പോകേണ്ട ആവശ്യമില്ല. ഓൺലൈനായി അപേക്ഷിക്കാവുന്നതാണ്.

(55) വിവരാവകാശ നിയമപ്രകാരം നൽകിയിട്ടുണ്ട്.

6/12/17 — സീനിയർ സൂപ്രണ്ട്

06/12/17 — 6/12/17 — 6/12/17

സൂചന:- (1) ...ലെറ്റർ. തീയതി 21.06.18 ...

(56) സൂചനയിലെ അപേക്ഷയിന്മേൽ ...

സ്വയർച്ചനാം 25/9/10

ഞാൻ 3-9-2010 മുതൽ സ്റ്റോർ കീപ്പറിന്റെ ഒഴിവിൽ സേവനമനുഷ്ഠിച്ച് വരികയാണ്. എനിക്ക് ഏണൽ-ബോണസ്, പ്രോവിഡന്റ് ഫണ്ട്, സ്റ്റാഫ് ലൈഫ് ഇൻഷ്വറൻസ്, ഗ്രൂപ്പ് ഇൻഷ്വറൻസ് എന്നിവയിലേക്ക് ചേരുന്നതിനുവേണ്ടി നടപടിക്രമം സ്വീകരിക്കണമെന്ന് അപേക്ഷിക്കുന്നു.

Received GPF application.

S.N. SWARNA LATHA.
Peon
State planning Board.

Draft

-3-

STATE PLANNING BOARD

No: E3-6721/10/SPB

Pattom Palace. P.O.
Thiruvananthapuram
Dated: .10.2010

From

The Member Secretary

To

The District Insurance Officer
Kerala State Insurance Department
District Office, Thycaudu
Thiruvananthapuram

Sir,

Sub: - State Planning Board - Establishment - List of newly enrolled members in Group Insurance Scheme 'C' form - Forwarding of - reg.

I am to forward herewith the filled up 'C' form of Group Insurance Scheme in respect of newly enrolled employee for the year 2010

I request that the Group Insurance Scheme pass book with Account number of the ~~above~~ members may be sent to this office at the earliest.

FCD
20/10/2010

14/10/2010

14/10

Yours faithfully

For Member Secretary

19/10

FORM No. 1

GOVERNMENT OF KERALA

Department / Office ...State Planning Board...

Dated .....

MEMORANDUM

*Sri .....S:N: SWARNA LATHA....., Peon.....

..... a group .....D/.....

employee has been enrolled as a member of the Kerala State Government Employees Group Insurance Scheme, 1984 with effect from ..... His monthly subscription of Rs .....100/-..... (Rupees ...One hundred only.....) shall be deducted from his salary / wage commencing from the month of ..... and he will be eligible to the benefits of the scheme appropriate to Group .....D..... with effect from .....09/2010.....

Head of Office

R. Prema Chandran Nair
Senior Administrative Officer
State Planning Board
Thiruvananthapuram

To

*Sri .....S:N: SWARNA LATHA

.....Peon.....

*Name and Designation of the employee

11/13

SUKUMAR

FORM A

APPLICATION

To

The Senior Administrative officer
State planning Board
.....
.....

Sir / Madam

I Swarna latha. S.N (Name & Designation)
Peon belong to*
Regular establishment on the scale of pay
Rs. 4510-6230 working in State Planning Board Department
I request that I may be enrolled as a member of group Insurance scheme 'D'
having a monthly subscription of Rs 100/- in the Group Insurance Scheme introduced by the Government as per G.O. (P) No. 392/84/Fin. dated 9-8-1984. I agree to abide by all the rules and instructions made or to be made by Government relating to the Scheme.

Yours faithfully

Place Thiruvananthapuram
Date 23-9-2010

Name & Signature
S.N. Swarnalatha

SUKUMAR

* State whether regular establishment, work-charged establishment, contingent establishment full time teaching and non teaching staff of Private School, Private College under direct Payment Scheme.

FORM No. 7

NOMINATION FOR BENEFITS UNDER THE KERALA STATE EMPLOYEES GROUP INSURANCE SCHEME 1984

When the Government employee has a family and wishes to nominate one member to more than one member thereof

I SWARNALATHA . S.N here by nominate the person(s) mentioned below who is / are member(s) of my family and confer on him/them the right to receive to the extent specified below any amount that may be sanctioned by the Kerala Government under the Kerala State Employee's Group Insurance Scheme, 1984 in the event of my death while in service which having become payable on my attaining the age of superannuation may remain unpaid at my death.

Names and address of nominee / nominees	Relationship with Govt. employee	Age	*Share to be paid to each	Contingencies on the happening of which the nomination shall become invalid	Name and address & relationship of the persons if any, to whom the right of the nominee shall pass in the event of his predeceasing Govt. employees	Name and address of the person to whom share is to be paid on behalf of minor/minors
1	2	3	4	5	6	7
Suresh kumar. K. Sree Vihar (H) Cheliya. (PO) Koyilandy Kozhikode - DT	Husband.	47	50%.	For a fresh application to be made		Suresh kumar. K Sree Vihar - H Cheliya - Po Koyilandy-(via) Kozhikode - DT 673306 (Pin)
Athulya . S Sree Vihar (H) Cheliya-(PO) Koyilandy Kozhikode - DT 673306 (Pin)	Daughter	14	50%.	For a fresh application to be made.	R. PREMA Chandran Nair Senior Administrative Officer State Planning Board, Thiruvananthapuram 12/13	

Dated this ..... day of ..... at .....

Signature of two witnesses : (1) Anil Kumar C.S, Confidential Assistant Grade II

(2) Krishnami . J . UDC

SPB

Signature .....

Name ..... Swarnalatha. S. N

Address ..... Sree Vihar - (H)

Cheliya (PO) Koyilandy

Kozhikode

SUKUMAR

N.B: The Government employee should draw line across the blank space below his last entry to prevent the insertion of any names after he has signed

*This column should be filled in so as to cover the whole amount that may be payable under the Insurance Scheme.

FORM No. 1

GOVERNMENT OF KERALA

Department / Office STATE PLANNING BOARD

Dated .....

MEMORANDUM

*Sri Deepka . V. K

..... a group D

employee has been enrolled as a member of the Kerala State Government Employees Group Insurance Scheme, 1984 with effect from 09/2010 His monthly subscription of Rs 100/- (Rupees One hundred only) shall be deducted from his salary / wage commencing from the month of 09/2010 and he will be eligible to the benefits of the scheme appropriate to Group D with effect from 09/2010

Head of Office

R. Premachandran Nair
Senior Administrative Officer
State Planning Board
Thiruvananthapuram 7/13

To

*Sri DEEPKA. V. K

PEON

*Name and Designation of the employee

SUKUMAR

FORM A

APPLICATION

To

The Senior Administrative officer
State planning Board
.....
.....

Sir / Madam

I DEEPKA.V.K, PEON (Name & Designation)
PEON belong to*
REGULAR ESTABLISHMENT on the scale of pay
Rs. 4510 working in STATE PLANNING BOARD Department
I request that I may be enrolled as a member of group INSURANCE SCHEME
having a monthly subscription of Rs 100 in the Group Insurance Scheme introduced by the Government as per G.O. (P) No. 392/84/Fin. dated 9-8-1984. I agree to abide by all the rules and instructions made or to be made by Government relating to the Scheme.

Yours faithfully

Place Thiruvanthapuram
Date 25.09.2010

Name & Signature
DEEPKA.V.K
Deepka.

SUKUMAR

* State whether regular establishment, work-charged establishment, contingent establishment full time teaching and non teaching staff of Private School, Private College under direct Payment Scheme.

A 1859

FORM No. 7

NOMINATION FOR BENEFITS UNDER THE KERALA STATE EMPLOYEES GROUP INSURANCE SCHEME 1984

When the Government employee has a family and wishes to nominate one member to more than one member thereof

I DEEPKA.V.K here by nominate the person(s) mentioned below who is / are member(s) of my family and confer on him/them the right to receive to the extent specified below any amount that may be sanctioned by the Kerala Government under the Kerala State Employee's Group Insurance Scheme, 1984 in the event of my death while in service which having become payable on my attaining the age of superannuation may remain unpaid at my death.

Names and address of nominee / nominees	Relationship with Govt. employee	Age	*Share to be paid to each	Contingencies on the happening of which the nomination shall become invalid	Name and address & relationship of the persons if any, to whom the right of the nominee shall pass in the event of his predeceasing Govt. employees	Name and address of the person to whom share is to be paid on behalf of minor/minors
1	2	3	4	5	6	7
MADHU.K.S KONNAYATH HOUSE KANAMBARIYARAM MANKARA (PO) PALAKKAD	HUSBAND	36	50%		SREE NANDAN.M KONNAYATH HOUSE KANAMBARIYARAM MANKARA (PO) PALAKKAD SON	MADHU.K.S KONNAYATH HOUSE KANAMBARIYARAM MANKARA (PO) PALAKKAD.
SREE NANDAN.M KONNAYATH HOUSE KANAMBARIYARAM MANKARA (PO) PALAKKAD	SON		50%	R. Premachandran Nair Senior Administrative Officer State Lending Board, Thiruvananthapuram. 8/12		

Dated this ..... day of ..... at .....

Signature of two witnesses : (1) Amal Kumar C.S CAT

(2) Priji.S. Peon. SPB. Pa

Signature Deepka.

Name DEEPKA.V.K

Address VAZHUKKAPPARA (HO)
MUNDUR (PO)
PALAKKAD

SUKUMAR

N.B: The Government employee should draw line across the blank space below his last entry to prevent the insertion of any names after he has signed

*This column should be filled in so as to cover the whole amount that may be payable under the Insurance Scheme.

-17-

6769/2010

STATE PLANNING BOARD THIRUVANANTHAPURAM 28 SEP 2010

FORM No. 1

GOVERNMENT OF KERALA

Department / Office ....STATE PLANNING BOARD, TRIVANDRUM.....

Dated ..27/09/2010.....

MEMORANDUM

*Sri .....V.ERAVUDAL.S,.....CHOWKIDAR.....

..... a group .....D.....

employee has been enrolled as a member of the Kerala State Government Employees Group Insurance Scheme, 1984 with effect from ..... His monthly subscription of Rs .....100/-..... (Rupees .One hundred only.....) shall be deducted from his salary / wage commencing from the month of September 2010:.. and he will be eligible to the benefits of the scheme appropriate to Group .....D..... with effect from ...September 2010.....

Head of Office

R. Premachandran Nair
Senior Administrative Officer
State Planning Board,
Thiruvananthapuram.

To

*Sri ...V.ERAVUDAL.S.....

.....CHOWKIDAR, State Planning Board TRIVANDRUM.

*Name and Designation of the employee

SUKUMAR

FORM A

APPLICATION

To

The MEMBER SECRETARY
STATE PLANNING BOARD
Pattom, TRIVANDRUM
.....

Sir / Madam

I VENUGOPAL-S, CHOWKIDAR (Name & Designation)
..... belong to*
REGULAR ESTABLISHMENT on the scale of pay
Rs. 4610 - 6230 working in STATE PLANNING BOARD Department
I request that I may be enrolled as a member of group INSURANCE SCHEME 'D'
having a monthly subscription of Rs 100/- in the Group Insurance Scheme
introduced by the Government as per G.O. (P) No. 392/84/Fin. dated 9-8-1984. I agree to abide by
all the rules and instructions made or to be made by Government relating to the Scheme.

Yours faithfully

VENUGOPAL-S

Name & Signature

Place Pattom

Date 27/09/2010

SUKUMAR

* State whether regular establishment, work-charged establishment, contingent establishment full time teaching and non teaching staff of Private School, Private College under direct Payment Scheme.

FORM No. 7

NOMINATION FOR BENEFITS UNDER THE KERALA STATE EMPLOYEES GROUP INSURANCE SCHEME 1984

When the Government employee has a family and wishes to nominate one member to more than one member thereof

I ..... VENUGOPAL.S ..... here by nominate the person(s) mentioned below who is / are member(s) of my family and confer on him/them the right to receive to the extent specified below any amount that may be sanctioned by the Kerala Government under the Kerala State Employee's Group Insurance Scheme, 1984 in the event of my death while in service which having become payable on my attaining the age of superannuation may remain unpaid at my death.

Names and address of nominee / nominees	Relationship with Govt. employee	Age	*Share to be paid to each	Contingencies on the happening of which the nomination shall become invalid	Name and address & relationship of the persons if any, to whom the right of the nominee shall pass in the event of his predeceasing Govt. employees	Name and address of the person to whom share is to be paid on behalf of minor/minors
1	2	3	4	5	6	7
SARASWATHY AMMA.A KATTIL PUTHEN VEEDU MALIBHAGOM CHAVARA SOUTH KOLLAM - 691584.	MOTHER	52	~~52~~ FULL.	R. Premachandran Nair Senior Administrative Officer, [illegible] Thiruvananthapuram. A/13		

Dated this ..... day of ..... at .....

Signature of two witnesses : (1) Philip Varghese, UDC, State Planning Board

(2) Jaimon.K, UDC, State Planning Board

Signature ..... venu .....

Name ..... VENUGOPAL.S .....

Address ..... KATTIL PUTHEN VEEDU .....

..... MALIBHAGOM .....

..... CHAVARA SOUTH, KOLLAM .....

SUKUMAR

N.B: The Government employee should draw line across the blank space below his last entry to prevent the insertion of any names after he has signed

*This column should be filled in so as to cover the whole amount that may be payable under the Insurance Scheme.

FORM No. 1

GOVERNMENT OF KERALA

Department / Office ....State Planning Board T.Vm.

Dated ..31-05-2011

MEMORANDUM

*Sri ....Pradeepam. P.N. Driver Grade II.....

..... a group .....

employee has been enrolled as a member of the Kerala State Government Employees Group Insurance Scheme, 1984 with effect from ..... His monthly subscription of Rs ....200..... (Rupees ...Two hundred.....) shall be deducted from his salary / wage commencing from the month of ..... and he will be eligible to the benefits of the scheme appropriate to Group .....C..... with effect from .....

Head of Office

To

*Sri ....Pradeepam. P.N.....
.....Driver Grade II.....

*Name and Designation of the employee

SUKUMAR

FORM No. 1

GOVERNMENT OF KERALA

Department / Office ....State Planning Board Tvm.

Dated 31.-05.-2011

MEMORANDUM

*Sri ....Pradeepam. P.N. Driver Gr. II.....

..... a group .....

employee has been enrolled as a member of the Kerala State Government Employees Group Insurance Scheme, 1984 with effect from ..... His monthly subscription of Rs ....200..... (Rupees ...Two hundred.....) shall be deducted from his salary / wage commencing from the month of ..... and he will be eligible to the benefits of the scheme appropriate to Group .....C..... with effect from .....

Head of Office

To

*Sri ...Pradeepam. P.N.....

...Driver Grade II.....

*Name and Designation of the employee

SUKUMAR

FORM No. 7

NOMINATION FOR BENEFITS UNDER THE KERALA STATE EMPLOYEES GROUP INSURANCE SCHEME 1984

When the Government employee has a family and wishes to nominate one member to more than one member thereof.

I ..P. N. Pradeepan.. here by nominate the person(s) mentioned below who is / are member(s) of my family and confer on him/them the right to receive to the extent specified below any amount that may be sanctioned by the Kerala Government under the Kerala State Employee's Group Insurance Scheme, 1984 in the event of my death while in service which having become payable on my attaining the age of superannuation may remain unpaid at my death.

Names and address of nominee / nominees	Relationship with Govt. employee	Age	*Share to be paid to each	Contingencies on the happening of which the nomination shall become invalid	Name and address & relationship of the persons if any, to whom the right of the nominee shall pass in the event of his predeceasing Govt. employees	Name and address of the person to whom share is to be paid on behalf of minor/minors
1	2	3	4	5	6	7
Anitha. T. N. w/o. P. N. Pradeepan Pallutti parambil House. Mulagumathukave Po Thrissur Dt	wife	35	100%			

Dated this ..... day of ..... at .....

Signature of two witnesses : (1) Siji John, U. D. Clerk, SPB

(2) R. Shine Mon Driver Gr-II

Signature .....

Name ..P. N. Pradeepan.

Address ..Pallutti parambil House,

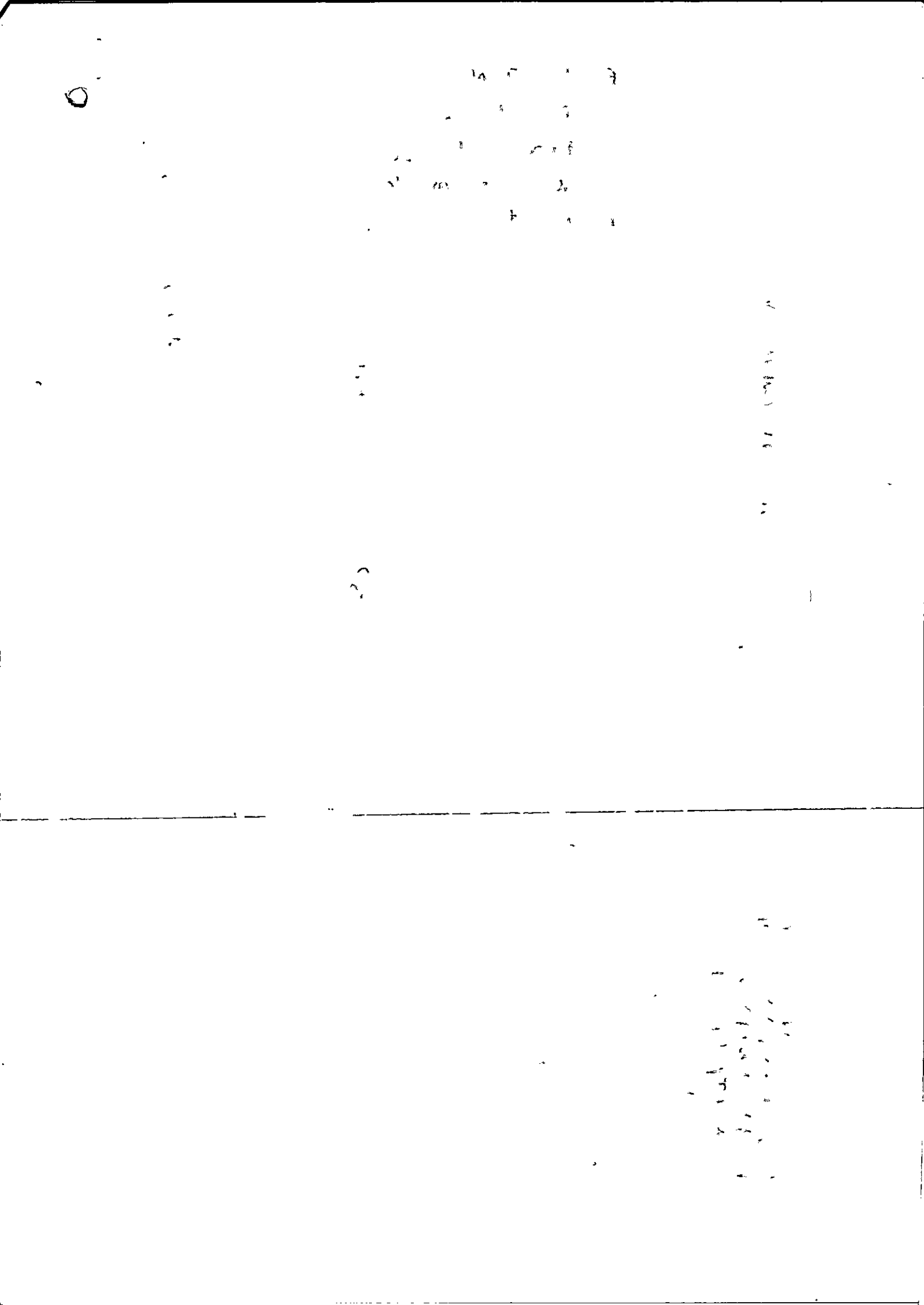
..Mulagummathukave Post,

..Thrissur Dt

SUKUMAR

N.B: The Government employee should draw line across the blank space below his last entry to prevent the insertion of any names after he has signed

*This column should be filled in so as to cover the whole amount that may be payable under the Insurance Scheme.



D.

FORM No. 7

NOMINATION FOR BENEFITS UNDER THE KERALA STATE EMPLOYEES GROUP INSURANCE SCHEME 1984

When the Government employee has a family and wishes to nominate one member to more than one member thereof.

I P.N. Pradeepan. here by nominate the person(s) mentioned below who is / are member(s) of my family and confer on him/them the right to receive to the extent specified below any amount that may be sanctioned by the Kerala Government under the Kerala State Employee's Group Insurance Scheme, 1984 in the event of my death while in service which having become payable on my attaining the age of superannuation may remain unpaid at my death.

Names and address of nominee / nominees	Relationship with Govt. employee	Age	*Share to be paid to each	Contingencies on the happening of which the nomination shall become invalid	Name and address & relationship of the persons if any, to whom the right of the nominee shall pass in the event of his predeceasing Govt. employees	Name and address of the person to whom share is to be paid on behalf of minor/minors
1	2	3	4	5	6	7
Anitha. T.N. w/o. P.N. Pradeepan. Pullutti parambil House, Mulagunnathukave Post. Thrissur.	wife	35	100%			

Dated this ..... day of ..... at .....

Signature .....

Signature of two witnesses : (1) Jiji John, U.D. Clerk, SPB

(2) R. Shinemon Driver Gr-II SPB

Name P.N. Pradeepan.

Address Pullutti parambil House
Mulagunnathukave Post.
Thrissur Dt

SUKUMAR

N.B: The Government employee should draw line across the blank space below his last entry to prevent the insertion of any names after he has signed
*This column should be filled in so as to cover the whole amount that may be payable under the Insurance Scheme.

FORM A

APPLICATION

To

The Member Secretary
State Planning Board
Pattoor P.O
Thiruvananthapuram

Sir / Madam

I P.N. Pradeepan (Name & Designation)
Driver Grade II belong to*
regular Establishment on the scale of pay
Rs. 9190-15780 working in State Planning Board Department

I request that I may be enrolled as a member of group .....

having a monthly subscription of Rs 200 in the Group Insurance Scheme introduced by the Government as per G.O. (P) No. 392/84/Fin. dated 9-8-1984. I agree to abide by all the rules and instructions made or to be made by Government relating to the Scheme.

Yours faithfully

Place Pattoor

Date 30-03-2011

Name & Signature

P.N. Pradeepan.

SUKUMAR

* State whether regular establishment, work-charged establishment, contingent establishment full time teaching and non teaching staff of Private School, Private College under direct Payment Scheme.

FORM A

APPLICATION

To

The Senious Administrative Officer.
State Planning Board,
Pattom Palace Po.
Thiruvananthapuram.

Sir / Madam

I Pradeepan P.N. Driver Grade I (Name & Designation)
..... belong to*
9190-15780 on the scale of pay
Rs. 9190 working in State Planning Board Department
I request that I may be enrolled as a member of group 'C'
having a monthly subscription of Rs 200 in the Group Insurance Scheme introduced by the Government as per G.O. (P) No. 392/84/Fin. dated 9-8-1984. I agree to abide by all the rules and instructions made or to be made by Government relating to the Scheme.

Yours faithfully

Place Pattom
Date 30.03.2011

Name & Signature

P.N. Pradeepan

SUKUMAR

* State whether regular establishment, work-charged establishment, contingent establishment full time teaching and non teaching staff of Private School, Private College under direct Payment Scheme.

FORM No. 7

NOMINATION FOR BENEFITS UNDER THE KERALA STATE EMPLOYEES GROUP INSURANCE SCHEME 1984

When the Government employee has a family and wishes to nominate one member to more than one member thereof

I SUJATHA.S here by nominate the person(s) mentioned below who is / are member(s) of my family and confer on him/them the right to receive to the extent specified below any amount that may be sanctioned by the Kerala Government under the Kerala State Employee's Group Insurance Scheme, 1984 in the event of my death while in service which having become payable on my attaining the age of superannuation may remain unpaid at my death.

Names and address of nominee / nominees	Relationship with Govt. employee	Age	*Share to be paid to each	Contingencies on the happening of which the nomination shall become invalid	Name and address & relationship of the persons if any, to whom the right of the nominee shall pass in the event of his predeceasing Govt. employees	Name and address of the person to whom share is to be paid on behalf of minor/minors
1	2	3	4	5	6	7
ROHIT. R.S Thiruvathira Kottottukuzhy Elluvila P.O	Son	12yr				RATHEESH. P.L Thiruvathira Kottottukuzhy Elluvila. P.O

Dated this Wednes day of 9.02.2011 at 3 PM

Signature of two witnesses : (1)

(2)

Signature

Name SUJATHA.S

Address Cherupunnakala
Puthenveedu Pandarathara
Karakonam P.O

SUKUMAR

N.B: The Government employee should draw line across the blank space below his last entry to prevent the insertion of any names after he has signed
*This column should be filled in so as to cover the whole amount that may be payable under the Insurance Scheme.

FORM No. 7

NOMINATION FOR BENEFITS UNDER THE KERALA STATE EMPLOYEES GROUP INSURANCE SCHEME 1984

When the Government employee has a family and wishes to nominate one member to more than one member thereof

I ..... SUJATHA.S ..... here by nominate the person(s) mentioned below who is / are member(s) of my family and confer on him/them the right to receive to the extent specified below any amount that may be sanctioned by the Kerala Government under the Kerala State Employee's Group Insurance Scheme, 1984 in the event of my death while in service which having become payable on my attaining the age of superannuation may remain unpaid at my death.

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1	2	3	4	5	6	7
ROHIT . R . S Thiruvalthira Kollottukuzhy Elluvila . P . O	Son	1yr	5			RATHEESH. PL Thiruvathira Kollottukuzhy Elluvila P. O

Dated this ..... Wednesday ..... day of ..... 9 . 02 . 2011 ..... at ..... 3. PM .....

Signature of two witnesses : (1) .....

(2) .....

Signature .....

Name ..... SUJATHA . S .....

Address .. CHERUPUNNAKALA .....

PUTHENVEEDU . PANDARATHARA .....

KARAKKONAM . P . O .....

SUKUMAR

N.B: The Government employee should draw line across the blank space below his last entry to prevent the insertion of any names after he has signed

*This column should be filled in so as to cover the whole amount that may be payable under the Insurance Scheme.

1074

FORM A

APPLICATION

STATE PLANNING BOARD
11 FEB 2011
THIRUVANANTHAPURAM-4

To

The ..... Senior Administrative Officer
..... SPB, Trivandrum .....
.....
.....

Sir / Madam

I ..... SUJATHA.S ..... Peon ..... (Name & Designation)

..... belong to*

..... regular establishment ..... on the scale of pay

Rs. ..... 4510-6230 ..... working in ..... State Planning Board ..... Department

I request that I may be enrolled as a member of group ..... Insurance Scheme .....

having a monthly subscription of Rs ..... 100/- ..... in the Group Insurance Scheme introduced by the Government as per G.O. (P) No. 392/84/Fin. dated 9-8-1984. I agree to abide by all the rules and instructions made or to be made by Government relating to the Scheme.

Yours faithfully

Sujatha.S

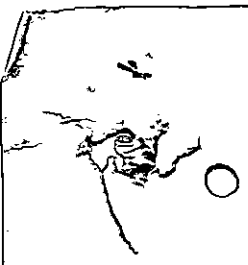
Place ..... Pattom .....

Name & Signature

Date ..... 09.02.2011 .....

SUKUMAR

* State whether regular establishment, work-charged establishment, contingent establishment full time teaching and non teaching staff of Private School, Private College under direct Payment Scheme.



FORM A

APPLICATION

To

The .....

.....

.....

.....

Sir / Madam

I ..SUJATHA.S..Peon..... (Name & Designation)

..... belong to*

.....regular.....establishment..... on the scale of pay

Rs. .4510-6230.... working in .....State Planning Board.....Department

I request that I may be enrolled as a member of group .....Insurance Scheme.....

having a monthly subscription of Rs .....100/-..... in the Group Insurance Scheme introduced by the Government as per G.O. (P) No. 392/84/Fin. dated 9-8-1984. I agree to abide by all the rules and instructions made or to be made by Government relating to the Scheme.

Yours faithfully

Sujatha.S

Name & Signature

Place .....Pattom.....

Date .....09.02.2011.....

SUKUMAR

* State whether regular establishment, work-charged establishment, contingent establishment full time teaching and non teaching staff of Private School, Private College under direct Payment Scheme.

STATE PLANNING BOARD

No: E3-6721/10/SPB

Pattom Palace. P.O.
Thiruvananthapuram
Dated: 30.10.2010

From

The Member Secretary

To

The District Insurance Officer
Kerala State Insurance Department
District Office, Thycaudu
Thiruvananthapuram

Sir,

Sub: - State Planning Board - Establishment - List of newly enrolled members in Group Insurance Scheme 'C' form - Forwarding of - reg.

I am to forward herewith the filled up 'C' form of Group Insurance Scheme in respect of newly enrolled employee for the year 2010

I request that the Group Insurance Scheme pass book with Account number of the above members may be sent to this office at the earliest.

Yours faithfully

For Member Secretary

7066

STATE PLANNING BOARD

FORM No. 7

NOMINATION FOR BENEFITS UNDER THE KERALA STATE EMPLOYEES GROUP INSURANCE SCHEME 1984

When the Government employee has a family and wishes to nominate one member to more than one member thereof

I ..RAJENDRAN PILLAI.V.. here by nominate the person(s) mentioned below who is / are member(s) of my family and confer on him/them the right to receive to the extent specified below any amount that may be sanctioned by the Kerala Government under the Kerala State Employee's Group Insurance Scheme, 1984 in the event of my death while in service which having become payable on my attaining the age of superannuation may remain unpaid at my death.

Names and address of nominee / nominees	Relationship with Govt. employee	Age	*Share to be paid to each	Contingencies on the happening of which the nomination shall become invalid	Name and address & relationship of the persons if any, to whom the right of the nominee shall pass in the event of his predeceasing Govt. employees	Name and address of the person to whom share is to be paid on behalf of minor/minors
1	2	3	4	5	6	7
VIDHYA. G VIDHYA COTTAGE PALLIPPURAM. P.O CHERTHALA	wife	26	Full	For a fresh application to be made		

Dated this ..... day of ..... at .....

Signature ..... Rajendran

Name .RAJENDRAN PILLAI.V.....

Address VADAKKEMANACHERRY (H)

.....PALLIPPURAM. P.O

.....CHERTHALA.....

Signature of two witnesses : (1)

(2)

SUKUMAR

N.B: The Government employee should draw line across the blank space below his last entry to prevent the insertion of any names after he has signed

*This column should be filled in so as to cover the whole amount that may be payable under the Insurance Scheme.

Dr. Ashok Kumar
Indian Institute of Technology
Department of Computer Science
New Delhi 110016

Prof. S. Venkatesan
Tata Institute of Fundamental Research
Homi Bhabha Road
Bombay 400005

Mr. Rajesh Gupta
c/o Computer Science Lab
Bharat Electronics Ltd.
Jalahalli
Bangalore 560013

Ms. Sunita Rao
Flat 12, Block C
Vasant Kunj
New Delhi 110070

FORM No. 7

NOMINATION FOR BENEFITS UNDER THE KERALA STATE EMPLOYEES GROUP INSURANCE SCHEME

When the Government employee has a family and wishes to nominate one member to more than one member thereof.

I ..... RAJENDRAN PILLAI. V ..... here by nominate the person(s) mentioned below who is / are member(s) of my family and confer on him/them the right to receive to the extent specified below any amount that may be sanctioned by the Kerala Government under the Kerala State Employee's Group Insurance Scheme, 1984 in the event of my death while in service which having become payable on my attaining the age of superannuation may remain unpaid at my death.

Names and address of nominee / nominees	Relationship with Govt. employee	Age	*Share to be paid to each	Contingencies on the happening of which the nomination shall become invalid	Name and address & relationship of the persons if any, to whom the right of the nominee shall pass in the event of his predeceasing Govt. employees	Name and address of the person to whom share is to be paid on behalf of minor/minors
1	2	3	4	5	6	7
VIDHYA. G VIDHYA COTTAGE PALLIPPURAM. P.O CHERTHALA	WIFE	26	~~50%~~ FULL	Soon fresh Application to be made		
~~GOPIKA~~ GOPIKA. R. VIDHYA COTTAGE PALLIPPURAM. P.O CHERTHALA	~~Daughter~~	~~4~~	~~50%~~	~~Soon fresh Application to be made.~~		

Dated this ..... day of ..... at .....

Signature ..... Rajendran

Signature of two witnesses : (1)

Name ..... RAJENDRAN PILLAI. V

Address ..... VADAKKEMANACHERY (H)

PALLIPPURAM. P.O

CHERTHALA

(2)

SUKUMAR

N.B: The Government employee should draw line across the blank space below his last entry to prevent the insertion of any names after he has signed

*This column should be filled in so as to cover the whole amount that may be payable under the Insurance Scheme.

FORM A

APPLICATION

To

The Senior Administrative Officer
State Planning Board
.....
.....

Sir / Madam

I V. RAJENDRAN PILLAI (Name & Designation)
DRIVER Grade II belong to*
Regular on the scale of pay
Rs. 9190-15780 working in State Planning Board Department
I request that I may be enrolled as a member of group Insurance Scheme
having a monthly subscription of Rs 250/- in the Group Insurance Scheme introduced by the Government as per G.O. (P) No. 392/84/Fin. dated 9-8-1984. I agree to abide by all the rules and instructions made or to be made by Government relating to the Scheme.

Yours faithfully

Place Pattom

Date .....

Name & Signature V. Rajendran

V. RAJENDRAN PILLAI.

SUKUMAR

* State whether regular establishment, work-charged establishment, contingent establishment full time teaching and non teaching staff of Private School, Private College under direct Payment Scheme.

M. RAJENDRAN PILLAI.

FORM A

APPLICATION

To

The Senior Administrative Officer
State Planning Board
.....
.....

Sir / Madam

I V. RAJENDRAN PILLAI (Name & Designation)
DRIVER Grade II belong to*
Regular on the scale of pay
Rs. 9190-15780 working in State Planning Board Department
I request that I may be enrolled as a member of group Insurance Scheme
having a monthly subscription of Rs 250/- in the Group Insurance Scheme introduced by the Government as per G.O. (P) No. 392/84/Fin. dated 9-8-1984. I agree to abide by all the rules and instructions made or to be made by Government relating to the Scheme.

Yours faithfully

Place Pattom

Date .....

Name & Signature V. Rajendran
V. RAJENDRAN PILLAI.

SUKUMAR

* State whether regular establishment, work-charged establishment, contingent establishment full time teaching and non teaching staff of Private School, Private College under direct Payment Scheme.

Senior Administrative Officer
State Planning Board

M. RAJENDRAN PILLAI,
Regulator
DRIVER Grade II
Regulator
1980 - 1990

FORM No. 1

GOVERNMENT OF KERALA

Department / Office STATE PLANNING BOARD, T.V.M PATTOM

Dated 31.5.2011

MEMORANDUM

*Sri RAJENDRAN PILLAI.V. DRIVER Grade II

..... a group .....

employee has been enrolled as a member of the Kerala State Government Employees Group Insurance Scheme, 1984 with effect from ..... His monthly subscription of Rs 250/- (Rupees Two hundred and fifty only) shall be deducted from his salary / wage commencing from the month of ..... and he will be eligible to the benefits of the scheme appropriate to Group ..... with effect from .....

Head of Office

To

*Sri V. RAJENDRAN PILLAI.

DRIVER Grade II

*Name and Designation of the employee

SUKUMAR

6

FORM No. 1

GOVERNMENT OF KERALA

Department / Office STATE PLANNING BOARD T.V.M.

Dated 31.5.2011

MEMORANDUM

*Sri RAJENDRAN PILLAI. V DRIVER Grade II

..... a group .....

employee has been enrolled as a member of the Kerala State Government Employees Group Insurance Scheme, 1984 with effect from ..... His monthly subscription of Rs 250/- (Rupees Two hundred and fifty only.) shall be deducted from his salary / wage commencing from the month of ..... and he will be eligible to the benefits of the scheme appropriate to Group ..... with effect from .....

Head of Office

To

*Sri V. RAJENDRAN PILLAI.

DRIVER Grade II

SUKUMAR

*Name and Designation of the employee

FORM A

APPLICATION

To

The Senior Administrative officer
Member Secretary
State Planning Board
Pattom

Sir / Madam

I Sujalba. S (Name & Designation)
Peon belong to*
regular establishment on the scale of pay
Rs. 8500-13210 working in State Planning Board Department
I request that I may be enrolled as a member of group D
having a monthly subscription of Rs 300/- in the Group Insurance Scheme introduced by the Government as per G.O. (P) No. 392/84/Fin. dated 9-8-1984. I agree to abide by all the rules and instructions made or to be made by Government relating to the Scheme.

Yours faithfully
Sujalba. S

Place Pattom
Date 16.09.2011

Name & Signature

SUKUMAR

* State whether regular establishment, work-charged establishment, contingent establishment full time teaching and non teaching staff of Private School, Private College under direct Payment Scheme.

FORM A

APPLICATION

To

The Member Secretary
State Planning Board
Pattom

Sir / Madam

I Sujatha.S (Name & Designation)
Peon belong to*
regular establishment on the scale of pay
Rs. 8500-13210 working in State Planning Board Department
I request that I may be enrolled as a member of group D
having a monthly subscription of Rs 300/- in the Group Insurance Scheme introduced by the Government as per G.O. (P) No. 392/84/Fin. dated 9-8-1984. I agree to abide by all the rules and instructions made or to be made by Government relating to the Scheme.

Yours faithfully
Sujatha.S

Name & Signature

Place Pattom
Date 16.09.2011

SUKUMAR

* State whether regular establishment, work-charged establishment, contingent establishment full time teaching and non teaching staff of Private School, Private College under direct Payment Scheme.

FORM No. 1

GOVERNMENT OF KERALA

Department / Office .....

Dated .....

MEMORANDUM

*Sri .....

..... a group .....

employee has been enrolled as a member of the Kerala State Government Employees Group Insurance Scheme, 1984 with effect from ..... His monthly subscription of Rs ..... (Rupees .....) shall be deducted from his salary / wage commencing from the month of ..... and he will be eligible to the benefits of the scheme appropriate to Group ..... with effect from .....

Head of Office

To

*Sri .....

.....

*Name and Designation of the employee

FORM No. 1

GOVERNMENT OF KERALA

Department / Office .....

Dated .....

MEMORANDUM

*Sri .....

..... a group .....

employee has been enrolled as a member of the Kerala State Government Employees Group Insurance Scheme, 1984 with effect from ..... His monthly subscription of Rs ..... (Rupees .....) shall be deducted from his salary / wage commencing from the month of ..... and he will be eligible to the benefits of the scheme appropriate to Group ..... with effect from .....

Head of Office

To

*Sri .....

.....

*Name and Designation of the employee

KERALA STATE INSURANCE DEPARTMENT
GROUP INSURANCE SCHEME

FORM GIS 'C'
(Vide Rule 6)

LIST OF MEMBERS WHO HAVE JOINED THE SCHEME

DDO/SDO Code : ..... Salary Head: .....
Department: State Planning Board
Name of Office : State Planning Board
Mode of payment (By Salary Deduction/DD/Challan): .....
Address: State Planning Board
Detail of DD/Challan: .....
Pattom Trivandrum
District : Thiruvananthapuram

Sl. No.	PEN	Name (in block letters)	Designation	Scale of Pay	Group & rate of subscription		Date of encashment of the bill in which first deduction is made	Date of birth	Date of retirement	Self drawing or not (Y/N)	Remarks
1	2	3	4	5	6	7	8	9	10	11	12
	613618	SUJATHA.S	Peon	8500-13210		300	01/2011	28.05.1986	31.05.2042	NGO	

Note: Column No. 8 should be the date of encashment of the salary bill for September in which the first deduction is made

SUKUMAR

Place: Pattom
Date: 16.09.2011

(Office seal)

Name & Signature
of Head of office / Department

To. The District Insurance Officer
.....

KERALA STATE INSURANCE DEPARTMENT
GROUP INSURANCE SCHEME

FORM GIS 'C'

(Vide Rule 6)

LIST OF MEMBERS WHO HAVE JOINED THE SCHEME

DDO/SDO Code : .....Salary Head:.....
Department: ..State Planning Board.....
Name of Office :..State Planning Board.....
Mode of payment (By Salary Deduction/DD/Challan): .....
Address: .....State Planning Board.....
Detail of DD/Challan: .....
..Pattom Trivandrum.....
District : ..Thiruvananthapuram.....

Sl. No.	PEN	Name (in block letters)	Designation	Scale of Pay	Group & rate of subscription		Date of encashment of the bill in which first deduction is made	Date of birth	Date of retirement	Self drawing or not (Y/N)	Remarks
1	2	3	4	5	6	7	8	9	10	11	12
	613618	SUJATHA.S	Peon	8500-13210		300	01/2011	28.05.1986	31.03.2042	N	

Note: Column No. 8 should be the date of encashment of the salary bill for September in which the first deduction is made

SUKUMAR

Place: Pattom
Date: 16.09.2011

(Office seal)

Name & Signature
of Head of office / Department

To. The District Insurance Officer
.....

FORM No. 7

NOMINATION FOR BENEFITS UNDER THE KERALA STATE EMPLOYEES GROUP INSURANCE SCHEME 1984

When the Government employee has a family and wishes to nominate one member to more than one member thereof

I Sujatha.S., Peon, State Planning Board hereby nominate the person(s) mentioned below who is / are member(s) of my family and confer on him/them the right to receive to the extent specified below any amount that may be sanctioned by the Kerala Government under the Kerala State Employee's Group Insurance Scheme, 1984 in the event of my death while in service which having become payable on my attaining the age of superannuation may remain unpaid at my death.

Names and address of nominee / nominees	Relationship with Govt. employee	Age	*Share to be paid to each	Contingencies on the happening of which the nomination shall become invalid	Name and address & relationship of the persons if any, to whom the right of the nominee shall pass in the event of his predeceasing Govt. employees	Name and address of the person to whom share is to be paid on behalf of minor/minors
1	2	3	4	5	6	7
Sulochana.S Snehalayam Varuvila Kudayal.P.O Pin.695505	Daughter	47	full		Rathesh.P.L Thiruvathira Kollottukuzhy Elluvila P.O Pin.695504 (Husband)	-

Dated this ..... day of ..... at .....

Signature of two witnesses : (1) V. Rajalekshmi, Research Officer, State Planning Board.

(2) Savitha. P, C.A., State Planning Board - South

Signature .....

Name Sujatha.S

Address Peon State Planning Board Pattom TVPM

SUKUMAR

N.B: The Government employee should draw line across the blank space below his last entry to prevent the insertion of any names after he has signed

*This column should be filled in so as to cover the whole amount that may be payable under the Insurance Scheme.

D

FORM No. 7

NOMINATION FOR BENEFITS UNDER THE KERALA STATE EMPLOYEES GROUP INSURANCE SCHEME 1984

When the Government employee has a family and wishes to nominate one member to more than one member thereof

I, Sujatha.S, Pem, State Planning Board, here by nominate the person(s) mentioned below who is / are member(s) of my family and confer on him/them the right to receive to the extent specified below any amount that may be sanctioned by the Kerala Government under the Kerala State Employee's Group Insurance Scheme, 1984 in the event of my death while in service which having become payable on my attaining the age of superannuation may remain unpaid at my death.

Names and address of nominee / nominees	Relationship with Govt. employee	Age	*Share to be paid to each	Contingencies on the happening of which the nomination shall become invalid	Name and address & relationship of the persons if any, to whom the right of the nominee shall pass in the event of his predeceasing Govt. employees	Name and address of the person to whom share is to be paid on behalf of minor/minors
1	2	3	4	5	6	7
Sulochana.S Sreebalayam Varuvila Kudayal.P.O Pin.695505	Daughter	47	full		Rajeesh.P.L Thiruvalsira Kollottukuzhy Elluvila.P.O Pin.695504 (Husband)	-

Dated this ..... day of ..... at .....

Signature of two witnesses : (1) V. Rajalekshmi, Research Officer, State Planning Board

(2) Savitha. P., C.A; State Planning Board

Signature .....

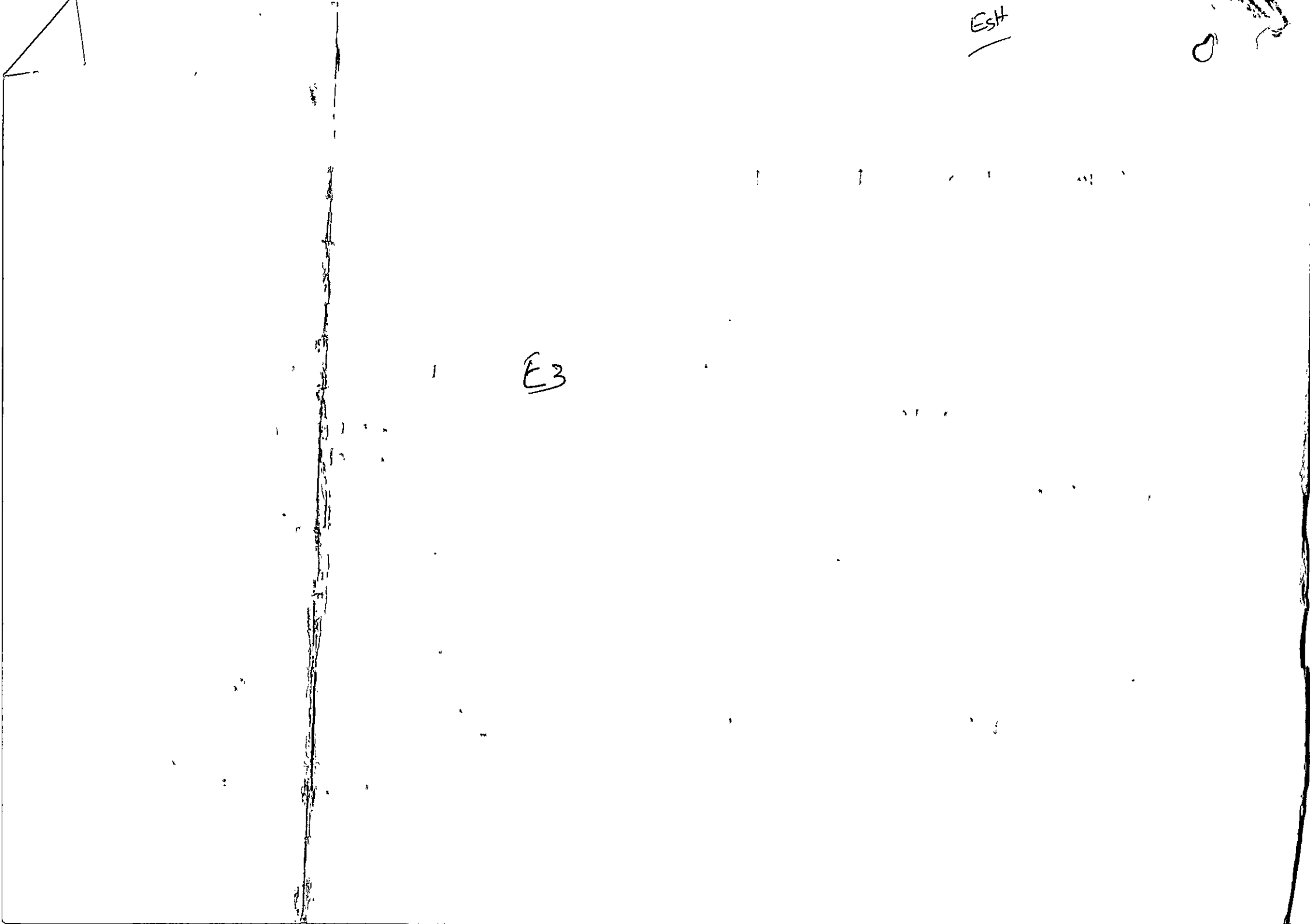
Name Sujatha.S

Address Pem
State Planning Board
Pattom TVPM

SUKUMAR

N.B: The Government employee should draw line across the blank space below his last entry to prevent the insertion of any names after he has signed

*This column should be filled in so as to cover the whole amount that may be payable under the Insurance Scheme.


ESH
E3

FORM A

APPLICATION

To

The ....Member Secretary.....
....State Planning Board.....
.....Pathom.....
.....

Sir / Madam

I .....T.R. RAJEEV ..... DRIVER Gr. II..... (Name & Designation)

..... belong to*

.....Regular..... on the scale of pay

Rs. 9190 - 15780..... working in .State Planning Board.....Department

I request that I may be enrolled as a member of group ...Insurance Scheme.....

having a monthly subscription of Rs .....200/-..... in the Group Insurance Scheme introduced by the Government as per G.O. (P) No. 392/84/Fin. dated 9-8-1984. I agree to abide by all the rules and instructions made or to be made by Government relating to the Scheme.

Yours faithfully

T.R. Rajeev Rajeev

Place ...Pathom.....
Name & Signature

Date ..24-9-2011.....

SUKUMAR

---

* State whether regular establishment, work-charged establishment, contingent establishment full time teaching and non teaching staff of Private School, Private College under direct Payment Scheme.

FORM A

APPLICATION

To

The ....Member Secretary.....
....State Planning Board.....
.....Pathom.....
.....

Sir / Madam

I .....T.R. RAJEEV.....Driver Gr. II..... (Name & Designation)
..... belong to*
.....Regular..... on the scale of pay
Rs. 9190 - 15780..... working in .State Planning Board.....Department
I request that I may be enrolled as a member of group ...Insurance Scheme.....
having a monthly subscription of Rs .....200/-..... in the Group Insurance Scheme introduced by the Government as per G.O. (P) No. 392/84/Fin. dated 9-8-1984. I agree to abide by all the rules and instructions made or to be made by Government relating to the Scheme.

Yours faithfully

T.R. Rajeev Rajeev

Place ...Pathom.....
Name & Signature

Date ..24-9-2011.....

SUKUMAR

* State whether regular establishment, work-charged establishment, contingent establishment full time teaching and non teaching staff of Private School, Private College under direct Payment Scheme.

FORM No. 1

GOVERNMENT OF KERALA

Department / Office ..State..Planning..Board..TVM

Dated .....

MEMORANDUM

*Sri ...T.R.RAJEEV.....

..... a group .....

employee has been enrolled as a member of the Kerala State Government Employees Group Insurance Scheme, 1984 with effect from ..... His monthly subscription of Rs ...200/-..... (Rupees ..Two..hundread..only.....) shall be deducted from his salary / wage commencing from the month of ..... and he will be eligible to the benefits of the scheme appropriate to Group ..... with effect from .....

Head of Office

To

*Sri ...T.R.RAJEEV.....

.....Driver..Gr.I.....

*Name and Designation of the employee

SUKUMAR

FORM No. 1

GOVERNMENT OF KERALA

Department / Office State Planning Board TVM

Dated .....

MEMORANDUM

*Sri T.R. RAJEEV

..... a group .....

employee has been enrolled as a member of the Kerala State Government Employees Group Insurance Scheme, 1984 with effect from ..... His monthly subscription of Rs 200/- (Rupees Two hundred only) shall be deducted from his salary / wage commencing from the month of ..... and he will be eligible to the benefits of the scheme appropriate to Group ..... with effect from .....

Head of Office

To

*Sri T.R. RAJEEV

DY.Nuex Gr. II

*Name and Designation of the employee

SUKUMAR

KERALA STATE INSURANCE DEPARTMENT

GROUP INSURANCE SCHEME

FORM GIS 'C'

(Vide Rule 6)

LIST OF MEMBERS WHO HAVE JOINED THE SCHEME

DDO/SDO Code : .....Salary Head:.....

Name of Office :.....State Planning Board.....

Address: .....State Planning Board.....

.....Pattom Trivandrum.....

Department: .....State Planning Board.....

Mode of payment (By Salary Deduction/DD/Challan): .....

Detail of DD/Challan: .....

District : .....Thiruvananthapuram.....

Sl. No.	PEN	Name (in block letters)	Designation	Scale of Pay	Group & rate of subscription		Date of encashment of the bill in which first deduction is made	Date of birth	Date of retirement	Self drawing or not (Y/N)	Remarks
1	2	3	4	5	6	7	8	9	10	11	12
	635065	T.R.RAJEEV	DRIVER.	9190-15780		200/-	9-6-2011	27-11-1970	31-3-2026	N&O	

Note: Column No. 8 should be the date of encashment of the salary bill for September in which the first deduction is made

SUKUMAR

Place:

Date:

(Office seal)

Name & Signature
of Head of office / Department

To. The District Insurance Officer

.....

KERALA STATE INSURANCE DEPARTMENT

GROUP INSURANCE SCHEME

FORM GIS 'C'

(Vide Rule 6)

LIST OF MEMBERS WHO HAVE JOINED THE SCHEME

DDO/SDO Code : .....Salary Head:.....

Name of Office :.....State Planning Board.....

Address: .....State Planning Board.....

.....Pattom TVM.....

Department: .....State Planning Board.....

Mode of payment (By Salary Deduction/DD/Challan): .....

Detail of DD/Challan: .....

District : .....Thiruvananthapuram.....

Sl. No.	PEN	Name (in block letters)	Designation	Scale of Pay	Group & rate of subscription		Date of encashment of the bill in which first deduction is made	Date of birth	Date of retirement	Self drawing or not (Y/N)	Remarks
1	2	3	4	5	6	7	8	9	10	11	12
	635065	T.R. RAJEEV	DRIVER	9190 15780		200/-	9-6-2011	27-11-1970	31-3-2008	N&D	

Note: Column No. 8 should be the date of encashment of the salary bill for September in which the first deduction is made

SUKUMAR

Place:

Date:

(Office seal)

Name & Signature
of Head of office / Department

To. The District Insurance Officer

.....

FORM No. 7

NOMINATION FOR BENEFITS UNDER THE KERALA STATE EMPLOYEES GROUP INSURANCE SCHEME 1984

When the Government employee has a family and wishes to nominate one member to more than one member thereof

I ..... T.R.RAJEEV ..... here by nominate the person(s) mentioned below who is / are member(s) of my family and confer on him/them the right to receive to the extent specified below any amount that may be sanctioned by the Kerala Government under the Kerala State Employee's Group Insurance Scheme, 1984 in the event of my death while in service which having become payable on my attaining the age of superannuation may remain unpaid at my death.

Names and address of nominee / nominees	Relationship with Govt. employee	Age	*Share to be paid to each	Contingencies on the happening of which the nomination shall become invalid	Name and address & relationship of the persons if any, to whom the right of the nominee shall pass in the event of his predeceasing Govt. employees	Name and address of the person to whom share is to be paid on behalf of minor/minors
1	2	3	4	5	6	7
SIJI RAJEEV THOMBRAKUDY (H) KOMBANAD. 683546 ERNAKULAM DIST.	WIFE	34	Full.	For a fresh Application to be made.		

Dated this ..... day of ..... at .....

Signature of two witnesses : (1) R. shine mon Driver Gr-II Shine

(2) George.E Driver Gr.II

Signature ..... Rajeev .....

Name ..... T.R.RAJEEV .....

Address ..... THOMBRAKUDY (H) .....

..... KOMBANAD 683546 .....

..... ERNAKULAM DIST. .....

SUKUMAR

N.B: The Government employee should draw line across the blank space below his last entry to prevent the insertion of any names after he has signed

*This column should be filled in so as to cover the whole amount that may be payable under the Insurance Scheme.

FORM No. 7

NOMINATION FOR BENEFITS UNDER THE KERALA STATE EMPLOYEES GROUP INSURANCE SCHEME 1984

When the Government employee has a family and wishes to nominate one member to more than one member thereof

I T.R. RAJEEV here by nominate the person(s) mentioned below who is / are member(s) of my family and confer on him/them the right to receive to the extent specified below any amount that may be sanctioned by the Kerala Government under the Kerala State Employee's Group Insurance Scheme, 1984 in the event of my death while in service which having become payable on my attaining the age of superannuation may remain unpaid at my death.

Names and address of nominee / nominees	Relationship with Govt. employee	Age	*Share to be paid to each	Contingencies on the happening of which the nomination shall become invalid	Name and address & relationship of the persons if any, to whom the right of the nominee shall pass in the event of his predeceasing Govt. employees	Name and address of the person to whom share is to be paid on behalf of minor/minors
1	2	3	4	5	6	7
SMT RAJEEV THOMBRAKUDY (H) KOMBANAD. 683546 ERNAKULAM (DIST)	WIFE	34	Full.	For a fresh. Application to be made.		

Dated this ..... day of ..... at .....

Signature of two witnesses : (1) R. shine mon Drivers Gr-II shine

(2) George, E Driver Gr. II

Signature Rajeev

Name T.R. RAJEEV

Address THOMBRAKUDY (H)
KOMBANAD 683546
ERNAKULAM DIST.

N.B: The Government employee should draw line across the blank space below his last entry to prevent the insertion of any names after he has signed

*This column should be filled in so as to cover the whole amount that may be payable under the Insurance Scheme.

SUKUMAR

FORM A

APPLICATION

To

The Senior Administrative Officer,
State Planning Board
Pattom,
Trivandrum-4

Sir / Madam

I Shaju T.D, PEON (Name & Designation)
belong to*
Regular establishment on the scale of pay
Rs. 4510 working in State Planning Department
I request that I may be enrolled as a member of group Insurance
having a monthly subscription of Rs 150/2 in the Group Insurance Scheme introduced by the Government as per G.O. (P) No. 392/84/Fin. dated 9-8-1984. I agree to abide by all the rules and instructions made or to be made by Government relating to the Scheme.

Yours faithfully

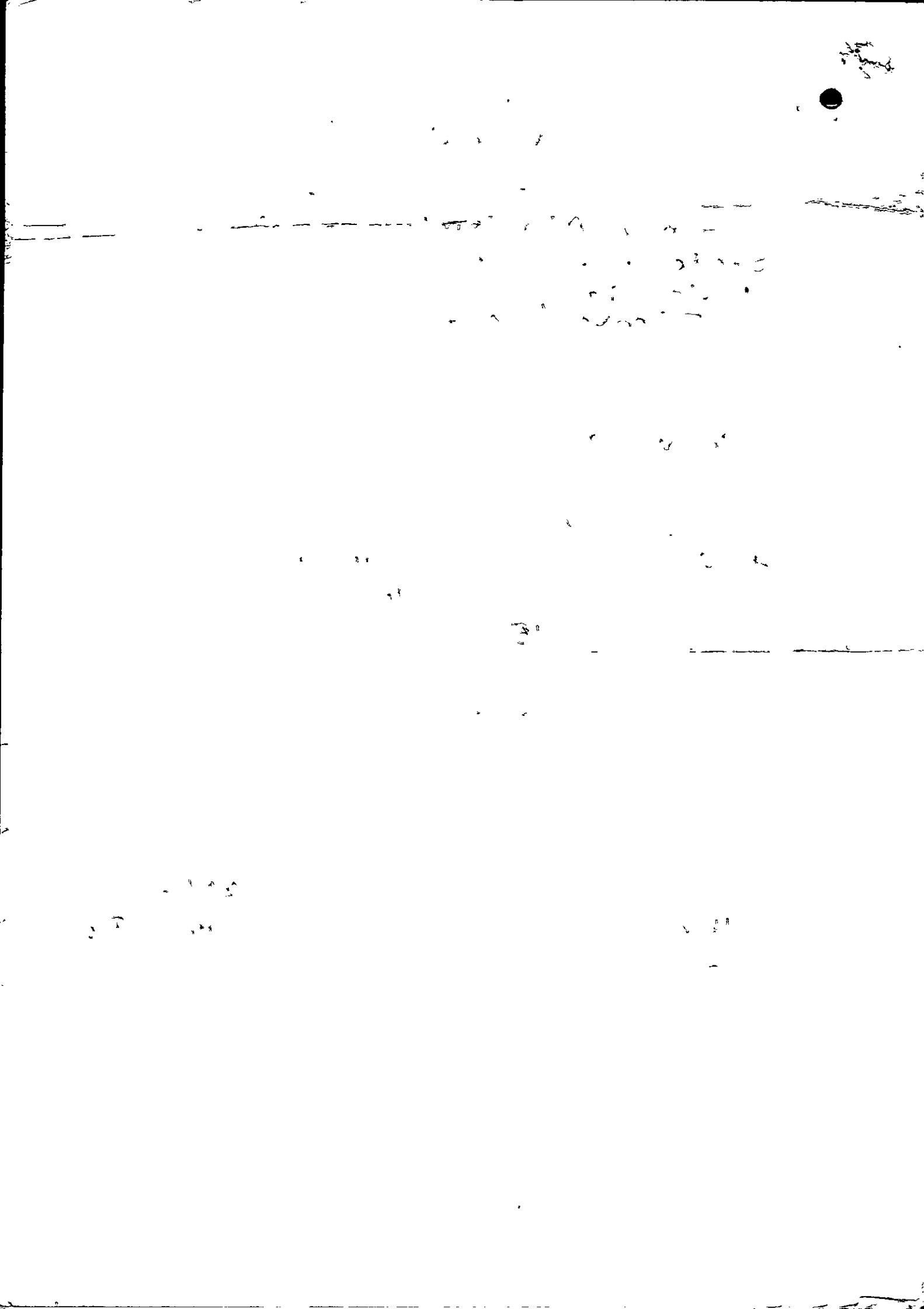
Shaju

Place Pattom
Date 15-3-2011

Name & Signature SHAJU T.D

SUKUMAR

* State whether regular establishment, work-charged establishment, contingent establishment full time teaching and non teaching staff of Private School, Private College under direct Payment Scheme.



FORM No. 1

GOVERNMENT OF KERALA

Department / Office State Planning Board

Dated ~~29.09.2011~~ 15-9-2011

MEMORANDUM

*Sri Shaju T.D, Peon, SPB

a group D

employee has been enrolled as a member of the Kerala State Government Employees Group Insurance Scheme, 1984 with effect from 9/2011 His monthly subscription of Rs 150 (Rupees One Hundred and fifty) shall be deducted from his salary / wage commencing from the month of September 2011 and he will be eligible to the benefits of the scheme appropriate to Group D with effect from 9/2011

Head of Office

To

*Sri SHAJU T.D

Peon

SUKUMAR

*Name and Designation of the employee

FORM No. 7

NOMINATION FOR BENEFITS UNDER THE KERALA STATE EMPLOYEES GROUP INSURANCE SCHEME 1984

When the Government employee has a family and wishes to nominate one member to more than one member thereof

I ..... Shajin T.D ..... here by nominate the person(s) mentioned below who is / are member(s) of my family and confer on him/them the right to receive to the extent specified below any amount that may be sanctioned by the Kerala Government under the Kerala State Employee's Group Insurance Scheme, 1984 in the event of my death while in service which having become payable on my attaining the age of superannuation may remain unpaid at my death.

Names and address of nominee / nominees	Relationship with Govt. employee	Age	*Share to be paid to each	Contingencies on the happening of which the nomination shall become invalid	Name and address & relationship of the persons if any, to whom the right of the nominee shall pass in the event of his predeceasing Govt. employees	Name and address of the person to whom share is to be paid on behalf of minor/minors
1	2	3	4	5	6	7
Dixy Shajin Thekkinedath (H) Nedumbassery P.O Kayyprassery Ernakulam Dt	wife	28	Full			

Dated this ..... day of 29/9/2011 ..... at .....

Signature ..... Shajin .....

Name ..... SHAJIN T.D .....

Address ..... Thekkinedath (H) .....

Nedumbassery P.O Kayyprassery

Ernakulam Dt

Signature of two witnesses : (1) V.V. Babaraj, LDC

(2) R.S. Baiju, LDC.

SUKUMAR

N.B: The Government employee should draw line across the blank space below his last entry to prevent the insertion of any names after he has signed

*This column should be filled in so as to cover the whole amount that may be payable under the Insurance Scheme.

6.

FORM No. 1

GOVERNMENT OF KERALA

Department / Office State Planning Board, T.V.M

Dated 31-05-2011

MEMORANDUM

*Sri SHINE MON-R Driver Gr-II

..... a group .....

employee has been enrolled as a member of the Kerala State Government Employees Group Insurance Scheme, 1984 with effect from ..... His monthly subscription of Rs 200/- (Rupees Two handrad only .....) shall be deducted from his salary / wage commencing from the month of ..... and he will be eligible to the benefits of the scheme appropriate to Group ..... with effect from .....

Head of Office

To

*Sri SHINE MON-R

Driver Gr-II

SUKUMAR

*Name and Designation of the employee

FORM No. 1

GOVERNMENT OF KERALA

Department / Office State Planning Board, T.V.M

Dated 31-05-2011

MEMORANDUM

*Sri SHINE MON - R

..... a group .....

employee has been enrolled as a member of the Kerala State Government Employees Group Insurance Scheme, 1984 with effect from ..... His monthly subscription of Rs 200/- (Rupees Two hundred only) shall be deducted from his salary / wage commencing from the month of ..... and he will be eligible to the benefits of the scheme appropriate to Group ..... with effect from .....

Head of Office

To

*Sri SHINE MON - R

Driver Gr - II

*Name and Designation of the employee

SUKUMAR

FORM A

APPLICATION

To

The Member Secretary
State Planning Board
Pattom
T.V.M

Sir / Madam

I SHINE MON - R Driver Gr - II (Name & Designation)

..... belong to*

Regular ..... on the scale of pay

Rs. 9190 - 15780 working in State Planning Board Department

I request that I may be enrolled as a member of group .....

having a monthly subscription of Rs 200/- in the Group Insurance Scheme introduced by the Government as per G.O. (P) No. 392/84/Fin. dated 9-8-1984. I agree to abide by all the rules and instructions made or to be made by Government relating to the Scheme.

Yours faithfully

Shine mon - R

Shine

Place Pattam

Name & Signature

Date 31 - 05 - 2011

SUKUMAR

* State whether regular establishment, work-charged establishment, contingent establishment full time teaching and non teaching staff of Private School, Private College under direct Payment Scheme.

FORM A

APPLICATION

To

The Member Secretary
State Planning Board
Pattom
T.V.M

Sir / Madam

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..... belong to*

Regular ..... on the scale of pay

Rs. 9190-15780 working in State Planning Board Department

I request that I may be enrolled as a member of group .....

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Yours faithfully

Shine mon-R

Shine

Name & Signature

Place Pattom

Date 31-05-2011

SUKUMAR

* State whether regular establishment, work-charged establishment, contingent establishment full time teaching and non teaching staff of Private School, Private College under direct Payment Scheme.

FORM No. 7

NOMINATION FOR BENEFITS UNDER THE KERALA STATE EMPLOYEES GROUP INSURANCE SCHEME 1984

When the Government employee has a family and wishes to nominate one member to more than one member thereof.

I SHINE MON.R here by nominate the person(s) mentioned below who is / are member(s) of my family and confer on him/them the right to receive to the extent specified below any amount that may be sanctioned by the Kerala Government under the Kerala State Employee's Group Insurance Scheme, 1984 in the event of my death while in service which having become payable on my attaining the age of superannuation may remain unpaid at my death.

Names and address of nominee / nominees	Relationship with Govt. employee	Age	*Share to be paid to each	Contingencies on the happening of which the nomination shall become invalid	Name and address & relationship of the persons if any, to whom the right of the nominee shall pass in the event of his predeceasing Govt. employees	Name and address of the person to whom share is to be paid on behalf of minor/minors
1	2	3	4	5	6	7
Ragi - R	wife	28	25 %	Daughter	① KRISHNA PRIYA.S ② KRISHNA PRABHA.S KRISHNA VIHAR KUREEPUZHA.P.O PERINAD KOLLAM	
Krishna Priya.S	Daughter	4	25 %			
Krishna Prabha.S	Daughter	4	25 %			
Sudhamany.K.S KRISHNA VIHAR KUREEPUZHA.P.O PERINAD, KOLLAM	Mother	61	25 %			

Dated this ..... day of ..... at .....

Signature of two witnesses : (1) K. Mustaffa. Sr: Sepoy. Kammoth

(2) T.R. Rajeev Driver Gr II

Signature SHINE

Name SHINE MON.R

Address KRISHNA VIHAR
KUREEPUZA P.O, PERINAD
KOLLAM

SUKUMAR

N.B: The Government employee should draw line across the blank space below his last entry to prevent the insertion of any names after he has signed
*This column should be filled in so as to cover the whole amount that may be payable under the Insurance Scheme.

FORM No. 7

NOMINATION FOR BENEFITS UNDER THE KERALA STATE EMPLOYEES GROUP INSURANCE SCHEME 1984

When the Government employee has a family and wishes to nominate one member to more than one member thereof

I SHINE MON. R here by nominate the person(s) mentioned below who is / are member(s) of my family and confer on him/them the right to receive to the extent specified below any amount that may be sanctioned by the Kerala Government under the Kerala State Employee's Group Insurance Scheme, 1984 in the event of my death while in service which having become payable on my attaining the age of superannuation may remain unpaid at my death.

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1	2	3	4	5	6	7
Ragi - R	wife	28	25%	Daughter	① KRISHNA PRIYA. S	
Krishna Priya. S	Daughter	4	25%		② KRISHNA PRABHA. S	
Krishna Prabha. S	Daughter	4	25%		KRISHNA VIHAR	
Sudhamany. K. J	Mother	61	25%		KUREEPUZHA. P.O	
KRISHNA VIHAR KUREEPUZA. P.O PERINAD, KOLLAM					PERINAD KOLLAM	

Dated this ..... day of ..... at .....

Signature of two witnesses : (1) K. Mustaffa - Sr; Supdt - Rajeev Nair

(2) T.R. Rajeev Driver Gr. I Rajeev

Signature Shine

Name SHINE MON. R

Address KRISHNA VIHAR KUREEPUZHA. P.O, PERINAD KOLLAM

SUKUMAR

N.B: The Government employee should draw line across the blank space below his last entry to prevent the insertion of any names after he has signed

*This column should be filled in so as to cover the whole amount that may be payable under the Insurance Scheme.

FORM A

APPLICATION

To

The Senior Administrative Officer
State Planning Board
Pattom, TVM-4.

Sir / Madam

I Shasi T.O (Name & Designation)
belong to* Regular establishment on the scale of pay
Rs. 4510 working in State Planning Department
I request that I may be enrolled as a member of group Insurance
having a monthly subscription of Rs 150 in the Group Insurance Scheme introduced by the Government as per G.O. (P) No. 392/84/Fin. dated 9-8-1984. I agree to abide by all the rules and instructions made or to be made by Government relating to the Scheme.

Yours faithfully

Shasi

SHASI T.O

Place Pattom

Date 15-3-2011

Name & Signature

SUKUMAR

* State whether regular establishment, work-charged establishment, contingent establishment full time teaching and non teaching staff of Private School, Private College under direct Payment Scheme.

FORM No. 1

GOVERNMENT OF KERALA

Department / Office ..... State Planning Board

Dated 15/3/2011

MEMORANDUM

*Sri ..... Shajin T.D, Peon, SPB .....

..... a group ..... D .....

employee has been enrolled as a member of the Kerala State Government Employees Group Insurance Scheme, 1984 with effect from ....9/2011..... His monthly subscription of Rs ..... 150 ..... (Rupees ..One Hundred and fifty shall be deducted from his salary / wage commencing from the month of September 2011 and he will be eligible to the benefits of the scheme appropriate to Group ..... D ..... with effect from ..... 9/2011 .....

Head of Office

To

*Sri ..... Shajin T.D .....

..... Peon .....

*Name and Designation of the employee

SUKUMAR

FORM No. 7.

NOMINATION FOR BENEFITS UNDER THE KERALA STATE EMPLOYEES GROUP INSURANCE SCHEME 1984

When the Government employee has a family and wishes to nominate one member to more than one member thereof

I ..... Shajin T.D ..... here by nominate the person(s) mentioned below who is / are member(s) of my family and confer on him/them the right to receive to the extent specified below any amount that may be sanctioned by the Kerala Government under the Kerala State Employee's Group Insurance Scheme, 1984 in the event of my death while in service which having become payable on my attaining the age of superannuation may remain unpaid at my death.

Names and address of nominee / nominees	Relationship with Govt. employee	Age	*Share to be paid to each	Contingencies on the happening of which the nomination shall become invalid	Name and address & relationship of the persons if any, to whom the right of the nominee shall pass in the event of his predeceasing Govt. employees	Name and address of the person to whom share is to be paid on behalf of minor/minors
1	2	3	4	5	6	7
Dibu Shajin Thekkinedath (H) Nedumbassery PO Kappravassery 683585 Ernakulam Dt	wife	28	Full			

Dated this ..... day of 29/9/2011 ..... at .....

Signature of two witnesses : (1) V.V. Baburaj, LDC. Bai

(2) R.S. Baiju, LDC R

Signature .....

Name SHAJIN T.D

Address Thekkinedath (H)
Nedumbassery P.O
Kappravassery 683585

SUKUMAR

N.B: The Government employee should draw line across the blank space below his last entry to prevent the insertion of any names after he has signed

*This column should be filled in so as to cover the whole amount that may be payable under the Insurance Scheme.

FORM A

APPLICATION

To

The Senior Administrative Officer
Kerala planing Board,
Kollam,
Thiruvananthapuram

Sir / Madam

I GEORGE, E (Name & Designation)
Driver Grade II (HDV) belong to*
Regular on the scale of pay
Rs. 9190-15780 working in Kerala planing Board Department
I request that I may be enrolled as a member of group Insurance Scheme
having a monthly subscription of Rs 200/- in the Group Insurance Scheme introduced by the Government as per G.O. (P) No. 392/84/Fin. dated 9-8-1984. I agree to abide by all the rules and instructions made or to be made by Government relating to the Scheme.

Yours faithfully

Place Kollam
Date 15.09.2011

Name & Signature GEORGE, E

SUKUMAR

* State whether regular establishment, work-charged establishment, contingent establishment full time teaching and non teaching staff of Private School, Private College under direct Payment Scheme.

FORM 4

APPLICATION

To

The Senior Administrative Officer
Taluk Planning Board,
Chirumanthirippuram

Sir,

I/We George E
Driver Cum Jr Clerk
Regular
(Name & Designation)

Request that I may be granted an interim allotment
Rs 6100-15 150 Taluk Planning Board Second Instalment
of my salary for the month of April
Department

I am drawing a monthly pay of Rs 3600-75-4200 in the Taluk Planning Board
Department and my pay is due for increment on 1st April
I have not been granted any interim allotment since
I have not been granted any interim allotment since

Yours faithfully,

George E

Date 15.04.2011

Place Chirumanthirippuram

FORM A

APPLICATION

APPLICATION

To

The Senior Administrative Officer
State planing Board.
Pattom,
Thiruvanathapuram.

Sir / Madam

I GEORGE, E (Name & Designation)
Driver Grade II (LDV) belong to*,
Regular on the scale of pay
Rs. 9190-15780 working in State planing Board Department
I request that I may be enrolled as a member of group Insurance Scheme
having a monthly subscription of Rs 200/- in the Group Insurance Scheme introduced by the Government as per G.O. (P) No. 392/84/Fin. dated 9-8-1984. I agree to abide by all the rules and instructions made or to be made by Government relating to the Scheme.

Yours faithfully

Place Pattom
Date 15.09.2011

Name & Signature
GEORGE, E

SUKUMAR

* State whether regular establishment, work-charged establishment, contingent establishment full time teaching and non teaching staff of Private School, Private College under direct Payment Scheme.

FORM A

APPLICATION

To

The Senior Administrative Officer
State Planning Board.
Pantheon.
Chennaimetropolis

Sir / Madam

I ... GEORGE, K. ... Name & Designation

... Driver Grade II (Gov) ... belong to

... Regular ... or the scale of pay

Rs. 2120-15780 working in ... State Planning Board ... Department

I request that I may be enrolled as a member of group ... Insurance Scheme ...

having a monthly subscription of Rs. ... Nil ... in the Group Insurance Scheme introduced by the Government as per G.O. (P) No. 392/84/Fin dated 9-8-1984. I agree to abide by all the rules and instructions made or to be made by Government relating to the Scheme.

Yours faithfully

Place ... Pantheon ...

Date ... 15.09.2011 ...

Name & Signature

GEORGE, K.

SUNDARA

* State whether regular establishment, work-charged establishment, contingent establishment full time teaching and non teaching staff of Private School, Private College under direct Payment Scheme.

FORM No. 1

GOVERNMENT OF KERALA

Department / Office State planning Board, Tvm., Pattom

Dated .....

MEMORANDUM

*Sri GEORGE, E., Driver Grade II (LDV)

..... a group .....

employee has been enrolled as a member of the Kerala State Government Employees Group Insurance Scheme, 1984 with effect from ..... His monthly subscription of Rs ..... 200/- ..... (Rupees ..... Two Hundred only.) shall be deducted from his salary / wage commencing from the month of ..... and he will be eligible to the benefits of the scheme appropriate to Group ..... with effect from .....

Head of Office

To

*Sri GEORGE, E.

..... Driver Grade II (LDV)

*Name and Designation of the employee

SUKUMAR

Denver Grande II (Rev)
Cartography, Inc.

Good Two Hundred only

Cartography, Inc. Denver Grande II (Rev)

Skate Planning Board, Two, Pavilion

FORM No. 1

GOVERNMENT OF KERALA

Department / Office ...State Planing Board, Tvm, Pattom

Dated .....

MEMORANDUM

*Sri ...GEORGE, E, Driver Grade II (Lov)

..... a group .....

employee has been enrolled as a member of the Kerala State Government Employees Group Insurance Scheme, 1984 with effect from ..... His monthly subscription of Rs .....200/-..... (Rupees ...Two Hundred only) shall be deducted from his salary / wage commencing from the month of ..... and he will be eligible to the benefits of the scheme appropriate to Group ..... with effect from .....

Head of Office

To

*Sri ...GEORGE, E.....

...Driver Grade II (Lov)

*Name and Designation of the employee

SUKUMAR

Denver Girardi ⅈ (Dav)
George, E

Clerk Planning Board, Clym, Dallen

George, E, Denver Girardi ⅈ (Dav)

Good Time Unwind only

FORM No. 7

NOMINATION FOR BENEFITS UNDER THE KERALA STATE EMPLOYEES GROUP INSURANCE SCHEME 1984

When the Government employee has a family and wishes to nominate one member to more than one member thereof

I ..... GEORGE. E ..... here by nominate the person(s) mentioned below who is / are member(s) of my family and confer on him/them the right to receive to the extent specified below any amount that may be sanctioned by the Kerala Government under the Kerala State Employee's Group Insurance Scheme, 1984 in the event of my death while in service which having become payable on my attaining the age of superannuation may remain unpaid at my death.

Names and address of nominee / nominees	Relationship with Govt. employee	Age	*Share to be paid to each	Contingencies on the happening of which the nomination shall become invalid	Name and address & relationship of the persons if any, to whom the right of the nominee shall pass in the event of his predeceasing Govt. employees	Name and address of the person to whom share is to be paid on behalf of minor/minors
1	2	3	4	5	6	7
SERLI THOMAS PARAYIL HOUSE PALLIKUNNU P.O, PEERUMEDE, IDUKKI - 685531	Wife	36	Full	For a fresh application to be Made		

Dated this ..... day of ..... at .....

Signature of two witnesses : (1) R. Shine mon Driver Gr-II

(2) T.R. Rajeev Driver Gr. II

Signature .....

Name GEORGE. E

Address PARAYIL HOUSE PALLIKUNNU P.O, PEERUMEDE, IDUKKI

N.B: The Government employee should draw line across the blank space below his last entry to prevent the insertion of any names after he has signed.

*This column should be filled in so as to cover the whole amount that may be payable under the Insurance Scheme.

SUKUMAR

Government Arts College
Department of Tamil
Coimbatore - 641 018

FORM No. 7

NOMINATION FOR BENEFITS UNDER THE KERALA STATE EMPLOYEES GROUP INSURANCE SCHEME 1984

When the Government employee has a family and wishes to nominate one member to more than one member thereof

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1	2	3	4	5	6	7
SHERLI THOMAS PARAYIL HOUSE PALLIKUNNU. P.O PEERUMEDE IDUKKI - 685531	wife	36	full	For a fresh Application to be made.		

Dated this ..... day of ..... at .....

Signature ....

Signature of two witnesses : (1) R. Shine mon Driver GR-II Shine

(2) T.R. Rajeev Driver GR. II Rajeev

Name GEORGE, E

Address PARAYIL HOUSE PALLIKUNNU. P.O PEERUMEDE, IDUKKI

SUKUMAR

N.B: The Government employee should draw line across the blank space below his last entry to prevent the insertion of any names after he has signed.

*This column should be filled in so as to cover the whole amount that may be payable under the Insurance Scheme.

Dr. Ashok Kumar Gupta
Professor & Head
Department of Physics
Kurukshetra University
Kurukshetra - 136 119 (India)

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Professor & Head
Department of Physics
Kurukshetra University
Kurukshetra - 136 119 (India)

Dr. Ashok Kumar Gupta
Professor & Head
Department of Physics
Kurukshetra University
Kurukshetra - 136 119 (India)

FORM A

APPLICATION

To

The .....

.....

.....

.....

Sir / Madam

I PRASAD.V.M. Peon. (Name & Designation)

..... belong to*

8500 – 13210. on the scale of pay

Rs. 150/- working in State Planning Board (IVth) Department

I request that I may be enrolled as a member of group D

having a monthly subscription of Rs 150/- in the Group Insurance Scheme introduced by the Government as per G.O. (P) No. 392/84/Fin. dated 9-8-1984. I agree to abide by all the rules and instructions made or to be made by Government relating to the Scheme.

Yours faithfully

Place Pattom.

Date 10.11.2011

Name & Signature

PRASAD.V.M.

SUKUMAR

* State whether regular establishment, work-charged establishment, contingent establishment full time teaching and non teaching staff of Private School, Private College under direct Payment Scheme.

FORM A

APPLICATION

To

The .....

.....

.....

.....

Sir / Madam

I ..PRASAD. V.M Peon.. (Name & Designation)

..... belong to*

..8500 - 13210.. on the scale of pay

Rs. ..150/-.. working in ..State Planning Board/IVPM Department

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Yours faithfully

Place ..Pattom..

Date ..10.11.2011..

Name & Signature

PRASAD. V.M.

SUKUMAR

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FORM No. 1

GOVERNMENT OF KERALA

Department / Office State Planning Board Thiruvananthapuram.

Dated 10.11.2011

MEMORANDUM

*Sri PRASAD.V.M.

..... a group D

employee has been enrolled as a member of the Kerala State Government Employees Group Insurance Scheme, 1984 with effect from September His monthly subscription of Rs 150/- (Rupees One Hundred and fifty.) shall be deducted from his salary / wage commencing from the month of September and he will be eligible to the benefits of the scheme appropriate to Group D with effect from 09.2011.

Head of Office

To

*Sri PRASAD.V.M.

Peon

SUKUMAR

*Name and Designation of the employee

FORM No. 1

GOVERNMENT OF KERALA

Department / Office State Planning Board Thiruvananthapuram

Dated 10.11.2011.

MEMORANDUM

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Head of Office

To

*Sri PRASAD.V.M.

Peon.

SUKUMAR

*Name and Designation of the employee

FORM No. 7

NOMINATION FOR BENEFITS UNDER THE KERALA STATE EMPLOYEES GROUP INSURANCE SCHEME 1984

When the Government employee has a family and wishes to nominate one member to more than one member thereof

I PRASAD. V.M. here by nominate the person(s) mentioned below who is / are member(s) of my family and confer on him/them the right to receive to the extent specified below any amount that may be sanctioned by the Kerala Government under the Kerala State Employee's Group Insurance Scheme, 1984 in the event of my death while in service which having become payable on my attaining the age of superannuation may remain unpaid at my death.

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1	2	3	4	5	6	7
RENJUSHA. K. P. Vadakkeemadathil (HO) Nittoor P.O. Kakkeathil, 673507 Kozhikode.	Wife	23	Full			

Dated this ..... day of ..... at .....

Signature of two witnesses : (1) V.V. Baburaj, LDC, SPB, Tvpm.

(2) T. Pradeep, UDC, SPB, Tvpm

Signature .....

Name PRASAD. V.M.

Address Vadakkeemadathil. Nittoor P.O. Kakkeathil 673507 Kozhikode.

SUKUMAR

N.B: The Government employee should draw line across the blank space below his last entry to prevent the insertion of any names after he has signed

*This column should be filled in so as to cover the whole amount that may be payable under the Insurance Scheme.

FORM No. 7

NOMINATION FOR BENEFITS UNDER THE KERALA STATE EMPLOYEES GROUP INSURANCE SCHEME 1984

When the Government employee has a family and wishes to nominate one member to more than one member thereof

I PRASAD. V.M, here by nominate the person(s) mentioned below who is / are member(s) of my family and confer on him/them the right to receive to the extent specified below any amount that may be sanctioned by the Kerala Government under the Kerala State Employee's Group Insurance Scheme, 1984 in the event of my death while in service which having become payable on my attaining the age of superannuation may remain unpaid at my death.

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1	2	3	4	5	6	7
RENJUSHA. K.P Vadakkemadathil (HO) NITTOOR PO KAKKANAD - 673507 KOZHIKODE	Wife	23	Full			

Dated this ..... day of ..... at .....

Signature of two witnesses : (1) V. V. Babumaji - LDC, SPB, TVPM

(2) T. Pradeep, UDC, SPB, TVPM.

Signature ..... Prasad.

Name PRASAD. V.M.

Address Vadakkemadathil (HO)
Nittoor (PO) Kakkanad
673507 Kozhikode

SUKUMAR

N.B: The Government employee should draw line across the blank space below his last entry to prevent the insertion of any names after he has signed
*This column should be filled in so as to cover the whole amount that may be payable under the Insurance Scheme.

E3 9/27 SUBMITTED 7398

എന്റെ Group Insurance Scheme ന്റെ തുകയും ലഭിക്കുന്നതിനുള്ള തുടർനടപടികൾ സ്വീകരിക്കണമെന്ന് താഴ്മയായി അപേക്ഷിക്കുന്നു.

9/24/10

25/10/11

വിശ്വസ്തൻ.

30-03-2011

-P.N. Pradeepan.

7403

Submission

Group Insurance Scheme-ന്റെ പ്രീമിയം അടയ്ക്കുന്നതിലേക്ക് ആയതിന് വേണ്ട നടപടി-ക്രമങ്ങൾക്കായി സമർപ്പിക്കുന്നു.

25/10/11

24/10

George. B
Driver
State Planning Board

Pattom
15.09.2011

E3 3/27/K സർക്കുലർ

7402

STATE PLANNING BOARD
RECEIVED 2011

ഗേൾസ് ഹൈസ്കൂൾ സ്പിൽ ഓവർ ക്ലാസ്സുകൾ നടത്തുന്നതിനുള്ള

ഗൈഡൻസ് ഫോർ നടപടികൾ സ്വീകരിക്കുന്നതു

2/6/11

3/6/11

R. ഗൈഡൻസ് ഓഫീസർ 3/6/11

ഗൈഡൻസ് സെന്റർ - II

സ്റ്റേറ്റ് പ്ലാനിംഗ് ബോർഡ്

എറണാകുളം

31.05-2011

Pattom

16

സമർപ്പണം

6250

ഗ്രൂപ്പ് ഇൻഷ്വുറൻസ് സ്കീമിൽ അംഗമാകുന്നതി-

നുള്ള ഡോക്യുമെന്റ് മേൽ നടപടികൾക്കായി സമർപ്പിക്കുന്നു.

സുഗുണൻ
ചീഫ്
സ്റ്റാഫ് പ്ലാനിംഗ് ഓഫീസർ
ചുമതല

16.09.2011
ചീഫ്

E3 27/A സമർപ്പണം 7396

സർ,

ഗ്രൂപ്പ് ഇൻഷ്വറൻസിന്റെ സൂപ്രണ്ട് അംഗമാകുന്നതിനുള്ള അപേക്ഷ മേൽ നടപടികൾക്കായി സമർപ്പിക്കുന്നു.

വിശ്വസ്തൻ,
24-9-2011

T.R. Rajeev
Driver Gr. II

25/10/11

24/10

E7

8/2/12 Mail-നം 7094

എനിക്ക് group insurance scheme ന്റെ

പോളസിനമ്പർ application form ന്റെ

nomination form ന്റെ ഫോട്ടോസ്റ്റാറ്റ്

(2 set)

പകർപ്പുകൾ ഒപ്പുസഹിതം ഈ കാര്യത്തിലേക്ക്

വേണ്ട നടപടികൾ സ്വീകരിക്കണമെന്ന്

വിനയപൂർവ്വം അറിയിക്കുന്നു.

എന്ന് Shash

SHASH T.D

LDS

State Planning

Board

Pattom.

Trivandrum-4

B3 &/15/11

സമർപ്പണം

ഉപരിയിൽ ഭരണാനുമതി ലഭിച്ച പ്രവൃത്തിയുടെ ടെൻഡർ നടപടികൾ പൂർത്തിയാക്കുന്നതിനായി വിനീത മായി അപേക്ഷിക്കുന്നു.

14/11/11

STATE PLANNING BOARD THIRUVANANTHAPURAM NOV 15

ഒപ്പ്

PRASAD. V. N.

ചുമതല

14.11.2011

Draft

KERALA STATE INSURANCE DEPARTMENT
GROUP INSURANCE SCHEME

FORM GIS 'C'

(Vide Rule 6)

LIST OF MEMBERS WHO HAVE JOINED THE SCHEME

DDO/SDO Code: 0104-710-002 Salary Head: 3451-00-101-99-101-salaries Department: State Planning Board.

Name of Office: State Planning Board.

Address: Pattom Palace P.O. Thiruvananthapuram 695 004

Mode of payment (By Salary Deduction/DD/Challan): By Salary Deduction

Detail of DD/Challan:

District: Thiruvananthapuram.

Sl. No.	PEN	Name (in block letters)	Designation	Scale of Pay	Group & rate of subscription		Date of encashment of the bill in which first deduction is made	Date of birth	Date of retirement	Self drawing or not (Y/N)	Remarks
1	2	3	4	5	6	7	8	9	10	11	12
1	626485	P.N Pradeepan.	Driver Gr II HDV	9190 6960 15780	C	200	01-10-2011	02.05.1969	31.03.2025	N	
2.	638789	George. E	Driver Gr II HDV	"	C	200	01-10-2011	11.05.1973	31.03.2029	N	
3.	629950	V. Rajendran Pillai	Driver Gr II HDV	"	C	200	01-10-2011	02.04.1977	31.03.2033	N	
4.	635065	T.R Rajeev.	Driver Gr II HDV	"	C	200	01-10-2011	27.11.1970	31.03.2026	N	
5.	629951	Shine Mone R.	Driver Gr II HDV	"	C	200	01.10.2011	27.05.1974	31-03-2030	N	
6.	591401	Shaju. T.O	Peon.	8500-13210	D	150	01.10.2011	16.10.1979	31.03.2035	N	
7.	613618	Sujatha. S	Peon	8500-13210	D	150.	01.10.2011	28.05.1986	31.03.2042	N	
8.	636777	Prasad V.M	Peon	8500-13210	D	150.	01-10-2011	24.05.1980	31.03.2036	N	

Note: Column No. 8 should be the date of encashment of the salary bill for September in which the first deduction is made

SUKUMAR

Place: Thiruvananthapuram.

Date:

(Office seal)

STATE PLANNING BOARD 08 DEC 2011 THIRUVANANTHAPURAM

To. The District Insurance Officer
Thiruvananthapuram.

Name & Signature of Head of office / Department

Senior Administrative Officer,
State Planning Board,
Thiruvananthapuram.

E3-6721/10/SPB.

From,

The Member Secretary.

To,

The District Insurance officer,
Kerala State Insurance Department.
District office, Thycaudu,
Thiruvananthapuram.

Sir,

Sub: SPB-GSI- List of newly enrolled members in Group Insurance scheme. 'C' form - forwarding of reg.

I am to forward here with the filled up 'C' form of Group Insurance scheme in respect of newly enrolled employee for the year 2011. I request that the Group Insurance Scheme pass book with Account number of the members may be send to this office at the earliest

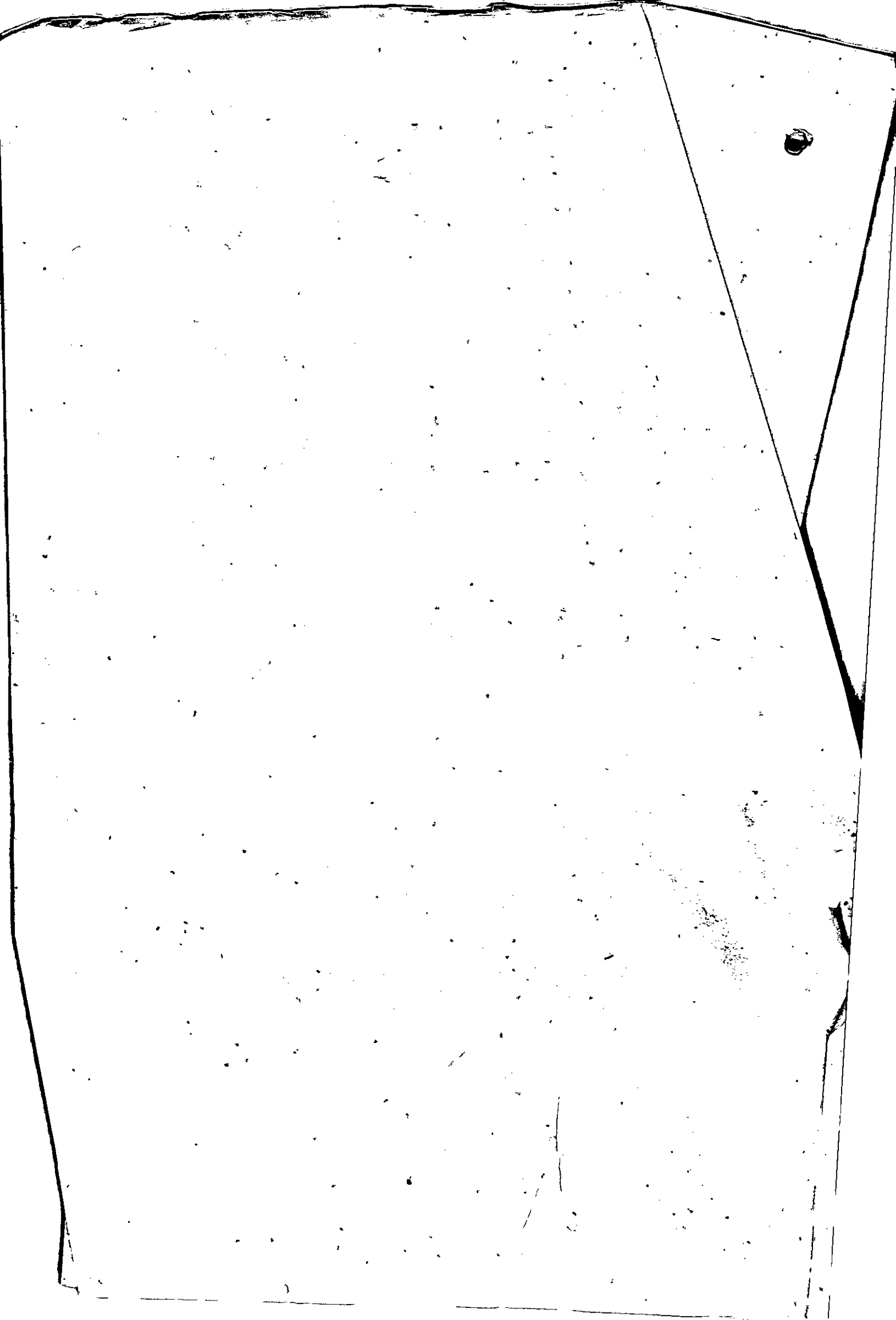
Y/F

7/12/11

For MS.

7/12/2011

7/12/2011



STATE PLANNING BOARD

No: E3-6721/10/SPB

Pattom Palace. P.O.
Thiruvananthapuram
Dated: 07.12.2011

From

The Member Secretary

To

The District Insurance Officer
Kerala State Insurance Department
District Office, Thycaudu
Thiruvananthapuram

Sir,

Sub: - State Planning Board - Establishment - List of newly enrolled members in Group Insurance Scheme 'C' form - Forwarding of - reg.

I am to forward herewith the filled up 'C' form of Group Insurance Scheme in respect of newly enrolled employee for the year 2011. I request that the Group Insurance Scheme pass book with Account number of the members may be sent to this office at the earliest.

Yours faithfully

For Member Secretary

CI

3446

FORM A

APPLICATION

ES 413

To

The Memb

.....

.....

.....

Sir / Madam

I Purushothama. M. Peon Grade II (Name & Designation)

..... belong to*

..... on the scale of pay

Rs. 8500 working in State plang Board of Evn Department

I request that I may be enrolled as a member of group .....

having a monthly subscription of Rs ..... in the Group Insurance Scheme introduced by the Government as per G.O. (P) No. 392/84/Fin. dated 9-8-1984. I agree to abide by all the rules and instructions made or to be made by Government relating to the Scheme.

Yours faithfully

Purushothama. M

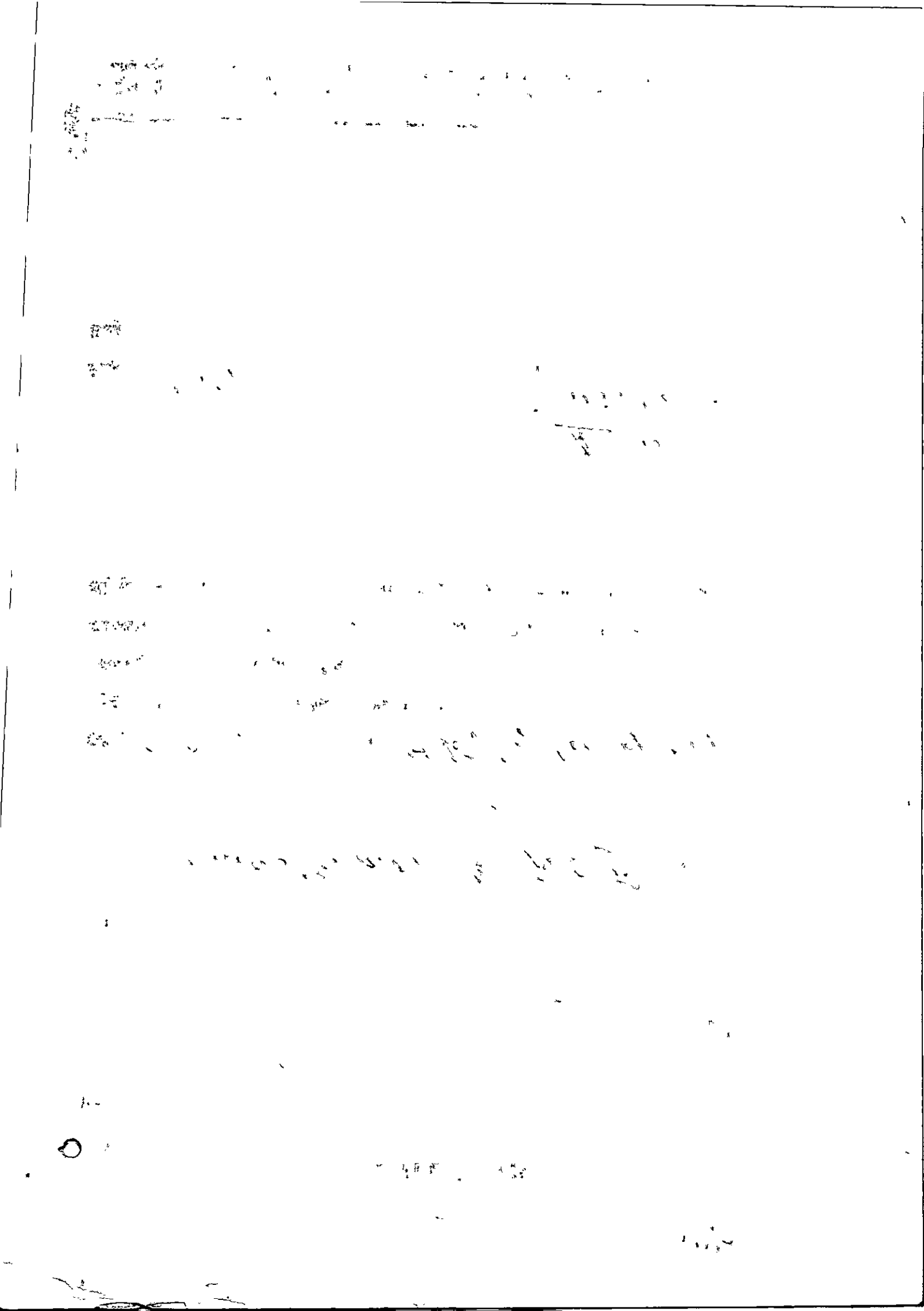
Name & Signature

Place Pathm

Date .....

SUKUMAR

* State whether regular establishment, work-charged establishment, contingent establishment full time teaching and non teaching staff of Private School, Private College under direct Payment Scheme.



FORM A

APPLICATION

To

The .....

.....

.....

.....

Sir / Madam

I Parameshwara. M. Peon Female (Name & Designation)

..... belong to*

..... on the scale of pay

Rs. 2800 - ..... working in State Planning Board / DVM .....Department

I request that I may be enrolled as a member of group .....

having a monthly subscription of Rs ..... in the Group Insurance Scheme introduced by the Government as per G.O. (P) No. 392/84/Fin. dated 9-8-1984. I agree to abide by all the rules and instructions made or to be made by Government relating to the Scheme.

Yours faithfully

Parameshwara. M

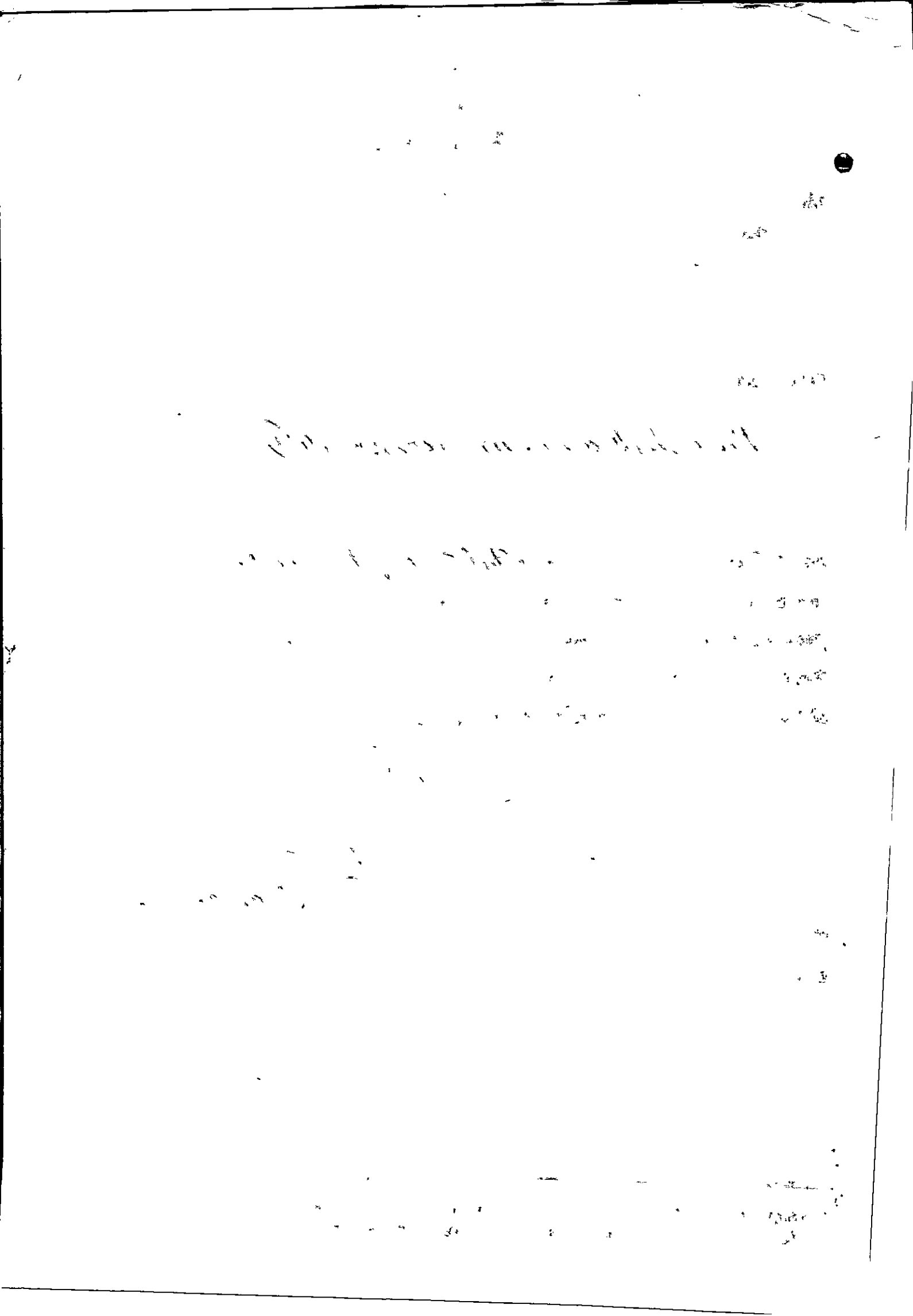
Name & Signature

Place .....

Date .....

SUKUMAR

* State whether regular establishment, work-charged establishment, contingent establishment full time teaching and non teaching staff of Private School, Private College under direct Payment Scheme.



FORM No. 1

GOVERNMENT OF KERALA

Department / Office .....

Dated .....

MEMORANDUM

*Sri Purushothaman. M. Peon Grade II

..... a group .....

employee has been enrolled as a member of the Kerala State Government Employees Group Insurance Scheme, 1984 with effect from ..... His monthly subscription of Rs ..... (Rupees .....) shall be deducted from his salary / wage commencing from the month of ..... and he will be eligible to the benefits of the scheme appropriate to Group ..... with effect from .....

Head of Office

To

*Sri .....

.....

*Name and Designation of the employee

SUKUMAR

FORM No. 1

GOVERNMENT OF KERALA

Department / Office .....

Dated .....

MEMORANDUM

*Sri Purushothama. M. Peon Gr.'D'

..... a group .....

employee has been enrolled as a member of the Kerala State Government Employees Group Insurance Scheme, 1984 with effect from ..... His monthly subscription of Rs ..... (Rupees .....) shall be deducted from his salary / wage commencing from the month of ..... and he will be eligible to the benefits of the scheme appropriate to Group ..... with effect from .....

Head of Office

To

*Sri .....

.....

*Name and Designation of the employee

SUKUMAR

FORM No. 7

NOMINATION FOR BENEFITS UNDER THE KERALA STATE EMPLOYEES GROUP INSURANCE SCHEME 1984

When the Government employee has a family and wishes to nominate one member to more than one member thereof

I ....Purushothama. M..... here by nominate the person(s) mentioned below who is / are member(s) of my family and confer on him/them the right to receive to the extent specified below any amount that may be sanctioned by the Kerala Government under the Kerala State Employee's Group Insurance Scheme, 1984 in the event of my death while in service which having become payable on my attaining the age of superannuation may remain unpaid at my death.

Names and address of nominee / nominees	Relationship with Govt. employee	Age	*Share to be paid to each	Contingencies on the happening of which the nomination shall become invalid	Name and address & relationship of the persons if any, to whom the right of the nominee shall pass in the event of his predeceasing Govt. employees	Name and address of the person to whom share is to be paid on behalf of minor/minors
1	2	3	4	5	6	7
Nisha . P w/o Purushothama.m Cheruthod (H) Po Hideyalar nagar Kasaragod. 671123.	wife	29	Full	Full	—	—

Dated this ..... day of ..... at .....

Signature .....

Name Purushothama. m

Address S/o CH. Ramesh Gn

Cheruthod (H)

Hideyalar nagar (PO) Ksd 671123

Signature of two witnesses : (1)

(2)

SUKUMAR

N.B: The Government employee should draw line across the blank space below his last entry to prevent the insertion of any names after he has signed

*This column should be filled in so as to cover the whole amount that may be payable under the Insurance Scheme.

FORM No. 7

NOMINATION FOR BENEFITS UNDER THE KERALA STATE EMPLOYEES GROUP INSURANCE SCHEME 1984

When the Government employee has a family and wishes to nominate one member to more than one member thereof

I Perumthottathil Rama.M here by nominate the person(s) mentioned below who is / are member(s) of my family and confer on him/them the right to receive to the extent specified below any amount that may be sanctioned by the Kerala Government under the Kerala State Employee's Group Insurance Scheme, 1984 in the event of my death while in service which having become payable on my attaining the age of superannuation may remain unpaid at my death.

Names and address of nominee / nominees	Relationship with Govt. employee	Age	*Share to be paid to each	Contingencies on the happening of which the nomination shall become invalid	Name and address & relationship of the persons if any, to whom the right of the nominee shall pass in the event of his predeceasing Govt. employees	Name and address of the person to whom share is to be paid on behalf of minor/minors
1	2	3	4	5	6	7
Nisha. P c/o Perumthottathil Rama.M Chanakkod (H) Po Hidayatharnagar Kasaragod 671123	wife	29	full	full	—	—

Dated this ..... day of ..... at .....

Signature .....

Name Perumthottathil Rama.M

Address S/o CH. Ramesh A.J

Chanakkod (H)

Po Hidayatharnagar. Ksd, 671123

Signature of two witnesses : (1)

(2)

SUKUMAR

N.B: The Government employee should draw line across the blank space below his last entry to prevent the insertion of any names after he has signed

*This column should be filled in so as to cover the whole amount that may be payable under the Insurance Scheme.

GIS

2709

FORM No. 1

GOVERNMENT OF KERALA

E3

Department / Office State Planning Board

Dated .....

MEMORANDUM

*Sri Ninesh F

..... a group .....

employee has been enrolled as a member of the Kerala State Government Employees Group Insurance Scheme, 1984 with effect from ..... His monthly subscription of Rs 150 (Rupees .....) shall be deducted from his salary / wage commencing from the month of ..... and he will be eligible to the benefits of the scheme appropriate to Group .....with effect from .....

Head of Office

To

*Sri .....

.....

*Name and Designation of the employee

SUKUMAR

FORM No. 1

GOVERNMENT OF KERALA

Department, Office

Dated

MEMORANDUM

Sub:

Ref:

(Purpose

Head of Office

To

Name and Designation

FORM No. 1

GOVERNMENT OF KERALA

Department / Office ..State planning board.....

Dated .....

MEMORANDUM

*Sri .....Nimesh. F.....

..... a group .....

employee has been enrolled as a member of the Kerala State Government Employees Group Insurance Scheme, 1984 with effect from ..... His monthly subscription of Rs ..... (Rupees .....) shall be deducted from his salary / wage commencing from the month of ..... and he will be eligible to the benefits of the scheme appropriate to Group .....with effect from .....

Head of Office

To

*Sri .....

.....

*Name and Designation of the employee

SUKUMAR

FORM No 1

GOVERNMENT OF KERALA

Dated

MEMORANDUM

To

Name and Designation of Employee

FORM A

APPLICATION

To

The .....

.....

.....

.....

Sir / Madam

I ..Nimesh.F, Peon.. (Name & Designation)

..... belong to*

..... on the scale of pay

Rs. ..8500-13210.. working in ..state planning board.. Department

I request that I may be enrolled as a member of group ..D..

having a monthly subscription of Rs ..150/-.. in the Group Insurance Scheme introduced by the Government as per G.O. (P) No. 392/84/Fin. dated 9-8-1984. I agree to abide by all the rules and instructions made or to be made by Government relating to the Scheme.

Yours faithfully

Nimesh

Place ..Thiruvanthapuram..

Name & Signature Nimesh.F

Date .....

SUKUMAR

---

* State whether regular establishment, work-charged establishment, contingent establishment full time teaching and non teaching staff of Private School, Private College under direct Payment Scheme.

FORM A

APPLICATION

To

The .....

.....

.....

.....

Sir / Madam

I ..... Nimesh. F, Peon ..... (Name & Designation)

..... belong to*

..... on the scale of pay

Rs. 8500-13210 ..... working in ... State planning board .....Department

I request that I may be enrolled as a member of group .....

having a monthly subscription of Rs ..... in the Group Insurance Scheme introduced by the Government as per G.O. (P) No. 392/84/Fin. dated 9-8-1984. I agree to abide by all the rules and instructions made or to be made by Government relating to the Scheme.

Yours faithfully

Place ..... Thiruvanthapuram

Name & Signature Nimesh. F

Date .....

SUKUMAR

* State whether regular establishment, work-charged establishment, contingent establishment full time teaching and non teaching staff of Private School, Private College under direct Payment Scheme.

KERALA STATE INSURANCE DEPARTMENT

GROUP INSURANCE SCHEME

FORM GIS 'C'

(Vide Rule 6)

LIST OF MEMBERS WHO HAVE JOINED THE SCHEME

DDO/SDO Code : ..... Salary Head: ..... Department: Dept/Planning Board

Name of Office : State planning board, Thiruvanthapuram Mode of payment (By Salary Deduction/DD/Challan): .....

Address: Nimesh.F, Thottuxilla veedu, Kannanallor P.O Detail of DD/Challan: .....

Kollam, Kerala, Pin 691576 District : Thiruvanthapuram

Sl. No.	PEN	Name (in block letters)	Designation	Scale of Pay	Group & rate of subscription		Date of encashment of the bill in which first deduction is made	Date of birth	Date of retirement	Self drawing or not (Y/N)	Remarks
1	2	3	4	5	6	7	8	9	10	11	12
	681666	NIMESH.F	Peon	8500-132-10				08-03-1978			

Note: Column No. 8 should be the date of encashment of the salary bill for September in which the first deduction is made

SUKUMAR

Place: Thiruvanthapuram

Date:

(Office seal)

Name & Signature
of Head of office / Department

To. The District Insurance Officer

.....

KERALA STATE INSURANCE DEPARTMENT

GROUP INSURANCE SCHEME

FORM GIS 'C'

(Vide Rule 6)

LIST OF MEMBERS WHO HAVE JOINED THE SCHEME

DDO/SDO Code : .....Salary Head:.....

Department: State planning board

Name of Office :...State planning board, Thiruvanthapuram

Mode of payment (By Salary Deduction/DD/Challan): .....

Address: ...Nimesh.F, Thottuvil Pateedu, Kannanalloor Post

....Kollam, Kerala, pin 691576

Detail of DD/Challan: .....

District : ...Thiruvanthapuram

Sl. No.	PEN	Name (in block letters)	Designation	Scale of Pay	Group & rate of subscription		Date of encashment of the bill in which first deduction is made	Date of birth	Date of retirement	Self drawing or not (Y/N)	Remarks
1	2	3	4	5	6	7	8	9	10	11	12
	681666	NIMESH.F	Peon	8500-13210				08-03-1978			

Note: Column No. 8 should be the date of encashment of the salary bill for September in which the first deduction is made

SUKUMAR

Place: Thiruvanthapuram

Date:

(Office seal)

Name & Signature
of Head of office / Department

To. The District Insurance Officer

.....

FORM No. 7

NOMINATION FOR BENEFITS UNDER THE KERALA STATE EMPLOYEES GROUP INSURANCE SCHEME 1984

When the Government employee has a family and wishes to nominate one member to more than one member thereof

I ..... here by nominate the person(s) mentioned below who is / are member(s) of my family and confer on him/them the right to receive to the extent specified below any amount that may be sanctioned by the Kerala Government under the Kerala State Employee's Group Insurance Scheme, 1984 in the event of my death while in service which having become payable on my attaining the age of superannuation may remain unpaid at my death.

Names and address of nominee / nominees	Relationship with Govt. employee	Age	*Share to be paid to each	Contingencies on the happening of which the nomination shall become invalid	Name and address & relationship of the persons if any, to whom the right of the nominee shall pass in the event of his predeceasing Govt. employees	Name and address of the person to whom share is to be paid on behalf of minor/minors
1	2	3	4	5	6	7
Francis. S	Father	60	Full	Lissy	Lissy Thottuvilaveedu kanhanalloor P.o kollam kerala mother 55years	

Dated this ..... day of ..... at .....

Signature ..... Nim

Name ..... Nimesh. F

Address ..... Thottuvilaveedu

..... kanhanalloor P.O, kollam

..... kerala

Signature of two witnesses : (1) Shajin T.D, LDS, SPB Shajin

(2) Shanilal. S. Confidential Assistant, GH. Shanilal

SUKUMAR

N.B: The Government employee should draw line across the blank space below his last entry to prevent the insertion of any names after he has signed

*This column should be filled in so as to cover the whole amount that may be payable under the Insurance Scheme.

FORM A

APPLICATION

To

The .....

.....

.....

.....

Sir / Madam

I Nimesh.F (Name & Designation)

..... belong to*

..... on the scale of pay

Rs. ..... working in State planning board ~~Department~~

I request that I may be enrolled as a member of group ...../.....

having a monthly subscription of Rs ..... in the Group Insurance Scheme introduced by the Government as per G.O. (P) No. 392/84/Fin. dated 9-8-1984. I agree to abide by all the rules and instructions made or to be made by Government relating to the Scheme.

Yours faithfully

Place Thiruvanthapuram

Name & Signature Nimesh.F

Date .....

SUKUMAR

* State whether regular establishment, work-charged establishment, contingent establishment full time teaching and non teaching staff of Private School, Private College under direct Payment Scheme.

E3

APPLICATION FOR REVIVAL OF MEMBERSHIP IN GROUP INSURANCE SCHEME

(To be sent to the District Insurance Officer concerned in duplicate for onward transmission to Government in the Finance Department with their remarks)

1.	Name of the subscriber	:	RAJENDRAN. S
2.	GIS Account No.	:	
3.	Designation and Office Address	:	Electrician State Planning Board, Pattom, Trivandrum.
4.	Date of birth	:	25.04.1966.
5.	Date of entry in service	:	03.09.2011.
6.	Date from which the membership is admitted	:	
7.	Rate of subscription at the time of admission in the scheme	:	150
8.	Enhancement of rates of subscription and the date from which the enhancements are effected	:	150/- Sept-1.2011 Date of enchancement 1/10/2011
9.	Period of default in subscription	:	|
10.	Reason for default in subscription (Brief description)		
	(a) LWA under appendix XII A/C of KSR Part I	:	|
	(b) LWA other than appendix XII A/C of KSR Part I	:	NIL
	(c) Suspension	:	|
	(d) Deputation/Foreign service	:	|
	(e) Omission in LPC	:	|
	(f) Omission due to oversight	:	|

(g) Thrown out from service and reappointed (give details) :

(h) Appointed to other services where the scheme is not applicable/not implemented and returned to service where the scheme is applicable/ implemented (give details) :

(i) Other reasons (give details) : NIL

11. If the default in subscription is due to reason 10 (a) to

(i) Date of rejoining duty after leave :

(ii) Age at the time of rejoining duty after leave :

12. Whether willing to remit the arrears of subscription with interest at the rates admissible under the scheme on the accretion to the savings funds in not more than 3 installment

Place: Pattom.
Date:

Rajendran.S, Rajendran.S
Name & Signature of the Applicant

VERIFICATION OF HODs/HOs/DDOs

I have verified the details furnished above with relevant records and found correct.

K.S. Anilkumar
Senior Administrative Officer
State Planning Board
Thiruvananthapuram
Name & Designation of the Controlling Officer

Place: Trivandrum
Date: 8/5/2011

(Office seal)
OFFICE OF THE STATE PLANNING BOARD
THIRUVANANTHAPURAM - 4

APPLICATION FOR REVIVAL OF MEMBERSHIP IN GROUP INSURANCE SCHEME

(To be sent to the District Insurance Officer concerned in duplicate for onward transmission to Government in the Finance Department with their remarks)

1.	Name of the subscriber	:	Rajendran. S
2.	GIS Account No.	:	
3.	Designation and Office Address	:	Electrician State Planning Board, Pattom, Trivandrum.
4.	Date of birth	:	25.04.1966.
5.	Date of entry in service	:	03.09.2011.
6.	Date from which the membership is admitted	:	
7.	Rate of subscription at the time of admission in the scheme	:	150
8.	Enhancement of rates of subscription and the date from which the enhancements are effected	:	150/- Sept/2011 Date of enchashment- 1/10/2011
9.	Period of default in subscription	:	
10.	Reason for default in subscription (Brief description)		
	(a) LWA under appendix XII A/C of KSR Part I	:	
	(b) LWA other than appendix XII A/C of KSR Part I	:	NIL
	(c) Suspension	:	
	(d) Deputation/Foreign service	:	
	(e) Omission in LPC	:	
	(f) Omission due to oversight	:	

(g) Thrown out from service and reappointed (give details) :

(h) Appointed to other services where the scheme is not applicable/not implemented and returned to service where the scheme is applicable/ implemented (give details) :

(i) Other reasons (give details) : NIL

11. If the default in subscription is due to reason 10 (a) to

(i) Date.of rejoining duty after leave :

(ii) Age at the time of rejoining duty after leave :

12. Whether willing to remit the arrears of subscription with interest at the rates admissible under the scheme on the accretion to the savings funds in not more than 3 installment

Place: Pattom.
Date:

Rajendran. S.

Name & Signature of the Applicant

VERIFICATION OF HODs/HOs/DDOs

I have verified the details furnished above with relevant records and found correct.

K.S. Anilkumar
Senior Administrative Officer
State Planning Board
Pattom, Thiruvananthapuram

Signature

Name & Designation of the Controlling Officer

Place: TVPM
Date: 8/5/2011

(Office seal)

OFFICE OF THE STATE PLANNING BOARD
THIRUVANANTHAPURAM - 4

FORM A

APPLICATION

To

The Member Secretary
State Planning Board
Pattom, Tvm

Sir / Madam

I Kavitha.K, L.G.S (Name & Designation)
belong to*
on the scale of pay
Rs. 8500-13210 working in State Planning Board Department
I request that I may be enrolled as a member of group
having a monthly subscription of Rs 200/- in the Group Insurance Scheme introduced by the Government as per G.O. (P) No. 392/84/Fin. dated 9-8-1984. I agree to abide by all the rules and instructions made or to be made by Government relating to the Scheme.

Yours faithfully

Kavitha.K

Name & Signature

Place Pattom

Date 25-6-2012

SUKUMAR

* State whether regular establishment, work-charged establishment, contingent establishment full time teaching and non teaching staff of Private School, Private College under direct Payment Scheme.

FORM A

APPLICATION

To

The .....

.....

.....

.....

Sir / Madam

I ..... (Name & Designation)

..... belong to*

..... on the scale of pay

Rs. ..... working in ..... Department

I request that I may be enrolled as a member of group .....

having a monthly subscription of Rs. ..... in the Group Insurance Scheme

introduced by the Government as per G.O. (P) No. 392/84/Fin. dated 9-8-1984. I agree to abide by

all the rules and instructions made or to be made by Government relating to the Scheme.

Yours faithfully

Place .....

Date .....

Name & Signature

---

* State whether regular establishment, work-charged establishment, contingent establishment full time teaching and non teaching staff of Private School, Private College under direct Payment Scheme

FORM A

APPLICATION

To

The Member Secretary
State Planning Board
Pattom, Tvm

Sir / Madam

I Kavitha.K L.G.S (Name & Designation)

belong to*

on the scale of pay

Rs. 8500-13210 working in State Planning Board Department

I request that I may be enrolled as a member of group

having a monthly subscription of Rs 200/- in the Group Insurance Scheme introduced by the Government as per G.O. (P) No. 392/84/Fin. dated 9-8-1984. I agree to abide by all the rules and instructions made or to be made by Government relating to the Scheme.

Yours faithfully

Kavitha.K

Name & Signature

Place Pattom

Date 25-06-2012

SUKUMAR

* State whether regular establishment, work-charged establishment, contingent establishment full time teaching and non teaching staff of Private School, Private College under direct Payment Scheme.

FORM A

APPLICATION

To

The .....

.....

.....

.....

Sir / Madam

I, Kavitha ..... (Name & Designation)

..... belong to*

..... on the scale of pay

Rs. 3500 - 125 - 4500 working in ..... Department

I request that I may be enrolled as a member of group .....

having a monthly subscription of Rs. 250/- ..... in the Group Insurance Scheme

introduced by the Government as per G.O. (P) No. 392/84/Fin. dated 9-8-1984. I agree to abide by

all the rules and instructions made or to be made by Government relating to the Scheme

Yours faithfully

Place Pollachi ..... Name & Signature

Date 25-06-2015 .....

* Strike out whichever is not applicable

* Applicants working in regular establishment, work charged establishment, contingent establishment, full time teaching and non-teaching staff of Private School, Private College under different Payment Schemes

STAMP PAD

FORM No. 7

NOMINATION FOR BENEFITS UNDER THE KERALA STATE EMPLOYEES GROUP INSURANCE SCHEME 1984

When the Government employee has a family and wishes to nominate one member to more than one member thereof

I Kavitha.K here by nominate the person(s) mentioned below who is / are member(s) of my family and confer on him/them the right to receive to the extent specified below any amount that may be sanctioned by the Kerala Government under the Kerala State Employee's Group Insurance Scheme, 1984 in the event of my death while in service which having become payable on my attaining the age of superannuation may remain unpaid at my death.

Names and address of nominee / nominees	Relationship with Govt. employee	Age	*Share to be paid to each	Contingencies on the happening of which the nomination shall become invalid	Name and address & relationship of the persons if any, to whom the right of the nominee shall pass in the event of his predeceasing Govt. employees	Name and address of the person to whom share is to be paid on behalf of minor/minors
1	2	3	4	5	6	7
Kausu.K. Santhosh Bhavan, P.O. Palayad, Thalassery Kannur Dist.	Mother	61	Full	—	—	—

Dated this 25-6-12 day of June at 2012.

Signature Kavitha

Name Kavitha.K

Address State Planning Board
Pattom. P.O,
Thiruvananthapuram.

Signature of two witnesses : (1) [illegible]

(2) [illegible]

SUKUMAR

N.B: The Government employee should draw line across the blank space below his last entry to prevent the insertion of any names after he has signed

*This column should be filled in so as to cover the whole amount that may be payable under the Insurance Scheme.

FORM No. 7

NOMINATION FOR BENEFITS UNDER THE KERALA STATE EMPLOYEES GROUP INSURANCE SCHEME 1984

When the Government employee has a family and wishes to nominate one member to more than one member thereof

I Kavitha.K here by nominate the person(s) mentioned below who is / are member(s) of my family and confer on him/them the right to receive to the extent specified below any amount that may be sanctioned by the Kerala Government under the Kerala State Employee's Group Insurance Scheme, 1984 in the event of my death while in service which having become payable on my attaining the age of superannuation may remain unpaid at my death.

Names and address of nominee / nominees	Relationship with Govt. employee	Age	*Share to be paid to each	Contingencies on the happening of which the nomination shall become invalid	Name and address & relationship of the persons if any, to whom the right of the nominee shall pass in the event of his predeceasing Govt. employees	Name and address of the person to whom share is to be paid on behalf of minor/minors
1	2	3	4	5	6	7
Kausu.K, Santhosh Bhavan, P.O. Palayad, Thalassery, Kannur. Dist.	Mother	61	Full	—	—	—

Dated this 25 day of June at 2012

Signature of two witnesses : (1) [illegible]

(2) [illegible]

Signature [illegible]

Name Kavitha.K

Address State Planning Board. Pattom. P.O Thiruvananthapuram.

SUKUMAR

N.B: The Government employee should draw line across the blank space below his last entry to prevent the insertion of any names after he has signed

*This column should be filled in so as to cover the whole amount that may be payable under the Insurance Scheme.

FORM No. 1

GOVERNMENT OF KERALA

Department / Office State Planning Board

Dated 25-6-12

MEMORANDUM

*Sri Kavitha. K

..... a group .....

employee has been enrolled as a member of the Kerala State Government Employees Group Insurance Scheme, 1984 with effect from ..... His monthly subscription of Rs 200/- (Rupees Two hundred) shall be deducted from his salary / wage commencing from the month of ..... and he will be eligible to the benefits of the scheme appropriate to Group ..... with effect from .....

Head of Office

To

*Sri Kavitha. K

Peon

*Name and Designation of the employee

SUKUMAR

FORM No. 1

GOVERNMENT OF KERALA

Department / Office State Planning Board

Dated 25-6-12

MEMORANDUM

*Sri Kavitha. K

..... a group .....

employee has been enrolled as a member of the Kerala State Government Employees Group Insurance Scheme, 1984 with effect from ..... His monthly subscription of Rs 200/- (Rupees Two hundred) shall be deducted from his salary / wage commencing from the month of ..... and he will be eligible to the benefits of the scheme appropriate to Group ..... with effect from .....

Head of Office

To

*Sri Kavitha. K

Peon

*Name and Designation of the employee

SUKUMAR

STATE PLANNING BOARD

No: E3-6721/10/SPB

Pattom Palace. P.O.
Thiruvananthapuram
Dated: .06.2012

From

The Member Secretary

To

The District Insurance Officeer
Kerala State Insurance Department
District Office, Thycaudu
Thiruvananthapuram

Sir,

Sub: - State Planning Board - Establishment - List of newly enrolled members in Group Insurance Scheme 'C' form - Forwarding of - reg.

I am to forward herewith the filled up 'C' form of Group Insurance Scheme in respect of newly enrolled employee for the year 2012. I request that the Group Insurance Scheme pass book with Account number of the members may be sent to this office at the earliest.

Yours faithfully

for Member Secretary

30/8/12

KERALA STATE INSURANCE DEPARTMENT

GROUP INSURANCE SCHEME

FORM GIS 'C'

(Vide Rule 6)

LIST OF MEMBERS WHO HAVE JOINED THE SCHEME

DDO/SDO Code : 0104-710-002 Salary Head: 341-00-101-99-101 Salaries Department: State planning Board

Name of Office : State planing Board TVM Mode of payment (By Salary Deduction/~~DD/Challan~~): By Salary Deduct

Address: Pattom Palace P.O, Thiruvananthapuram Detail of DD/Challan:

695 004 District : Thiruvananthapuram

Sl. No.	PEN	Name (in block letters)	Designation	Scale of Pay	Group & rate of subscription		Date of encashment of the bill in which first deduction is made	Date of birth	Date of retirement	Self drawing or not (Y/N)	Remarks
1	2	3	4	5	6	7	8	9	10	11	12
1	685186	PURUSHOTHAMA.M	Peon.Gr.II	8500-13210	D	150	01-10-2012	15-03-1975	31-03-2031	N	
2	681666	NIMESH.F	//	8500-13210	D	150	01-10-2012	08-03-1978	31-03-2034	N	
3	654181	RAJENDRA.S	Electrician	9190-15780	C	200	01-10-2012	25-04-1966	30-04-2022	N	
4	641202	KAVITHA.K	Peon.Gr.II	8500-13210	D	150	01-10-2012	05-01-1976	31-01-2032	N	

Note: Column No. 8 should be the date of encashment of the salary bill for September in which the first deduction is made

SUKUMAR

Place: Thiruvananthapuram

Date:

(Office seal)

Jaganmadhan Nair

JAGANNATHAN NAIR A.R
Senior Administrative Officer
Name & Signature **(Joint Secretary to Government)**
of Head of office **State Planning Board**
Pattom Thiruvananthapuram

To. The District Insurance Officer
Thiruvananthapuram

JAGANNAD

Ph. Res. 2[illegible]
Ph. Off. [illegible]

STATE PLANNING BOARD

No: E3-6721/10/SPB

Pattom Palace. P.O.
Thiruvananthapuram
Dated: 30 .06.2012

From

The Member Secretary

To

The District Insurance Officeer
Kerala State Insurance Department
District Office, Thycaudu
Thiruvananthapuram

Sir,

Sub: - State Planning Board - Establishment - List of newly enrolled members in Group Insurance Scheme 'C' form - Forwarding of - reg.

I am to forward herewith the filled up 'C' form of Group Insurance Scheme in respect of newly enrolled employee for the year 2012. I request that the Group Insurance Scheme pass book with Account number of the members may be sent to this office at the earliest.

Yours faithfully

for Member Secretary

KERA
GF

LIST OF ME

DDO/SDO Code : 0104-710-002 Salary Head:

Name of Office : State Planning Board

Address: Pattom Palace. P.O Thiruvanthu

Sl. No.	PEN	Name (in block letters)	Designation	
1	2	3	4	
1.	685186	PURUSHOTHAMA.M	Peon Grade II	8
2.	681666	NIMESH.F	"	8
3.	654181	RAJENDRAN.S	Electrician	9
4.	641202	KAVITHA.K	Peon Grade II	8

Note: Column No. 8 should be the date of encashment of the salary bi

Place: Thiruvananthapuram.

Date:

(Office seal

To. The District Insurance Officer
Thiruvananthapuram

SUKUMAR

Com. 14. 25/23/2,000. 3 lakhs. G.P.S. © Govt. of Kerala.

D. No. E3-6721/10/SPB

Dept. / Section: State Planning Board

Subject: Thiruvananthapuram
Date. 10.2012.

Reference: Member Secretary

The District Insurance officer
Kerala State Insurance Dept.
District office, Thycaud
Thiruvananthapuram

Sir

Sub: SPB - Estt - List of newly enrolled members in GIS scheme - 'C' form Forwarding of - reg

Ref: This office letter of even no dt 30-6-2012

I am to forward herewith ~~the attached~~ a revised ~~form~~ 'C' ~~form~~ forms of Group Insurance Scheme in respect of newly enrolled employees for the year 2012. I request that the GIS Passbooks with allocation number of the members may be sent to this office at the earliest

Y/F

20/10/12

Sn AO

Ref: form 'C'

for Member Secretary

16/10/12

20/10/12

STATE PLANNING BOARD

No: E3-6721/10/SPB

Pattom Palace. P.O.
Thiruvananthapuram
Dated: 30 .10.2012

From

The Member Secretary

To

The District Insurance Officeer
Kerala State Insurance Department
District Office, Thycaudu
Thiruvananthapuram

Sir,

Sub: - State Planning Board - Establishment - List of newly enrolled members in Group Insurance Scheme - 'C' form forwarding of - reg.
Ref:- This office letter of even No.dt.30-06-2012

I am to forward herewith a revised [illegible] 'C' form of Group Insurance Scheme in respect of newly enrolled employees for the year 2012. I request that the GIS passbook with account number of the members may be send to this office at the earliest.

Yours faithfully

for Member Secretary

KERALA STATE INSURANCE DEPARTMENT

GROUP INSURANCE SCHEME

FORM GIS 'C'

(Vide Rule 6)

LIST OF MEMBERS WHO HAVE JOINED THE SCHEME

DDO/SDO Code : 0104-710-002 Salary Head: 3451-00-101-99 (01-Salary) Department: State Planning Board

Name of Office : State planning Board

Address: Pattom Palace Post, Thiruvananthapuram

Mode of payment (By Salary Deduction/DD/Challan):

Detail of DD/Challan:

District : Thiruvananthapuram

Sl. No.	PEN	Name (in block letters)	Designation	Scale of Pay	Group & rate of subscription		Date of encashment of the bill in which first deduction is made	Date of birth	Date of retirement	Self drawing or not (Y/N)	Remarks
1	2	3	4	5	6	7	8	9	10	11	12
1	685186	PURUSHOTHAMA. N	Peon Gr II	8500-13200	D	150	01.10.2012	15.3.1975	31.3.2031	N	
2	681666	NIMESH. F	"	8500-13200	D	150	01.10.2012	3.1978	31.3.2038	N	
3	654181	RAJENDRAN. S.	Electrician	9190-15780	C	200	01.10.2012	25.4.1966	30.04.22	N	
4	641202	KAVITHA. K	Peon Gr II	8500-13200	D	150	01.10.2012	05.01.1976	31.1.2032	N	

Note: Column No. 8 should be the date of encashment of the salary bill for September in which the first deduction is made

Place: Thiruvananthapuram

Date:

(Office seal)

OFFICE OF THE STATE PLANNING BOARD ★ THIRUVANANTHAPURAM ★

Name & Signature of Head of office / Department

Sr. Administrative Officer
State Planning Board,
Thiruvananthapuram.

To. The District Insurance Officer
Thiruvananthapuram

STATE PLANNING BOARD

No. E3-6721/10/SPB

Pattom Palace P.O
Thiruvananthapuram
Dated: 09/2015

From

The Member Secretary.

To

The District Insurance officer
Kerala State Insurance Department.
District office
Thiruvananthapuram.

Sir,

Sub:. State Planning Board - Establishment - List of newly enrolled members in Group Insurance Scheme 'C' form - Forwarding of Reg.

I am forwarding herewith the filled up 'C' form of Group Insurance Scheme in respect of newly enrolled employee for the year 2015 I request that the Group Insurance Scheme Pass book with Account number of the members may be sent to this office at the earliest

Yours Faithfully,

22/9/15

For Member Secretary.

STATE PLANNING BOARD

No.E3-6721/2010/SPB.

Pattom Palace PO
Thiruvananthapuram
Dated:22.09.2015.

From

The Member Secretary

To

The District Insurance Officer,
Kerala State Insurance Department
District Office
Thiruvananthapuram

Sir,

Sub: State Planning Board – Establishment – List of newly enrolled members in Group Insurance Schemde 'C' form –Forwarding of - Reg.

I am forwarding herewith the filled up 'C' form of Group Insurance Scheme in respect of newly enrolled employee for the year 2015. I request that the Group Insurance Scheme Passbook with Account number of the members may be sent to this office at the earliest.

Yours Faith fully,

For Member Secretary

FORM No. 1

GOVERNMENT OF KERALA

Department / Office .... State Planning Board .....

Dated .....

MEMORANDUM

*Sri ..... DHANESH. M. S .....

..... a group .....

employee has been enrolled as a member of the Kerala State Government Employees Group Insurance Scheme, 1984 with effect from ..... His monthly subscription of Rs ..... 150/- ..... (Rupees One hundred & Fifty .....) shall be deducted from his salary / wage commencing from the month of ..... and he will be eligible to the benefits of the scheme appropriate to Group ..... with effect from .....

Head of Office

To

*Sri .. DHANESH. M. S .....

..... Chowkidar .....

*Name and Designation of the employee

SUKUMAR

FORM No. 1

GOVERNMENT OF KERALA

Department / Office .....

Dated .....

MEMORANDUM

*Sri .....

..... a group .....

employee has been enrolled as a member of the Kerala State Government Employees Group Insurance Scheme, 1984 with effect from ..... His monthly subscription of Rs ..... (Rupees .....) shall be deducted from his salary / wage commencing from the month of ..... and he will be eligible to the benefits of the scheme appropriate to Group ..... with effect from .....

Head of Office

To

*Sri .....

.....

*Name and Designation of the employee

SUKUMAR

FORM A

APPLICATION

To

The Member Secretary
State Planning Board
Pattom
Thiruvananthapuram

Sir / Madam

I DHANESH. M.S, CHOWKIDAR (Name & Designation)
..... belong to*
Regular establishment on the scale of pay
Rs. 8500-13210 working in KERALA STATE PLANNING BOARD Department
I request that I may be enrolled as a member of group D
having a monthly subscription of Rs 150/- in the Group Insurance Scheme introduced by the Government as per G.O. (P) No. 392/84/Fin. dated 9-8-1984. I agree to abide by all the rules and instructions made or to be made by Government relating to the Scheme.

Yours faithfully

DHANESH. M.S
Name & Signature

Place Pattom
Date 14/09/2015

SUKUMAR

* State whether regular establishment, work-charged establishment, contingent establishment full time teaching and non teaching staff of Private School, Private College under direct Payment Scheme.

FORM A

APPLICATION

To

The Member Secretary
State Planning Board
Pattom, TVM
.....

Sir / Madam

I DHANESH. M.S, CHOWKIDAR (Name & Designation)
..... belong to*
Regular establishment on the scale of pay
Rs. 8500-13210 working in KERALA STATE PLANNING BOARD Department
I request that I may be enrolled as a member of group D
having a monthly subscription of Rs 150/- in the Group Insurance Scheme introduced by the Government as per G.O. (P) No. 392/84/Fin. dated 9-8-1984. I agree to abide by all the rules and instructions made or to be made by Government relating to the Scheme.

Yours faithfully

DHANESH. M.S
Name & Signature

Place Pattom
Date 14/09/2015

SUKUMAR

* State whether regular establishment, work-charged establishment, contingent establishment full time teaching and non teaching staff of Private School, Private College under direct Payment Scheme.

KERALA STATE INSURANCE DEPARTMENT
GROUP INSURANCE SCHEME

FORM GIS 'C'

(Vide Rule 6)

LIST OF MEMBERS WHO HAVE JOINED THE SCHEME

DDO/SDO Code : 0104-710-002 Salary Head: 3451-00-101-99-01-01

Name of Office : State Planning Board

Address: Padmam Palace P.O. Thiruvananthapuram

Pin - 695 004

Department: State Planning Board

Mode of payment (By Salary Deduction/~~DD~~/~~Challan~~): By salary Deduction

Detail of DD/Challan:

District : Thiruvananthapuram

Sl. No.	PEN	Name (in block letters)	Designation	Date of entry in service	Scale of Pay	Group & rate of subscription		Date of encashment of the bill in which first deduction is made	Date of birth	Date of retirement	Self drawing or not (Y/N)	Remarks
1	2	3	4	4A	5	6	7	8	9	10	11	12
1.	750998	DHANESH. M.S	CHOWKIDAR	01-07-15	8500-13210	D	150/-	01/10/2015	28/05/1986	31/5/2046	N.	

Note: Column No. 8 should be the date of encashment of the salary bill for September in which the first deduction is made

SUKUMAR

Place: Thiruvananthapuram.

Date:

To. The District Insurance Officer
Thiruvananthapuram

(Office seal)

GILBERT WESLEY. H
Senior Administrative Officer
State Planning Board,
Thiruvananthapuram.

Name & Signature of Head of office / Department

FORM No. 7

NOMINATION FOR BENEFITS UNDER THE KERALA STATE EMPLOYEES GROUP INSURANCE SCHEME 1984

When the Government employee has a family and wishes to nominate one member to more than one member thereof

I ...DHANESH. M.S..... here by nominate the person(s) mentioned below who is / are member(s) of my family and confer on him/them the right to receive to the extent specified below any amount that may be sanctioned by the Kerala Government under the Kerala State Employee's Group Insurance Scheme, 1984 in the event of my death while in service which having become payable on my attaining the age of superannuation may remain unpaid at my death.

Names and address of nominee / nominees	Relationship with Govt. employee	Age	*Share to be paid to each	Contingencies on the happening of which the nomination shall become invalid	Name and address & relationship of the persons if any, to whom the right of the nominee shall pass in the event of his predeceasing Govt. employees	Name and address of the person to whom share is to be paid on behalf of minor/minors
1	2	3	4	5	6	7
G. SANTHAKUMARI AMMA KOVILTHERIVEEDU BHAGAVATHINADA. P.O BALARAMAPURAM TRIVANDRUM-695501	MOTHER	64 years	100%		DHANYA. M.S KOVILTHERIVEEDU BHAGAVATHINADA.P.O BALARAMAPURAM TRIVANDRUM-695501 SISTER	—

Dated this ..... day of ..... at .....

Signature of two witnesses : (1) Shisly. T, Senior clerk, SPB. TVPM Shisly. T

(2) Mangadathy Ajayan, Sr. clerk, SPB TVPM

Signature .....

Name ...DHANESH. M.S.....

Address ...KOVILTHERIVEEDU.....

BHAGAVATHINADA.P.O.....

BALARAMAPURAM-695501.....

SUKUMAR

N.B: The Government employee should draw line across the blank space below his last entry to prevent the insertion of any names after he has signed

*This column should be filled in so as to cover the whole amount that may be payable under the Insurance Scheme.

FORM No. 7

NOMINATION FOR BENEFITS UNDER THE KERALA STATE EMPLOYEES GROUP INSURANCE SCHEME 1984

When the Government employee has a family and wishes to nominate one member to more than one member thereof

I DHANESH. M.S here by nominate the person(s) mentioned below who is / are member(s) of my family and confer on him/them the right to receive to the extent specified below any amount that may be sanctioned by the Kerala Government under the Kerala State Employee's Group Insurance Scheme, 1984 in the event of my death while in service which having become payable on my attaining the age of superannuation may remain unpaid at my death.

Names and address of nominee / nominees	Relationship with Govt. employee	Age	*Share to be paid to each	Contingencies on the happening of which the nomination shall become invalid	Name and address & relationship of the persons if any, to whom the right of the nominee shall pass in the event of his predeceasing Govt. employees	Name and address of the person to whom share is to be paid on behalf of minor/minors
1	2	3	4	5	6	7
G. SANTHAKUMARI AMMA KOVILTHERIVEEDU BHAGAVATHINADA. P.O BALARAMAPURAM TRIVANDRUM-695501	MOTHER	64 years	100%		DHANYA. M.S KOVILTHERIVEEDU BHAGAVATHINADA-P.O BALARAMAPURAM TRIVANDRUM-695501 SISTER	

Dated this ..... day of ..... at .....

Signature of two witnesses : (1) Shirly. T, Senior clerk, SPB, TVPM Shirly T

(2) Mangaraldy George, Sr. clerk, SPB, TVPM

Signature .....

Name DHANESH. M.S

Address KOVILTHERIVEEDU
BHAGAVATHINADA. P.O
BALARAMAPURAM-695501

SUKUMAR

N.B: The Government employee should draw line across the blank space below his last entry to prevent the insertion of any names after he has signed

*This column should be filled in so as to cover the whole amount that may be payable under the Insurance Scheme.

2HRRB

അപേക്ഷ

STATE PLANNING BOARD
08 OCT 2015
THIRUVANANTHAPURAM-4

State Planning Board ൽ
Lower Division Clerk തസ്തികയിൽ 24-08-2015 ൽ
നിയമിതയായ പ്രസ്തുത തസ്തികയ്ക് Group-Insurance
Scheme ൽ ചേരാൻ ആവശ്യമായ നടപടികൾ സ്വീ
കരിക്കണമെന്ന് അപേക്ഷിക്കുന്നു.

നിരുവനന്തപുരം
8.10.15

വിശ്വസ്തതയോടെ

LD Clerk
Seema. E. K.

~~24226~~ 24226

സമർപ്പണം

STATE PLANNING BOARD
08 OCT 2015
TRIVANDRUM-695 001

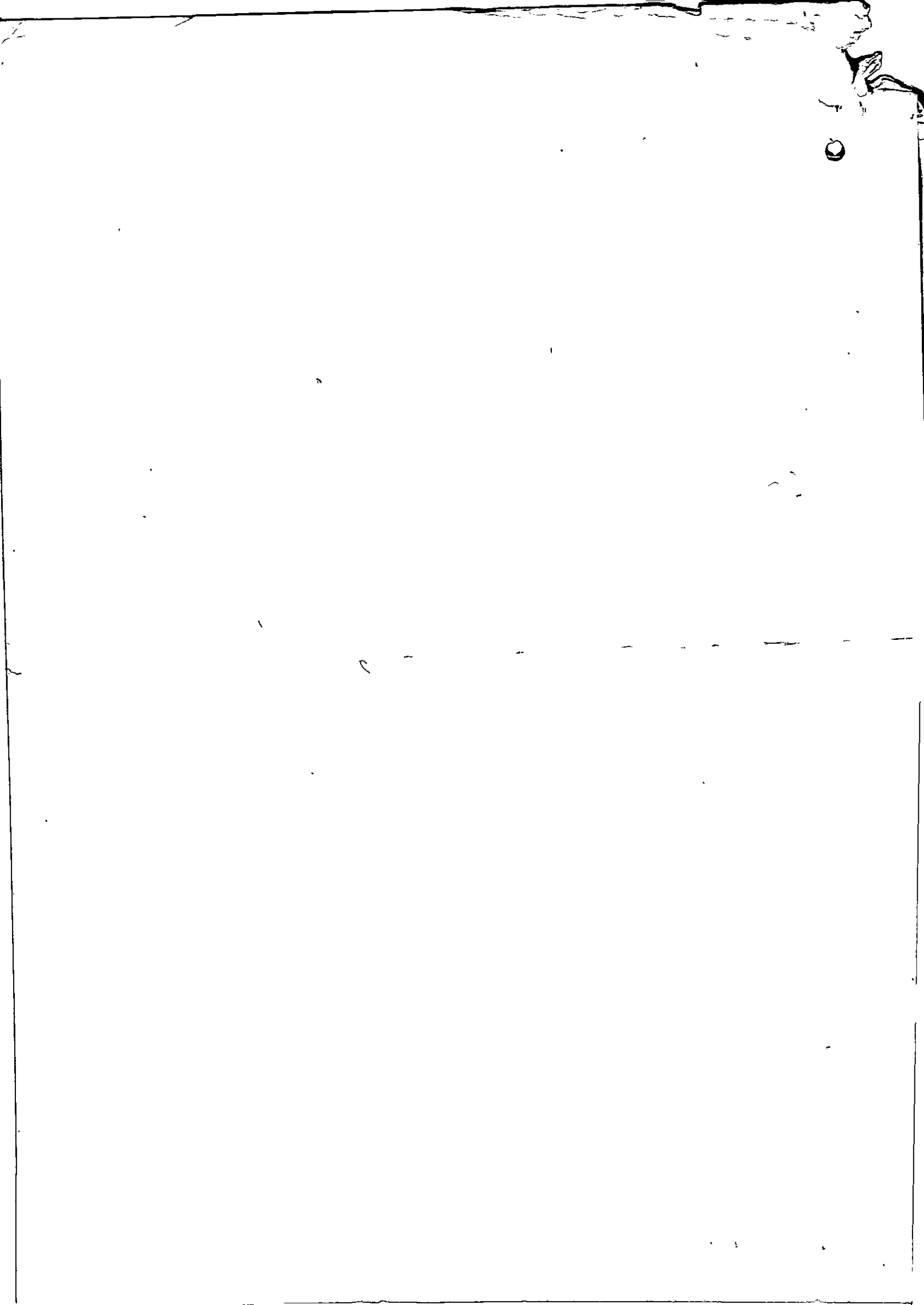
28-09-2015 ന് LD CLERK തസ്തികയിൽ ഒഴിവുള്ള തസ്തിക Group Insurance Scheme-ൽ ചേരാൻ ആവശ്യമായ നടപടികൾ സ്വീകരിക്കണമെന്ന് അപേക്ഷിക്കുന്നു.

തിരുവനന്തപുരം
8/10/2015

വിശ്വസ്തൻ

Akhila

AKHILA. K. S
LD CLERK



STATE PLANNING BOARD

No.E3-6721/2010/SPB.

Pattom Pal ce PO
Thiruvananth puram
Dated: .10.2015.

From

The Member Secretary

To

The District Insurance Officer,
Kerala State Insurance Department
District Office
Thiruvananthapuram

Sir,

Sub: State Planning Board – Establishment – List of newly enrolled members in G oup Insurance Schemde 'C' form –Forwarding of - Reg.

I am forwarding herewith the filled up 'C' form of Group Insurance Scheme in respect of newly enrolled employees for the year 2015. I request that the Group Insur ce Scheme Passbook with Account numbers of the employees listed belows may be sent to this ffice at the earliest.

Seema.E.K : L D Clerk
Akhila:K.S . L D Clerk

Yours Faith fully;

15/10/15

For Memb r Secretary

KERALA STATE INSURANCE DEPARTMENT

GROUP INSURANCE SCHEME

FORM GIS – C

(Vide Rule 6)

List of Members who have joined the Scheme

DDO/SDO Code * : 0104-710-002 Salary Head : 3451-00-101-99-01-01 Department : State Planning Board

Name of Office : State Planning Board Mode of Payment (Salary Deduction/~~DD/Challan~~) : By Salary deduction

Address : Pattom Palace PO, Thiruvananthapuram Details of DD/Challan :

Pin - 695-004 District : Thiruvananthapuram

Sl. No.	PEN	Name in Block letters	Designation	Scale of Pay	Group & Rate of Subscription		Date of encashment of the bill in which first deduction is made	Date of Birth	Date of Retirement	Self-drawing or not (Y/N)	Remarks
1	2	3	4	5	6	7	8	9	10	11	12
1.	755494	SEEMA.E.K	LD Clerk	9940-16580	C	200/-	01/10/2015	1/1/1981	31/12/2041	N	
2.	756512	AKHILA.K.S	LD Clerk	9940-16580	C	200/-	01/10/2015	5/10/1987	31/10/2047	N	

Note: * *DDO/SDO Code whichever is applicable*
Column No. 8 should be the date of encashment of the Salary bill for September in which the first deduction is made

Place : Thiruvananthapuram
Date : 15/10/2015

(Office Seal)

TAYARAJ. P.
Senior Administrative Officer
State Planning Board,
Thiruvananthapuram.

Name & Signature of Drawing & Disbursing Officer

To

The District Insurance Officer, Thiruvananthapuram

KERALA STATE INSURANCE DEPARTMENT

GROUP INSURANCE SCHEME

FORM GIS – A

(Vide Rule 5)

To

The Senior Administrative Officer
State Planning Board
Pattom P.O. Thiruvananthapuram (*DDO/Controlling Officer*)

Sir/Madam,

I, AKHILA · K·S (*Name*), LD CLERK (*Designation*) belong to* regular establishment on the scale of pay ₹ 9940-165&0 working in State Planning Board Department. I request that I may be enrolled as a member of Group C (*A/B/C/D*) having a monthly subscription of ₹ 200 in the Group Insurance Scheme introduced by the Government as per G.O.(P) 392/84/Fin. dated 9.8.1984. I agree to abide by all the rules and instructions made or to be made by Government relating to the scheme.

Place : Thiruvananthapuram
Date : 8/10/2015

Yours faithfully,
AKHILA·K·S
(Name & Signature)

**State whether regular establishment, work-charged establishment, contingent establishment, full-time teaching and non-teaching staff or Private School, Private College under direct payment scheme.*

For Office use only

Entered in Register of Members in Form No.GIS-8 and page one of the Service Book.

STATE PLANNING BOARD * THIRUVANANTHAPURAM (Office Seal)

Senior Administrative Officer
State Planning Board
Thiruvananthapuram
Head of Office

Senior Administrative Officer
State Planning Council
Phnom Penh

KERALA STATE INSURANCE DEPARTMENT

GROUP INSURANCE SCHEME

FORM No. 1

(Vide Rule 4)

Department/Office : State Planning Board

Dated : 8/10/2015

MEMORANDUM

~~Shri~~/Smt. AKHILA. K.S

(Name), LD CLERK *(Designation)* a Group C *(A/B/C/D)* Employee has been enrolled as a member of the Kerala State Government Employees' Group Insurance Scheme, with effect from September 2015. His/Her monthly subscription of ₹ 200 (Rupees. Two Hundred only) shall be deducted from his/her salary/wage commencing from the month of September 2015 and he/she will be eligible to the benefits of the scheme appropriate to Group C *(A/B/C/D)* w.e.f. September 2015.

Senior Administrative Officer
State Planning Board,
Thiruvananthapuram

Head of Office

To

Shri/Smt. AKHILA. K.S

LD CLERK

(Name & Designation of the employee)

STATE PLANNING BOARD
THIRUVANANTHAPURAM

KERALA STATE INSURANCE DEPARTMENT

GROUP INSURANCE SCHEME

FORM GIS – A

(Vide Rule 5)

To

The Senior Administrative offices
State Planning Board
Pattom P.O Thiruvananthapuram. (*DDO/Controlling Officer*)

Sir/Madam,

I, AKHILA.K.S (*Name*),
LD CLERK (*Designation*) belong to* regular establishment on the scale of pay ₹ 9940-16580
working in State Planning Board Department. I request that I may be enrolled as a member of Group C (*A/B/C/D*) having a monthly subscription of ₹ 200 in the Group Insurance Scheme introduced by the Government as per G.O.(P) 392/84/Fin. dated 9.8.1984. I agree to abide by all the rules and instructions made or to be made by Government relating to the scheme.

Yours faithfully,

Place : Thiruvananthapuram
Date : 8../.10../20..15...

AKHILA.K.S
(Name & Signature)

**State whether regular establishment, work-charged establishment, contingent establishment, full-time teaching and non-teaching staff of Private School, Private College under direct payment scheme.*

For Office use only

Entered in Register of Members in Form No.GIS-8 and page one of the Service Book.

(Office Seal)

Senior Administrative Officer
State Planning Board,
Thiruvananthapuram.

KERALA STATE INSURANCE DEPARTMENT

GROUP INSURANCE SCHEME

FORM No. 1

(Vide Rule 4)

Department/Office : State Planning Board

Dated : 8/10/2015

MEMORANDUM

Shri/Smt. AKHILA. K.S

(Name), LD CLERK *(Designation)* a Group C *(A/B/C/D)* Employee has been enrolled as a member of the Kerala State Government Employees' Group Insurance Scheme, with effect from September 2015. His/Her monthly subscription of ₹ 200 (Rupees. Two hundred only) shall be deducted from his/her salary/wage commencing from the month of Sep 2015 and he/she will be eligible to the benefits of the scheme appropriate to Group C *(A/B/C/D)* w.e.f. Sep 2015.

Senior Administrative Officer
State Planning Board,
Thiruvananthapuram.
Head of Office

To

Shri/Smt. AKHILA. K.S

LD CLERK

(Name & Designation of the employee)

STATE PLANNING BOARD THIRUV

KERALA STATE INSURANCE DEPARTMENT

Form No. 6

NOMINATION FOR BENEFITS UNDER THE KERALA STATE EMPLOYEES' GROUP INSURANCE SCHEME, 1984

(When the Government employee has no family and wishes to nominate one person or more than one person)

I, AKHILA.K.S having no family hereby nominate the person/persons mentioned below and confer on him/them the right to receive to the extent specified below any amount that may be sanctioned by the Kerala Government under the Kerala State Employees' Group Insurance Scheme, 1984 in the event of my death while in service or which having become payable on my attaining the age of superannuation may remain unpaid at my death.

Name and Address of Nominee	Relationship with Government employee	Age	Share of amount to be paid to each * (%)	Contingencies on the happening of which the nomination shall become invalid **	Name, address and relationship of the persons if any, to whom the right of the nominee shall pass in the event of his predeceasing the Government Employee
1	2	3	4	5	6
K.K.SIVASANKARAN NAIR Kizhakke veettil (H) Pidavoor Pallasimangalam P.O	Father	65	50%.		
INDIRA.V.S KIZHAKKEVEETTIL (H) Pidavoor Pallasimangalam P.O	mother	57	50%.		

Dated this 8 day of September 2015 at Thiruvananthapuram, Pattom.

Signature & Address of two witnesses:

1. Santhi.P LD Typist, SPB, TVM
2. Seema.E.K, LD Clerk, SPB, Trivandrum.

Signature : Akhila

Designation : LD CLERK

Note : The employee should draw line across the blank space below his last entry to prevent the insertion of any names after he has signed

* *This column should be filled in so as to cover the whole amount that may be payable under the Insurance Scheme*

** *Where Government employee who has no family makes a nomination, he shall specify in this column that the nomination shall become invalid in the event of his subsequently acquiring a family*

KERALA STATE INSURANCE DEPARTMENT

GROUP INSURANCE SCHEME

FORM GIS – A

(Vide Rule 5)

To

The ..Senior Administrative officer,
.....State Planning Board, Pattom, ~~Thiruvan~~
.....Thiruvananthapuram..... (*DDO/Controlling Officer*)

Sir/Madam,

I, ...SEEMA. E.K..... (*Name*),
.....Lower Division Clerk..... (*Designation*) belong to* ...Regular establishment..... on the scale of pay ₹....9940-16580/-
working in State planning Board.....Department. I request that I may be enrolled as a member of Group ....C..... (*A/B/C/D*) having a monthly subscription of ₹ ...200/-in the Group Insurance Scheme introduced by the Government as per G.O.(P) 392/84/Fin. dated 9.8.1984. I agree to abide by all the rules and instructions made or to be made by Government relating to the scheme.

Place : ..Thiruvananthapuram
Date : ...8../.10../2015....

Yours faithfully,
SEEMA.E.K
(Name & Signature)

**State whether regular establishment, work-charged establishment, contingent establishment, full-time teaching and non-teaching staff or Private School, Private College under direct payment scheme.*

For Office use only

Entered in Register of Members in Form No.GIS-8 and page one of the Service Book.

STATE PLANNING BOARD ★ THIRUVANANTHAPURAM ★ Office Seal

Senior Administrative Officer
State Planning Board
Thiruvananthapuram.

Head of Office.

Senior Representative Officer
State Public Service Board,
Thursday Island.

KERALA STATE INSURANCE DEPARTMENT

Form No. 6

NOMINATION FOR BENEFITS UNDER THE KERALA STATE EMPLOYEES' GROUP INSURANCE SCHEME, 1984

(When the Government employee has no family and wishes to nominate one person or more than one person)

I, ... having no family hereby nominate the person/persons mentioned below and confer on him/them the right to receive to the extent specified below any amount that may be sanctioned by the Kerala Government under the Kerala State Employees' Group Insurance Scheme, 1984 in the event of my death while in service or which having become payable on my attaining the age of superannuation may remain unpaid at my death.

Name and Address of Nominee	Relationship with Government employee	Age	Share of amount to be paid to each * (%)	Contingencies on the happening of which the nomination shall become invalid **	Name, address and relationship of the persons if any, to whom the right of the nominee shall pass in the event of his predeceasing the Government Employee
1	2	3	4	5	6
K·K·SIVASANKARAN NAIR KIZHAKKEVEETTIL(H) PIDAVOOR PALLARIMANGALAM P·O	FATHER	65	50%		
INDIRA ·V·S KIZHAKKEVEETTIL(H) PIDAVOOR PALLARIMANGALAM P·O	MOTHER	57	50%		

Dated this ....8..... day of ....September..... 20..15... at ....Pattom, Thiruvananthapuram

Signature & Address of two witnesses:

1. ..... Santhi.P, LD Typist, SPB, TVM

2. ..... Seema.S.K, LD clerk, SPB, Trivandrum.

Signature : .....

Designation : LD CLERK

Note : The employee should draw line across the blank space below his last entry to prevent the insertion of any names after he has signed

* *This column should be filled in so as to cover the whole amount that may be payable under the Insurance Scheme*

** *Where Government employee who has no family makes a nomination, he shall specify in this column that the nomination shall become invalid in the event of his subsequently acquiring a family*

Form No. 7

NOMINATION FOR BENEFITS UNDER THE KERALA STATE EMPLOYEE'S GROUP INSURANCE SCHEME 1984

When the Government Employe has a family and wishes to nominate one member or more than one member there of I, hereby nominate person(s) mentioned below is/are member (s) of my family, and confer on him/them the right to receive to the extent specified below any amount that may be sanctioned by the Kerala Govt. under the Kerala State Employee's Group Insurance Scheme 1984 in the event of my death while in service or which having became payable on my attaining the age of superannuation my remain unpaid my death.

Name and address of nominee/nominee(s)	Relationship with Govt. Employee	Age	*Share to be Paid to each	Contingencies happening of which the nomination shall become invalied	Name, address relationship of the person if any to whom the right of the nominees shall pass in the event of prodecessing the Govt. Employees.
1	2	3	4	5	6
RHITHUMITHRA. B.S THEKKEVAZHAYIL (H) CHERUVANNUR (PO) EDAKKAYIL MEPPAYUR (VIA) KOZHIKODE (DIST) 673524 (PIN)	DAUGHTER	8	100 %		

Dated this 08 day of September 2015 at Pattom, Trivandrum

Signature of the Witness :-

[1] Santh. P, LD Typist, SPB, TVM

[2] Akhila AKHILA. K.S LD CLERK SPB, TVM

SEEMA.E.K

Signature of Government Employee.

N.B :- Government Employee should draw line across the blank space below his last entry to prevent the insertion of my name after he has.
*This column should be filled in so as to cover the whole amount that may be payable under the Insurance Scheme.

FORM No. 1

GOVERNMENT OF KERALA

DEPARTMENT OF OFFICE...State Planning Board

Date 8.10.2015

MEMORANDUM

Shri.....SEEMA.E.K.....Group.....C.....

employees have been enrolled as member of the Kerala State Government employees Group Insurance Scheme, 1984 with effect from.....September - 2015.....

His monthly subscription.....200/-.....(Rupees.....Two hundred only.....

.....)

shall be deducted from the salary/wage commencing from the month of.....September 2015

and he will eligible to the benefit of the scheme appropriate to Group.....C.....C Lower

Division Clerk).....w.e.f.....September - 2015.....

Head of Office

Senior Administrative Officer
State Planning Board,
Thiruvananthapuram.

STATE PLANNING BOARD * THIRUVANANTHAPURAM *

To

Shri.....SEEMA.E.K. Lower Division Clerk

Name & Designation of the employees

KERALA STATE INSURANCE DEPARTMENT

GROUP INSURANCE SCHEME

FORM GIS – A

(Vide Rule 5)

To

The Senior Administrative Officer,
State Planning Board, Padtom
Thiruvananthapuram. (*DDO/Controlling Officer*)

Sir/Madam,

I, SEEMA.E.K (*Name*), Lower Division Clerk (*Designation*) belong to* Regular Establishment on the scale of pay ₹ 9940-16580/- working in State Planning Board Department. I request that I may be enrolled as a member of Group C (*A/B/C/D*) having a monthly subscription of ₹ 200/- in the Group Insurance Scheme introduced by the Government as per G.O.(P) 392/84/Fin. dated 9.8.1984. I agree to abide by all the rules and instructions made or to be made by Government relating to the scheme.

Yours faithfully,

Place : Thiruvananthapuram
Date : 8./.10./2015

SEEMA.E.K
(Name & Signature)

**State whether regular establishment, work-charged establishment, contingent establishment, full-time teaching and non-teaching staff or Private School, Private College under direct payment scheme.*

For Office use only

Entered in Register of Members in Form No.GIS-8 and page one of the Service Book.

(Office Seal)

Head of Office.
Senior Administrative Officer
State Planning Board,
Thiruvananthapuram.

Senior Administrative Officer
State Planning Board
Thiruvananthapuram.

FORM No. 1

GOVERNMENT OF KERALA

DEPARTMENT OF OFFICE.....State Planning Board

Date....8.10.2015

MEMORANDUM

Shri.....SEEMA.E.K.....Group.....C.....

employees have been enrolled as member of the Kerala State Government employees Group Insurance Scheme, 1984 with effect from.....September - 2015.....

His monthly subscription.....200/-.....(Rupees.....Two hundred Only.....

.....)

shall be deducted from the salary/wage commencing from the month of.....September 2015

and he will eligible to the benefit of the scheme appropriate to Group.....C (Lower

Division Clerk).....w.e.f.....September - 2015.....

Senior Administrative Officer
State Planning Board
Thiruvananthapuram.

Head of Office

STATE PLANNING BOARD
THIRUVANANTHAPURAM

To

Shri.....SEEMA.E.K.....Lower Division Clerk

Name & Designation of the employees

55

2076

2/2/16

STATE PLANNING BOARD
02 FEB 2016
THIRUVANANTHAPURAM-4

സമർപ്പണം

ഇതിനൊപ്പം ഒരു ഉപസംഹാര ഇൻഷ്വറൻസ് ഡിപ്പാർട്ട്മെന്റിന്റെ ആപ്പ് ഉൻഷ്വറൻസ് പദ്ധതിയിൽ ഉൾപ്പെടുത്തുന്നതിന് വേണ്ടിയുള്ള നടപടികൾ സ്വീകരിക്കണമെന്ന് വിനീതമായി അപേക്ഷിക്കുന്നു.

പാലാ.
01/02/2016.

ഒപ്പ്
അജിത്. കെ.ഡി.
(ഉപഭോക്താവ്)

E3
2/2/16

173

27217

E3

- 8 FEB 2016

STAT. BOARD THIRUVANANTHAPURAM

സത്യവാങ്മൂലം

ഞാൻ, ബാബുലാൽ. ഐ 05.10.2015 മുതൽ തെ.സി.ക്കാർക്കായി സംസ്ഥാന തൊഴിലന്വേഷണ ബോർഡിൽ ക്ലാർക്കായി ജോലി ചെയ്തു വരുന്നു. എനിക്ക് സംസ്ഥാന സർക്കാരിന്റെ ശമ്പള സ്കെയിൽ ലഭിക്കുന്നതിനു വേണ്ട നടപടികൾ സ്വീകരിക്കണമെന്ന് വിനീതമായി അപേക്ഷിക്കുന്നു.

എന്ന് വിശ്വസ്തതയോടെ

ബാബുലാൽ. ഐ

സ്ഥലം.
06/02/2016

8/2/16

STATE PLANNING BOARD

No.E3-6721/2010/SPB.

Pattom Palace PO
Thiruvananthapuram
Dated: .02.2016.

From

The Member Secretary

To

The District Insurance Officer,
Kerala State Insurance Department
District Office
Thiruvananthapuram.

Sir,

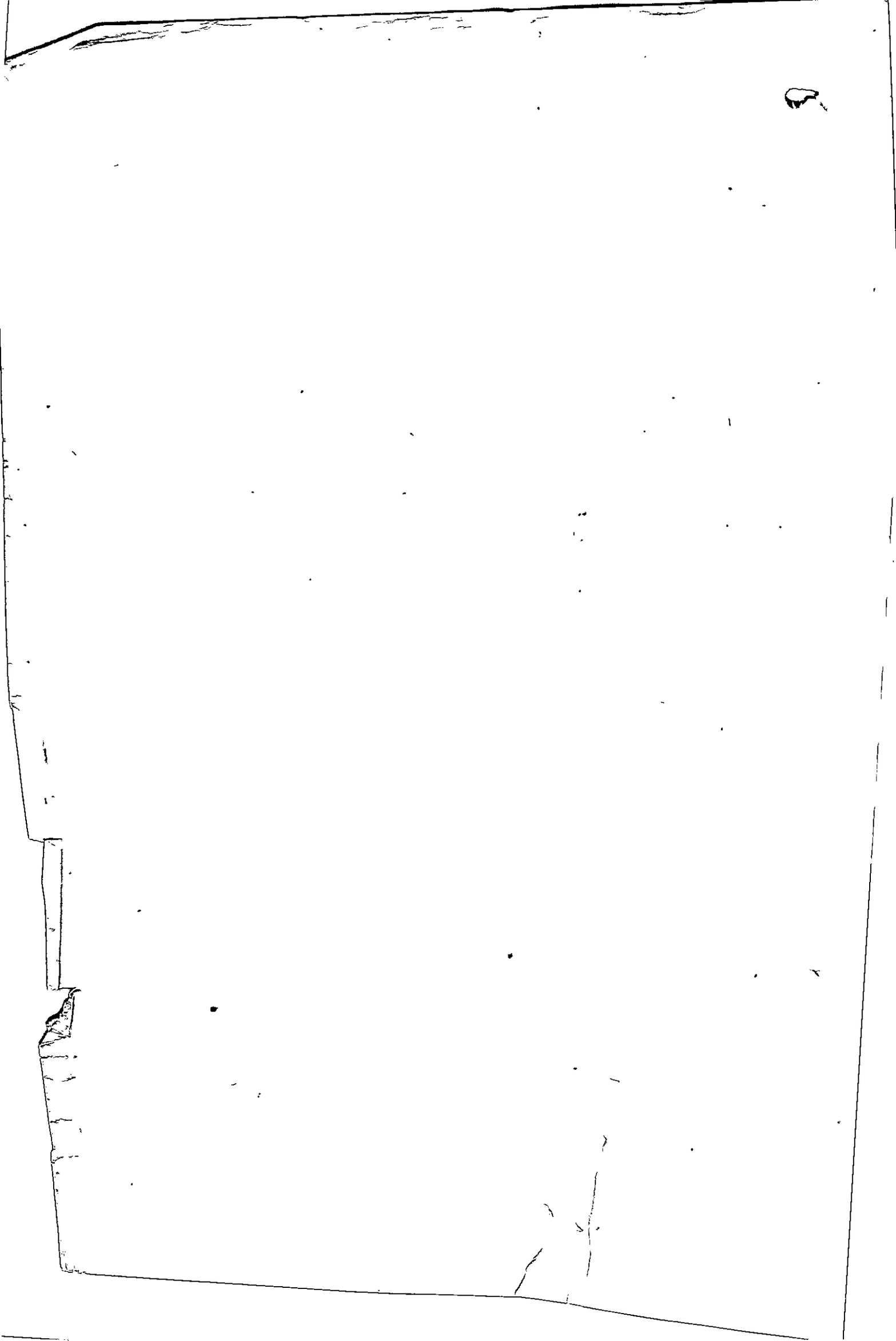
Sub: State Planning Board – Establishment – List of newly enrolled members in Group Insurance Schemde 'C' form –Forwarding of - Reg.

I am forwarding herewith the filled up 'C' form of Group Insurance Scheme in respect of newly enrolled employee for the year 2015. I request that the Group Insurance Scheme Passbook with Account number of the members may be sent to this office at the earliest.

Sri.Indulal.A : L.D.Clerk
Sri.Ajeesh.N.D : Night Watchman

Yours faith fully

JAYARAJ.P
Senior Administrative Officer
For Member Secretary



STATE PLANNING BOARD

No.E3-6721/2010/SPB.

Pattom Palace PO

Thiruvananthapuram
Dated: 20.02.2016.

From

The Member Secretary

To

The District Insurance Officer,
Kerala State Insurance Department
District Office
Thiruvananthapuram.

Sir,

Sub: State Planning Board – Establishment – List of newly enrolled members in Group Insurance Schemde 'C' form –Forwarding of - Reg.

I am forwarding herewith the filled up 'C' form of Group Insurance Scheme in respect of newly enrolled employee for the year 2015. I request that the Group Insurance Scheme Passbook with Account number of the members may be sent to this office at the earliest.

Sri.Indulal.A : L.D.Clerk
Sri.Ajeesh.N.D : Night Watchman

Yours faith fully

(Sd/-)

JAYARAJ.P
Senior Administrative Officer
For Member Secretary

Approved for Issue

Administrative Assistant

STATE PLANNING BOARD

No.E3-6721/2010/SPB.

Pattom Palace PO

Thiruvananthapuram
Dated: 20.02.2016.

From

The Member Secretary

To

The District Insurance Officer,
Kerala State Insurance Department
District Office
Thiruvananthapuram.

Sir,

Sub: State Planning Board – Establishment – List of newly enrolled members in Group Insurance Schemde 'C' form –Forwarding of - Reg.

I am forwarding herewith the filled up 'C' form of Group Insurance Scheme in respect of newly enrolled employee for the year 2015. I request that the Group Insurance Scheme Passbook with Account number of the members may be sent to this office at the earliest.

Sri.Indulal.A : L.D.Clerk
Sri.Ajeesh.N.D : Night Watchman

Yours faith fully

(Sd/-)

JAYARAJ.P
Senior Administrative Officer
For Member Secretary

Approved for Issue

Administrative Assistant

KERALA STATE INSURANCE DEPARTMENT

GROUP INSURANCE SCHEME

FORM GIS 'C'

(Vide Rule 6)

LIST OF MEMBERS WHO HAVE JOINED THE SCHEME

DDO/SDO Code : 0104-710-002 Salary Head: 3451-00-101-99-01-01 Department: State Planning Board

Name of Office : State Planning Board Mode of payment (By Salary Deduction/DD/Challan): By Salary C

Address: Pattom Palace P.O, Thiruvananthapuram Detail of DD/Challan: NA

Pin - 695-004 District : Thiruvananthapuram

Sl. No.	PEN	Name (in block letters)	Designation	Date of entry in service	Scale of Pay	Group & rate of subscription		Date of encashment of the bill in which first deduction is made	Date of birth	Date of retirement	Self drawing or not (Y/N)	Rer
1	2	3	4	4A	5	6	7	8	9	10	11	
1.	748953	AJEESH N.D	Night Watchm	01/06/15	8500/-	D	150/-	01/07/2015	15/4/1984	15/4/2044	N	
2.	757818	INDULAL-A	L.D.Clerk	05/10/15	9940/-	C	500/-	01/11/2015	04/05/1981	4/5/2041	N	

Note: Column No. 8 should be the date of encashment of the salary bill for September in which the first deduction is made

SUKUMAR

Place: PATTOM

Date: 20/02/2016

To. The District Insurance Officer
THIRUVANANTHAPURAM

(Office seal)

Name & Signature
of Head of office / Department
Senior Administrative Officer
State Planning Board,
Thiruvananthapuram.

KERALA STATE INSURANCE DEPARTMENT

Form No. 6

NOMINATION FOR BENEFITS UNDER THE KERALA STATE EMPLOYEES' GROUP INSURANCE SCHEME, 1984

(When the Government employee has no family and wishes to nominate one person or more than one person)

I, INDULAL.A having no family hereby nominate the person/persons mentioned below and confer on him/them the right to receive to the extent specified below any amount that may be sanctioned by the Kerala Government under the Kerala State Employees' Group Insurance Scheme, 1984 in the event of my death while in service or which having become payable on my attaining the age of superannuation may remain unpaid at my death.

Name and Address of Nominee	Relationship with Government employee	Age	Share of amount to be paid to each * (%)	Contingencies on the happening of which the nomination shall become invalid **	Name, address and relationship of the persons if any, to whom the right of the nominee shall pass in the event of his predeceasing the Government Employee
1	2	3	4	5	6
R.THANGAM LAL NIVAS SURYA NAGAR CHANDRA NAGAR P.O PALAKKAD 678 007	MOTHER	53	100% 'FULL'	NA	NA

Dated this 10 day of FEBRUARY 2016 at SPB. PATTOM

Signature & Address of two witnesses:

1. Smt Sabeena .O.A

2. Smt. Nikhila, U.D-Clerk.

Signature :

Designation : L.D.CLERK

Note : The employee should draw line across the blank space below his last entry to prevent the insertion of any names after he has signed

* *This column should be filled in so as to cover the whole amount that may be payable under the Insurance Scheme*

** *Where Government employee who has no family makes a nomination, he shall specify in this column that the nomination shall become invalid in the event of his subsequently acquiring a family*

KERALA STATE INSURANCE DEPARTMENT

Form No. 6

NOMINATION FOR BENEFITS UNDER THE KERALA STATE EMPLOYEES' GROUP INSURANCE SCHEME, 1984

(When the Government employee has no family and wishes to nominate one person or more than one person)

I, AJEESH N.O having no family hereby nominate the person/persons mentioned below and confer on him/them the right to receive to the extent specified below any amount that may be sanctioned by the Kerala Government under the Kerala State Employees' Group Insurance Scheme, 1984 in the event of my death while in service or which having become payable on my attaining the age of superannuation may remain unpaid at my death.

Name and Address of Nominee	Relationship with Government employee	Age	Share of amount to be paid to each * (%)	Contingencies on the happening of which the nomination shall become invalid **	Name, address and relationship of the persons if any, to whom the right of the nominee shall pass in the event of his predeceasing the Government Employee
1	2	3	4	5	6
DEVADAS N.C NOTTANDE PARAMBIL ANAPPUZHA P.O KODUNGALLUR THRISSUR 680 667	FATHER	58	100%		

Dated this 09 day of FEBRUARY 2016 at SPB Pattom

Signature & Address of two witnesses:

1. BHASURA P-B, OA, SPB PATTOM Bhasura

2. INDULALA, LD CLERK, SPB PATTOM

Signature :

Designation : MGHT WATCHMAN

Note : The employee should draw line across the blank space below his last entry to prevent the insertion of any names after he has signed

* *This column should be filled in so as to cover the whole amount that may be payable under the Insurance Scheme*

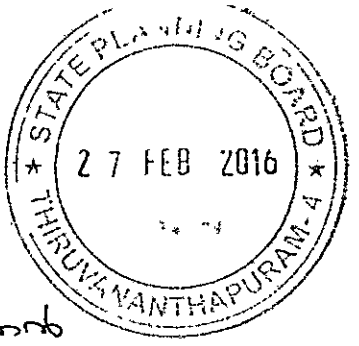
** *Where Government employee who has no family makes a nomination, he shall specify in this column that the nomination shall become invalid in the event of his subsequently acquiring a family*

656

2690

26-02-2016

സർവ്വേ നം,



തീയതി 18-05-2012 മുതൽ

~~മുതൽ~~ 29-01-2016 വരെ ലഭ്യമായ

അപേക്ഷകൾ ഒന്നും Group Insurance

Scheme ആനുകൂല്യത്തിനുള്ളതാണ്. അപേക്ഷകൾ

മുഴുവൻ Revival ചെയ്യുന്നതിലേക്കു 2 set

form ഉം സമർപ്പിക്കുന്നതാണെന്നു വിനീതമായി

അറിയിക്കുന്നു.

വിശ്വസ്തൻ

നിർവ്വഹണം

Shajan T.O

O.A, Evaluation

Division

Draft

STATE PLANNING BOARD

No.E3-6721/2010/SPB.

Pattom Palace PO
Thiruvananthapuram
Dated: .03.2016

From

The Member Secretary

To

The District Insurance Officer,
Kerala State Insurance Department,
Housing Board Building,
Thiruvananthapuram.

Sir,

Sub: State Planning Board – Establishment – Policy of Group Insurance Scheme – Revival Application - Forwarding of - Reg.

Read: Submission by Sri.Shaju T.O, Office Attender, dated 26.02.2016.

The duly filled application for revival of membership proposal for Group Insurance Scheme Policy of Sri.Shaju T.O,Office Attendant, State Planning Board is enclosed herewith. Necessary Step may be taken to renew his enrolling in the Group Insurance Scheme at the earliest.

Yours faithfully

9/3/16.

~~JAYARAJ. P~~
SENIOR ADMINISTRATIVE OFFICER
For Member Secretary

STATE PLANNING BOARD

No.E3-6721/2010/SPB.

Pattom Palace PO
Thiruvananthapuram
Dated:09.03.2016

From

The Member Secretary

To

The District Insurance Officer,
Kerala State Insurance Department,
Housing Board Building,
Thiruvananthapuram.

Sir,

Sub: State Planning Board – Establishment – Policy of Group Insurance Scheme – Revival Application - Forwarding of - Reg.

Read: Submission by Sri.Shaju T.O, Office Attender, dated 26.02.2016.

The duly filled up application for revival of membership proposal for Group Insurance Scheme Policy of Sri.Shaju T.O,Office Attendant, State Planning Board is enclosed herewith. Necessary Step may be taken to renew his enrolling in the Group Insurance Scheme at the earliest.

Yours faithfully

(Sd/-)

MADHUSOODANAN NAIR. B
SENIOR ADMINISTRATIVE OFFICER
For Member Secretary

Approved for Issue

Administrative Assistant

P/C

28497

വിഷയം :-

ഞാൻ State planning Board-ൽ Industry. Infra structure-ൽ Section-ൽ 08/03/2016 മുതൽ Office Attendant ആയി ജോലി നോക്കി വരുന്നു. എനിക്ക് P.F, GIS, SLI. എന്നിവയിൽ ചേരുന്നതിനുള്ള നടപടികൾ സ്വീകരിക്കാമെന്ന് താല്പര്യപ്പെടുന്നു.

4/4/16

P.F. 3000/-

SLI - 150/-

GIS - 150/-

എന്നിവ എന്റെ ശമ്പളത്തിൽ നിന്നും പിടിക്കാമെന്ന് താല്പര്യപ്പെടുന്നു.

വിശ്വസ്തൻ

04/04/16

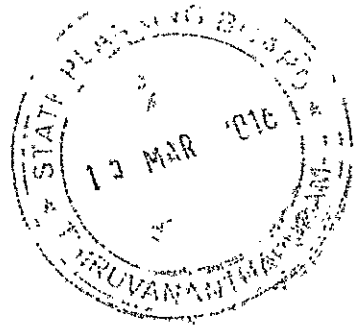
ഒപ്പിന്റെ പകർപ്പ്

Office Attendant.

29

A/C

28036



സമർപ്പണം.

എന്റെ PF, GIS എന്നിവ തുടങ്ങുന്നതിനായുള്ള അപേക്ഷകൾ ഇതിനോടൊപ്പം ഉള്ളടക്കം ചെയ്യുന്നു. ഉടനടി അപേക്ഷകളിൻമേൽ തുടർനടപടികൾ സ്വീകരിക്കണമെന്ന് വിനീതമായി അപേക്ഷിക്കുന്നു.

സ്ഥലം
15/03/2016

16/3/16

എന്ന്
വിശ്വസ്തൻ

KERALA STATE INSURANCE DEPARTMENT

GROUP INSURANCE SCHEME

FORM GIS – A

(Vide Rule 5)

To

The SENIOR ADMINISTRATIVE OFFICER
STATE PLANNING BOARD
PATTOM, THIRUVANANTHAPURAM (*DDO/Controlling Officer*)

Sir/Madam,

I, SHAMNA. A (*Name*), OFFICE ATTENDANT (*Designation*) belong to* ..... on the scale of pay ₹ 6500 working in STATE PLANNING BOARD Department. I request that I may be enrolled as a member of Group D (*A/B/C/D*) having a monthly subscription of ₹ 150 in the Group Insurance Scheme introduced by the Government as per G.O.(P) 392/84/Fin. dated 9.8.1984. I agree to abide by all the rules and instructions made or to be made by Government relating to the scheme.

Yours faithfully,

Place : Pattom
Date : 15/03/2016

SHAMNA. A
(Name & Signature)

**State whether regular establishment, work-charged establishment, contingent establishment, full-time teaching and non-teaching staff or Private School, Private College under direct payment scheme.*

For Office use only

Entered in Register of Members in Form No.GIS-8 and page one of the Service Book.

Head of Office.
Senior Administrative Officer
State Planning Board,
Thiruvananthapuram

(*Office Seal*)

Senior Administrative Officer
State Planning Board.
Thiruvananthapuram

KERALA STATE INSURANCE DEPARTMENT

GROUP INSURANCE SCHEME

FORM GIS – A

(Vide Rule 5)

To

The Senior Administrative offices
State planning board Pattom
Thiruvananthapuram (*DDO/Controlling Officer*)

Sir/Madam,

I, SHAMNA. A (*Name*),
OFFICE ATTENDANT (*Designation*) belong to* ..... on the scale of pay ₹ 8500
working in STATE PLANNING BOARD Department. I request that I may be enrolled as a member of Group D (*A/B/C/D*) having a monthly subscription of ₹ 150 in the Group Insurance Scheme introduced by the Government as per G.O.(P) 392/84/Fin. dated 9.8.1984. I agree to abide by all the rules and instructions made or to be made by Government relating to the scheme.

Yours faithfully,

Place : Pathom
Date : 15./03./2016

SHAMNA A
(Name & Signature)

**State whether regular establishment, work-charged establishment, contingent establishment, full-time teaching and non-teaching staff or Private School, Private College under direct payment scheme.*

For Office use only

Entered in Register of Members in Form No.GIS-8 and page one of the Service Book.

Head of Office

Senior Administrative Officer
State Planning Board,
Thiruvananthapuram.

(*Office Seal*)

KERALA STATE INSURANCE DEPARTMENT

GROUP INSURANCE SCHEME

FORM No. 1

(Vide Rule 4)

Department/Office : STATE PLANNING BOARD PATTOM, THIRUVANANTHAPURAM Dated : 15/03/2016.

MEMORANDUM

~~Shri~~/Smt. SHAMNA. A

(Name), OFFICE ATTENDANT *(Designation)* a Group D *(A/B/C/D)* Employee has been enrolled as a member of the Kerala State Government Employees' Group Insurance Scheme, with effect from JANUARY 2016. ~~His~~/Her monthly subscription of ₹ 150 (Rupees ONE HUNDRED AND FIFTY RUPEES only) shall be deducted from ~~his~~/her salary/wage commencing from the month of 01 2016. and he/she will be eligible to the benefits of the scheme appropriate to Group D *(A/B/C/D)* w.e.f. January 2016.

~~Head of Office~~
Senior Administrative Officer
State Planning Board,
Thiruvananthapuram.

To

Shri/Smt. SHAMNA. A
OFFICE ATTENDANT

(Name & Designation of the employee)

Senior Administrative Officer
State Planning Board,
Thiruvananthapuram.

KERALA STATE INSURANCE DEPARTMENT

GROUP INSURANCE SCHEME

FORM No. 1

(Vide Rule 4)

Department/Office : STATE PLANNING BOARD, PATTOM

Dated : 15/03/2016

MEMORANDUM

Shri/Smt. SHAMNA.A

(Name), OFFICE ATTENDANT *(Designation)* a Group D *(A/B/C/D)* Employee has been enrolled as a member of the Kerala State Government Employees' Group Insurance Scheme, with effect from JANUARY 20..... His/Her monthly subscription of ₹ 150 (Rupees. ONE HUNDRED AND FIFTY Rupees only) shall be deducted from his/her salary/wage commencing from the month of 01 20.16 and he/she will be eligible to the benefits of the scheme appropriate to Group D *(A/B/C/D)* w.e.f. JANUARY 20.16

Head of Office

Senior Administrative Officer
State Planning Board,
Thiruvananthapuram.

To

Shri/Smt. SHAMNA.A

OFFICE ATTENDANT

(Name & Designation of the employee)

KERALA STATE INSURANCE DEPARTMENT

Form No. 7

NOMINATION FOR BENEFITS UNDER THE KERALA STATE EMPLOYEES' GROUP INSURANCE SCHEME, 1984

(When the Government employee has a family and wishes to nominate one member or more than one member thereof)

I, SHAMNA. A hereby nominate the person(s) below, who is/are member(s) of my family, and confer on him/them the right to receive to the extent specified below any amount that may be sanctioned by the Kerala Government under the Kerala State Employees' Group Insurance Scheme, 1984 in the event of my death while in service or which having become payable on my attaining the age of superannuation may remain unpaid at my death.

Name and Address of Nominee(s)	Relationship with Government employee	Age	Share of amount to be paid to each * (%)	Contingencies on the happening of which the nomination shall become invalid	Name, address and relationship of the persons if any, to whom the right of the nominee shall pass in the event of his predeceasing the Government Employee
1	2	3	4	5	6
PRATHEESH. PV VALIYAVALAPPIL [H] KANNADICHAL KADACHIRA [P.O] 670621 KANNUR	HUSBAND	38	100%		

Dated this 15 day of March 2016 at

Signature & Address of two witnesses:

1. JITHESH.E.K, KOYAMBATTA KANDY, KAYAKODY, KUTTIADY (V) 673508.
2. Harikumar.m, Thundu Vila puthen Veedu, Erayamcode, Ph- 695013, Trivandrum

Signature :

Designation : OFFICE ATTENDANT

Note : The employee should draw line across the blank space below his last entry to prevent the insertion of any names after he has signed

* *This column should be filled in so as to cover the whole amount that may be payable under the Insurance Scheme*

Draft

STATE PLANNING BOARD

No.E3-6721/2010/SPB.

Pattom Palace PO

Thiruvananthapuram
Dated: .04.2016.

From

The Member Secretary

To

The District Insurance Officer,
Kerala State Insurance Department
District Office
Thiruvananthapuram.

Sir,

Sub: State Planning Board – Establishment – List of newly enrolled members in Group Insurance Scheme 'C' form –Forwarding of - Reg.

I am forwarding herewith the filled up 'C' form of Group Insurance Scheme in respect of newly appointed employees for the year 2016. I request that the Group Insurance Scheme Passbook with Account number of the members may be sent to this office at the earliest.

Smt.Shamna.A	: Office Attendant
Smt.Shajitha Palayadan	: Office Attendant

Yours faith fully

18/3/16.

MADHUSOODANAN NAIR.B
Senior Administrative Officer
For Member Secretary

13/4

13/04/16

STATE PLANNING BOARD

No.E3-6721/2010/SPB.

Pattom Palace PO

Thiruvananthapuram
Dated:15.04.2016.

From

The Member Secretary

To

The District Insurance Officer,
Kerala State Insurance Department
District Office
Thiruvananthapuram.

Sir,

Sub: State Planning Board – Establishment – List of newly enrolled members in Group Insurance Scheme 'C' form –Forwarding of - Reg.

I am forwarding herewith the filled up 'C' form of Group Insurance Scheme in respect of newly enrolled employee for the year 2016. I request that the Group Insurance Scheme Passbook with Account number of the members may be sent to this office at the earliest.

Smt.Shamna.A	: Office Attendant
Smt.Shajitha Palayadan	: Office Attendant

Yours faith fully

(Sd/-)

MADHUSOODANAN NAIR.B
Senior Administrative Officer
For Member Secretary

Approved for Issue

Administrative Assistant

FORM No. 1

GOVERNMENT OF KERALA

DEPARTMENT OF OFFICE...STATE PLANNING BOARD.

Date..02.04.16...

MEMORANDUM

Shri...SHAJITHA. PALAYADAN/...Group.....,.....

employees have been enrolled as member of the Kerala State Government employees Group Insurance Scheme, 1984 with effect from.....

His monthly subscription...150/-...(Rupees...ഒരുന്നൂറ്റമ്പത്...

...ONE HUNDRED AND FIFTY...)

shall be deducted from the salary/wage commencing from the month of.....

and he will eligible to the benefit of the scheme appropriate to Group.....

.....w.e.f.....

Head of Office

Senior Administrative Officer
State Planning Board,
Thiruvananthapuram

To

Shri.....

Name & Designation of the employees

Senior Administrative Officer
State Planning Board,
Thiruvananthapuram

FORM No. 1

GOVERNMENT OF KERALA

DEPARTMENT OF OFFICE..STATE PLANNING BOARD

Date..02/04/16....

MEMORANDUM

Shri...SHAJITHA PALAYADAN.....Group.....

employees have been enrolled as member of the Kerala State Government employees Group Insurance Scheme, 1984 with effect from.....

His monthly subscription.....150/-.....(Rupees.....ONE HUNDRED AND FIFTY.....)

shall be deducted from the salary/wage commencing from the month of.....

and he will eligible to the benefit of the scheme appropriate to Group.....

.....w.e.f.....

Head of Office

Senior Administrative Officer
State Planning Board,
Thiruvananthapuram.

To

Shri.....

Name & Designation of the employees

Senior Administrative Officer
State Planning Board,
Thiruvananthapuram.

FORM No. 1

GOVERNMENT OF KERALA

DEPARTMENT OF OFFICE. STATE PLANNING BOARD

Date. 02/04/16

MEMORANDUM

Shri. SHAJITHA. PALAYADAN. .....Group.....

employees have been enrolled as member of the Kerala State Government employees Group Insurance Scheme, 1984 with effect from.....

His monthly subscription. 150/- (Rupees. ONE HUNDRED AND FIFTY .....)

shall be deducted from the salary/wage commencing from the month of.....

and he will eligible to the benefit of the scheme appropriate to Group.....

.....w.e.f.....

Head of Office

Senior Administrative Officer
State Planning Board,
Thiruvananthapuram.

To

Shri.....

Name & Designation of the employees

Form A

APPLICATION

To

The.....

Sri/Madam,

I.....SHAJITHA.PALAYADAN.....

.....

Name and Designation belong.....OFFICE ATTENDANT.....on the scale of pay of Rs.....16500.....working in.....STATE PLANNING Department, I request that I may be enrolled as a member of group ..... having monthly subscription of Rs.150/-.....in the Group Insurance Scheme in produced by the Government as per G.O. of (P) 39284 Fin, date 9-2-1984 I agree abide by all the rules and instructions made by Government relating to the Scheme.

Yours Faithfully

Place : PATTOM

Date : 2/04/16

SHAJITHA.PALAYADAN

(Name and Signature)

State whether regular establishment work-charged establishment conditioned establishment full-time teaching and nonteaching staff of Private College under direct Payment Scheme

KERALA STATE EMPLOYEE'S GROUP INSURANCE SCHEME 1984

Option of Sri / Smt ....SHAJITHA PALAYADAN.....

Drawing.....in the scale of Rs.....

I do hereby exercise my option to become a member of Kerala State Employees Group Insurance Scheme 1984 with effect from.....

The Subscription Rs.....per month for.....

units.....(Group will be started recovery for my salary), from.....

Name SHAJITHA PALAYADAN.

Signature

Place Pattom.....

Date .....

Designation OFFICE ATTENDANT

Form A

APPLICATION

To

The District Insurance officer

Sri/Madam,

I Shajitha: Palayadan

Name and Designation belong Office Attendant on the scale of pay of Rs. 16500 working in State planning Board Department, I request that I may be enrolled as a member of group ..... having monthly subscription of Rs. 150:/- in the Group Insurance Scheme in produced by the Government as per G.O. of (P) 39284 Fin, date 9-2-1984 I agree abide by all the rules and instructions made by Government relating to the Scheme.

Place : Padam
Date : 2/04/16

Yours Faithfully
Shajitha Palayadan
(Name and Signature)

State whether regular establishment work-charged establishment conditioned establishment full-time teaching and nonteaching staff of Private College under direct Payment Scheme

KERALA STATE EMPLOYEE'S GROUP INSURANCE SCHEME 1984

Option of Sri / Smt Shajitha: Palayadan.

Drawing.....in the scale of Rs.....

I do hereby exercise my option to become a member of Kerala State Employees Group Insurance Scheme 1984 with effect from.....

The Subscription Rs.....per month for.....

units.....(Group will be started recovery for my salary) from.....

Name Shajitha Palayadan
Signature
Designation Office Attendant

Place Padam
Date 02/04/16

Form No. 7

NOMINATION FOR BENEFITS UNDER THE KERALA STATE EMPLOYEE'S GROUP INSURANCE SCHEME 1984

When the Government Employe has a family and wishes to nominate one member or more than one member there of I, hereby nominate person(s) mentioned below is/are member (s) of my family, and confer on him/them the right to receive to the extent specified below any amount that may be sanctioned by the Kerala Govt. under the Kerala State Employee's Group Insurance Scheme 1984 in the event of my death while in service or which having became payable on my attaining the age of superannuation my remain unpaid my death.

Name and address of nominee/nominee(s)	Relationship with Govt. Employee	Age	*Share to be Paid to each	Contingencies happening of which the nomination shall become invalied	Name, address relationship of the person if any to whom the right of the nominees shall pass in the event of prodecessing the Govt. Employees.
1	2	3	4	5	6
1. BALAKRISHNAN. K. SOUPARNIKA. PERATTA. PO KOOTTUPUZHA RANNUR. PIN 670706	HUSBAND	48	Equal	—	—
2. ASWANTH. P	SON.	16	Eq		
3. ABHINANDH. P	SON.	12.			

Dated this.....day of.....200.....at.....

Signature of the Witness :-

[1] Kumari Sangeetha. K.R, Assistant Director

[2] Pournami. K.V. Selection Grade Typist.

Signature of Government Employee.

NB :- Government Employee should draw line across the blank space below his last entry to prevent the insertion of my name after he has.
*This column should be filled in so as to cover the whole amount that may be payable under the Insurance Scheme.

Form No. 7

NOMINATION FOR BENEFITS UNDER THE KERALA STATE EMPLOYEE'S GROUP INSURANCE SCHEME 1984

When the Government Employe has a family and wishes to nominate one member or more than one member there of I, hereby nominate person(s) mentioned below is/are member (s) of my family, and confer on him/them the right to receive to the extent specified below any amount that may be sanctioned by the Kerala Govt. under the Kerala State Employee's Group Insurance Scheme 1984 in the event of my death while in service or which having became payable on my attaining the age of superannuation my remain unpaid my death.

Name and address of nominee/nominee(s)	Relationship with Govt. Employee	Age	*Share to be Paid to each	Contingencies happening of which the nomination shall become invalied	Name, address relationship of the person if any to whom the right of the nominees shall pass in the event of prodecessing the Govt. Employees.
1	2	3	4	5	6
1. BALAKRISHNAN. K. SOUPARNIKA. PERATTA. KOOTTUPUZHA. KANNUR. PIN. 670706	HUSBAND	48	Equal	—	—
2. ASWANTH. P	SON	16			
3 ABHINANDH. P	SON	12.			

Dated this.....day of.....200.....at.....

Signature of the Witness :-

[1] Kumari Sangeetha. K.R, Assistant Director

[2] Poornanand. K.V. Selection Grade Typist

Signature of Government Employee.

CB :- Government Employee should draw line across the blank space below his last entry to prevent the insertion of my name after he has.

*This column should be filled in so as to cover the whole amount that may be payable under the Insurance Scheme.

KERALA STATE INSURANCE DEPARTMENT

GROUP INSURANCE SCHEME

FORM GIS-C (Vide Rule 6)

List of Members who have joined the Scheme

DDO/SDO Code* : 0104-710-002 Salary Head : ADMINISTRATIVE ASSISTANT Department : .....

Name of Office : STATE PLANNING BOARD Mode of Payment (Salary Deduction / DD/Challan) : .....

Address : STATE PLANNING BOARD Details of DD/Challan : .....

PATTOM THIRUVANANTHAPURAM-4 695004 District : .....

Sl. No.	PEN	Name in Block Letters	Designation	Scale of Pay	Group & Rate of Subscription		Date of encashment of the bill in which first deduction is made	Date of Birth	Date of Retirement	Self drawing or not (Y/N)	Remarks
1	2	3	4	5	6	7	8	9	10	11	12
	767823	SHAJITHA. PALAYADAN	OFFICE ATTENDANT	16500				21-05-1978	31-05 2038		

Note : *DDO/SDO Code which ever is applicable

Column No.8 should be the date of encashment of the Salary bill for September in which the first deduction is made

Place : .....

Date : ...../...../201...

(Office Seal)

Name & Signature

of Drawing & Disbursing Officer

To

The District Insurance Officer : .....

KERALA STATE INSURANCE DEPARTMENT

GROUP INSURANCE SCHEME

FORM GIS-C (Vide Rule 6)

List of Members who have joined the Scheme

DDO/SDO Code* : 0104-710-002 Salary Head : ..... Department : .....

Name of Office : STATE PLANNING BOARD Mode of Payment (Salary Deduction / DD/Challan) : .....

Address : STATE PLANNING BOARD Details of DD/Challan : .....

PATTOM. THIRUVANANTHAPURAM. H. PIN 695004 District : .....

Sl. No.	PEN	Name in Block Letters	Designation	Scale of Pay	Group & Rate of Subscription		Date of encashment of the bill in which first deduction is made	Date of Birth	Date of Retire-ment	Self drawing or not (Y/N)	Remarks
1	2	3	4	5	6	7	8	9	10	11	12
1.	767823	SHAJITHA. PALAYADAN	OFFICE ATTENDANT	16500				21-05-1978	31-05-2038		

Note: *DDO/SDO Code which ever is applicable

Column No.8 should be the date of encashment of the Salary bill for September in which the first deduction is made

Place : .....

Date : ...../...../201...

(Office Seal)

Name & Signature

of Drawing & Disbursing Officer

To

The District Insurance Officer : .....

KERALA STATE INSURANCE DEPARTMENT

GROUP INSURANCE SCHEME

FORM GIS-C (Vide Rule 6)

List of Members who have joined the Scheme

DDO/SDO Code* : 0104-710-002 Salary Head : ..... Department : .....

Name of Office : STATE PLANNING BOARD Mode of Payment (Salary Deduction / DD/Challan) : .....

Address : STATE PLANNING BOARD Details of DD/Challan : .....

PATTOM THIRUVANANTHAPURAM-4 PIN 695004 District : .....

Sl.	PEN	Name in Block Letters	Designation	Scale of Pay	Group & Rate of Subscription		Date of encashment of the bill in which first deduction is made	Date of Birth	Date of Retire-ment	Self drawing or not (Y/N)	Remarks
1	2	3	4	5	6	7	8	9	10	11	12
1.	767823	SHAJITHA. PALAYADAN.	OFFICE ATTENDANT	16500				21/05/1978	31/05/2038		

Note : *DDO/SDO Code which ever is applicable

Column No.8 should be the date of encashment of the Salary bill for September in which the first deduction is made

Place : .....

Date : ...../...../201...

(Office Seal)

Name & Signature

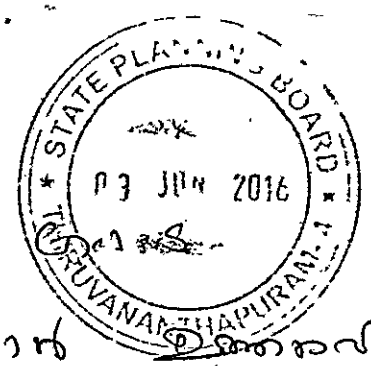
of Drawing & Disbursing Officer

To

The District Insurance Officer : .....

76

29612 സമർപ്പണം



എന്റെ കൂടെയിരുന്ന

പുതുക്കുന്നതിനായി സർക്കാർ ഉത്തരവിൻ

പ്രകാരം (സ.ഉ (സാധാ) നം 1648/2016/ധന)

8688 രൂപ ശമ്പളനിരക്കിൽ തെറ്റ്

ഗ്രേഡ് പുതുക്കിയിട്ടുണ്ട്. ~~അതിനാൽ~~

(ജൂൺ 2012 മുതൽ മെയ് 2016). അതിനാൽ

ജൂൺ 2016 മുതൽ ഗ്രേഡ് premium

തുക 15% രൂപ Salary യിൽ നിന്ന്

കിഴിവ് (Deduction) ചെയ്യണമെന്ന്

നിർദ്ദേശിക്കുന്നു.

വിനീത

2/6/2016

Shaiju T.D

SHAIJU T.D

(O.A, SPB)

NB:- നിർദ്ദേശം അനുസരിച്ച് Attach ചെയ്തിട്ടുണ്ട് (copy)

DUPLICATE

FORM T. R. 5.

[See Rule 90 (a)]

Acknowledgement for Receipt of Money

Book No. 06855

Receipt No. BF 685438

Office of the ..... Station.....

Date 2.6.16

Received from [illegible] ..... ₹ [illegible] (Rupees [illegible] only) on account of [illegible] and credited to each Book

Page No. 141 Item No. 19.04 on 2.6.16

DISTRICT INSURANCE OFFICER
THIRUVANANTHAPURAM

Initials of Cashier / Accountant *Initials of Head of Office.*

GCPT. 25/3507/[illegible]/10,000x100x2/S 8.

കേരള സർക്കാർ

29461

STATE PLANNING BOARD THIRUVANANTHAPURAM
28 MAY 2016

സംഗ്രഹം

ഗ്രൂപ്പ് ഇൻഷ്വറൻസ് സ്കീം- ***ശ്രീ.ഷാജു.റ്റി.ഒ, ഓഫീസ് അറ്റന്റന്റ്, സ്റ്റേറ്റ് പ്ലാനിംഗ് ബോർഡ്, പട്ടം, തിരുവനന്തപുരം-*** മുടക്കം വന്ന ജി.ഐ.എസ് വരിസംഖ്യ അടച്ച് അംഗത്വം പുതുക്കുന്നതിന് അനുമതി നൽകി ഉത്തരവ് പുറപ്പെടുവിക്കുന്നു.

ധനകാര്യ (ജി.ഐ.എസ്) വകുപ്പ്

സ.ഉ.(സാധാ) നം.4648/2016/ധന **തീയതി, തിരുവനന്തപുരം, 24/05/2016**

പരാമർശം :-
1) 08/07/1985-ലെ സ.ഉ.(പി) നം.371/85/ധന ഉത്തരവ്.
2) 21/04/2010-ലെ സ.ഉ.(പി) നം.249/10/ധന ഉത്തരവ്.
3) 04/11/2015-ലെ സ.ഉ.(പി) നം.505/15/ധന ഉത്തരവ്.
4) 07/04/2016 തീയതിയിലെ തിരുവനന്തപുരം ജില്ലാ ഇൻഷ്വറൻസ് ഓഫീസറുടെ ജി.ഇ.ഓ/തിരു/ജി.ഐ.എസ്/റിവൈവൽ/റ്റി6/44/2016 നമ്പർ കത്ത്.

ഉത്തരവ്

ഗ്രൂപ്പ് ഇൻഷ്വറൻസ് സ്കീമിൽ 09/2011-ൽ അംഗത്വം നേടിയ തിരുവനന്തപുരം സ്റ്റേറ്റ് പ്ലാനിംഗ് ബോർഡിലെ ഓഫീസ് അറ്റന്റന്റ് ശ്രീ.ഷാജു.റ്റി.ഒ 17/05/2012 മുതൽ 28/01/2016 വരെ കെ.എസ്.ആർ ഭാഗം I, അനുബന്ധം XII A പ്രകാരം ശൂന്യവേതനാവധിയിൽ ആയിരുന്നതിനാൽ ടിയാന്റെ ജി.ഐ.എസ് വരിസംഖ്യ 06/2012 മുതൽ നാളിതുവരെ മുടങ്ങിപ്പോയതായി പരാമർശം (4) പ്രകാരം തിരുവനന്തപുരം ജില്ലാ ഇൻഷ്വറൻസ് ഓഫീസർ റിപ്പോർട്ട് ചെയ്തിരിക്കുന്നു. മേൽപ്പറഞ്ഞ കാലയളവിലെ വരിസംഖ്യ അടച്ച് അംഗത്വം പുതുക്കുന്നതിന് പ്രത്യേക അനുമതി നൽകണമെന്ന് ടിയാൻ അപേക്ഷിച്ചിരിക്കുന്നു.

2) സർക്കാർ ഇക്കാര്യം വിശദമായി പരിശോധിക്കുകയും ശ്രീ.ഷാജു.റ്റി.ഒ, ഓഫീസ് അറ്റന്റന്റ്, സ്റ്റേറ്റ് പ്ലാനിംഗ് ബോർഡ്, പട്ടം, തിരുവനന്തപുരം-ന്റെ 06/2012 മുതൽ നാളിതുവരെ മുടങ്ങിപ്പോയ ജി.ഐ.എസ് വരിസംഖ്യ 06/2012 മുതൽ 03/2013 വരെ 8.8% ത്രൈമാസക്കുടുപലിശ നിരക്കിലും 04/2013 മുതൽ നാളിതുവരെ 8.7% ത്രൈമാസക്കുടുപലിശ നിരക്കിലും മുന്നിൽ കവിയാത്ത തവണകളായി അടച്ച് അംഗത്വം പുതുക്കുന്നതിന് അനുമതി നൽകി ഉത്തരവ് പുറപ്പെടുവിക്കുന്നു.

(ഗവർണ്ണറുടെ ഉത്തരവിൻ പ്രകാരം)
റ്റി.ആർ.രാജേശ്വരി
അണ്ടർ സെക്രട്ടറി (ധനകാര്യം)

പകർപ്പ്:-
പ്രിൻസിപ്പൽ അക്കൗണ്ടന്റ് ജനറൽ (എ & ഇ), കേരളം, തിരുവനന്തപുരം.
പ്രിൻസിപ്പൽ അക്കൗണ്ടന്റ് ജനറൽ (ജി. & എസ്.എസ്.എ), കേരളം, തിരുവനന്തപുരം
അക്കൗണ്ടന്റ് ജനറൽ (ഇ & ആർ.എസ്.എ) കേരളം, തിരുവനന്തപുരം
ഇൻഷ്വറൻസ് ഡയറക്ടർ, ഇൻഷ്വറൻസ് ഡയറക്ടറേറ്റ്, തിരുവനന്തപുരം.
ജില്ലാ ഇൻഷ്വറൻസ് ഓഫീസർ, ജില്ലാ ഇൻഷ്വറൻസ് ഓഫീസ്, ഹൗസിംഗ് ബോർഡ് ബിൽഡിംഗ്, മൂന്നാം നില, ശാന്തിനഗർ, തിരുവനന്തപുരം
അഡ്മിനിസ്ട്രേറ്റീവ് ഓഫീസർ, സ്റ്റേറ്റ് പ്ലാനിംഗ് ബോർഡ്, പട്ടം, തിരുവനന്തപുരം
ശ്രീ.ഷാജു.റ്റി.ഒ, ഓഫീസ് അറ്റന്റന്റ്, സ്റ്റേറ്റ് പ്ലാനിംഗ് ബോർഡ്, പട്ടം, തിരുവനന്തപുരം
കരുതൽ ഫയൽ/ഓഫീസ് കോപ്പി (227136)

ഉത്തരവിൻ പ്രകാരം

സെക്ഷൻ ഓഫീസർ

DUPLICATE

FORM T. R. 5

[*See* Rule 90(a)]

Acknowledgement for Receipt of Money

DISTRICT INSURANCE OFFICE THIRUVANANTHAPURAM

Book No. 6855

Receipt No. BF 685438

Office of the .....

Station .....

Date 2.6.16

Received from Bhagyalekshmi .....

₹ 6666 (Rupees Six thousand six hundred only) on account of .....

.....and credited to each Book

Page No. 180 Item No. 2 on 2.6.16

DISTRICT INSURANCE OFFICER
THIRUVANANTHAPURAM

Initials of Cashier *Accountant.* *Initials of Head of Office.*

GCPT. 25/3507/[illegible]/10,000x100x2/S 8.

സമർപ്പണം

2968/17

STATE PLANNING BOARD
06 JUL 2016
THIRUVANANTHAPURAM-4

എന്റെ Group Insurance Scheme

ന്റെ Passbook ലഭ്യമാക്കുന്നതിനു വേണ്ടി.

E3

Form 'C' നൽകുന്നതിനു വേണ്ട നടപടി സ്വീകരിക്കണമെന്ന് അഭ്യർത്ഥിക്കുന്നു.

Sd/-
6/6/16
CWA 4/C

വട്ടം
6.6.16

വിശ്വസ്തൻ,
ടോണി ചി.ജെ
Signature

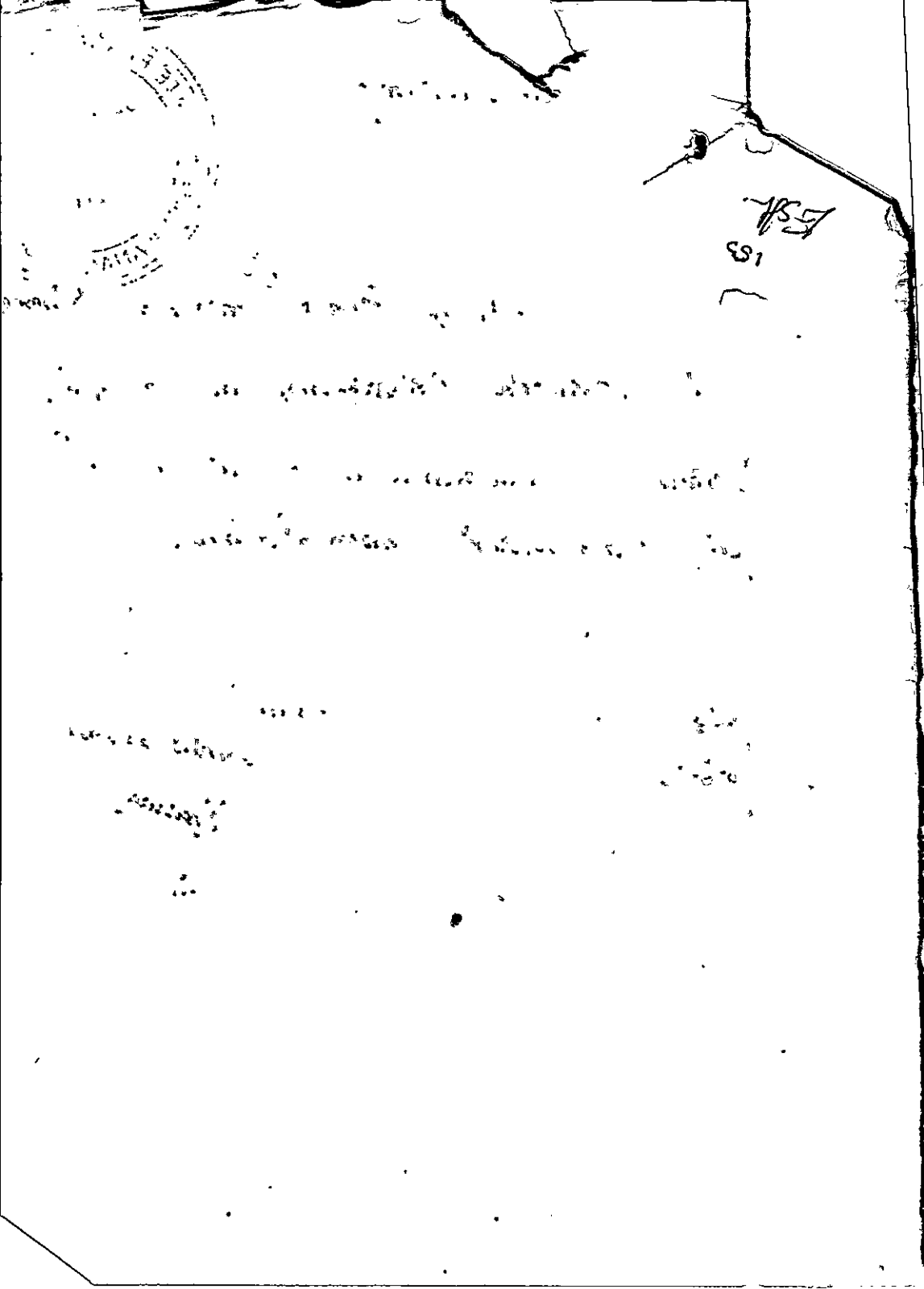
To
The Accountant General (A&E)
Thiruvananthapuram

Formed on 20/11/2013

D.A

GIS - 150 - 9/2013 C/O 01/10/2013.

PEN 707696



State Planning Board

No.E3-6721/09/SPB

Pattom Palace P.O,
Thiruvananthapuram,
Dated: 17.06.2016.

From
The Member Secretary

To
The District Insurance Officer,
Kerala State Insurance Department,
District Office,
Thiruvananthapuram.

Sir,

Sub: - State Planning Board – Establishment – Smt.Bhasura.P.B, Office Attendant – Group Insurance Scheme – 'C' form – Forwarding of - reg.

.....

I am to forward herewith the filled up 'C' form in respect of Smt.Bhasura.P.B, Office Attendant of this office, who enrolled in Govt. Service in the year 2012. I request that the Group Insurance Scheme Pass Book with Account Number of the incumbent may be sent to this office at the earliest.

Yours faithfully

Senior Administrative Officer
For Member Secretary

KERALA STA
GRO

List of Memb
Salary Hea

DDO/SDO Code * :0104-710-002
Name of Office :State Planning Board
Address : Pattom Palace.P.O, Thiruvananthapuram, PIN - 695 004

Sl. No.	PEN	Name in Block letters	Designation	Scale of
1	2	3	4	5
1	707696	Bhasura P.B	Office Attendant	8500-357

Note: * DDO/SDO Code whichever is applicable
Column No. 8 should be the date of encashment of the Salary bil

Place :Pattom
Date : 17/06/2016 (C

To

The District Insurance Officer, Thiruvananthapuram

DRAFT

State Planning Board

No.E3-6721/09/SPB

Pattom Palace P.O,
Thiruvananthapuram,
Dated: -06-2016.

From

The Member Secretary

To

The District Insurance Officer,
Kerala State Insurance Department,
District Office,
Thiruvananthapuram.

Sir,

Sub: - State Planning Board – Establishment – Smt.Bhasura.P.B, Office Attendant – Group Insurance Scheme – 'C' form – Forwarding of - reg.

.....

I am forwarding herewith the filled up 'C' form in respect of Smt.Bhasura.P.B, Office Attendant of this office, who enrolled in Govt. Service in the year 2012. I request that the Group Insurance Scheme Pass Book with Account Number of the incumbent may be sent to this office at the earliest.

Yours faithfully

17/6/16

Senior Administrative Officer

E3 14/6

14/6

DRAFT

KERALA S
GR

List of Men
Salary

DDO/SDO Code * :0104-710-002
Name of Office :State Planning Board
Address : Pattom Palace.P.O, Thiruvananthapuram, PIN - 695 0

Sl. No.	PEN	Name in Block letters	Designation	Scale
1	2	3	4	5
1	707696	Bhasura P.B	Office Attendant	8500-

Note: * DDO/SDO Code whichever is applicable
Column No. 8 should be the date of encashment of the Salary

Place :Pattom
Date : /06/2016
To

The District Insurance Officer, Thiruvananthapur

E3 8/1/16

61

GSH

30385

STATE PLANNING BOARD
02 JUL 2016
THIRUVANANTHAPURAM-4

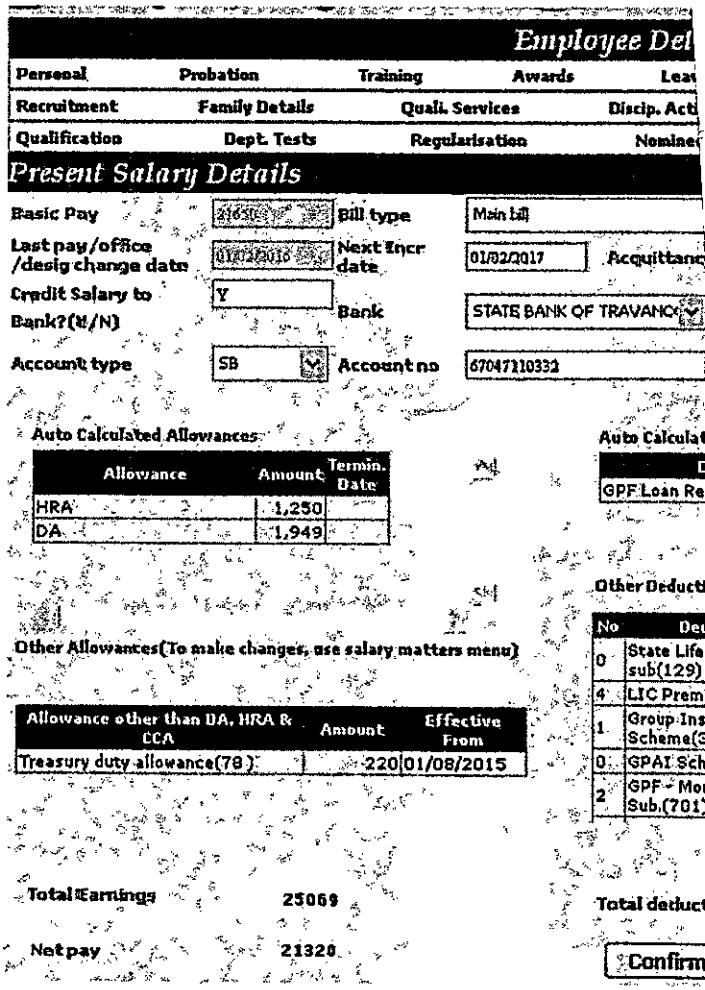
സത്യപ്രസ്താവന

25/02/2013 ൽ സംഭവസ്ഥലത്തുവെച്ച് ഇൻഡ്യൻ മോട്ടോർ വാഹന നിയമപ്രകാരം രജിസ്റ്റർ ചെയ്തിട്ടുള്ള ഓട്ടോറിക്ഷ (രജിസ്ട്രേഷൻ നമ്പർ കെ.എൽ.15 ജെ 3795) ഇ.ടെ.എസ് കോളനി സ്വദേശിനിയായ ഗൃഹനാഥ ലതി ചിറ്റിലപ്പിള്ളി ഇൻഷുറൻസ് തുക കൈപ്പറ്റുന്നതിനുവേണ്ടി നൽകിയ അപേക്ഷയിൽ ഒപ്പിട്ടു നൽകുന്നതിനു വേണ്ടിയാണ് ഈ സത്യപ്രസ്താവന നടത്തുന്നത്. മറ്റുവിധത്തിലുള്ള തെറ്റായ വാദങ്ങൾ ഉന്നയിക്കുന്നതിനോ തെളിവായി അവതരിപ്പിക്കുന്നതിനോ ഞാൻ ഉദ്ദേശിക്കുന്നില്ല.

വിനയപൂർവ്വം
02/07/2016

ഇന്ദിര വാർത്തെടത്ത്
ഭർത്താവ്, മുൻ കൗൺസിലർ
ചേർപ്പ് പഞ്ചായത്ത്

2003-Sept-Rs-Appl
Group-C
Date of execution 01.10.13



Employee Del

Personal | Probation | Training | Awards | Leav
Recruitment | Family Details | Quali. Services | Discip. Acti
Qualification | Dept. Tests | Regularisation | Nominee

Present Salary Details

Basic Pay: 216[illegible] | Bill type: Main bill
Last pay/office /desig change date: 01/12/2016 | Next Incr date: 01/02/2017 | Acquittanc
Credit Salary to Bank?(Y/N): Y | Bank: STATE BANK OF TRAVANC
Account type: SB | Account no: 67047110332

Auto Calculated Allowances

Allowance	Amount	Termin. Date
HRA	1,250	
DA	1,949	

Auto Calculate

De
GPF Loan Rep

Other Deductio

No	Deduc
0	State Life In sub(129)
4	LIC Premiun
1	Group Insur Scheme(324
0	GPAI Schem
2	GPF - Month Sub.(701)

Other Allowances(To make changes, use salary matters menu)

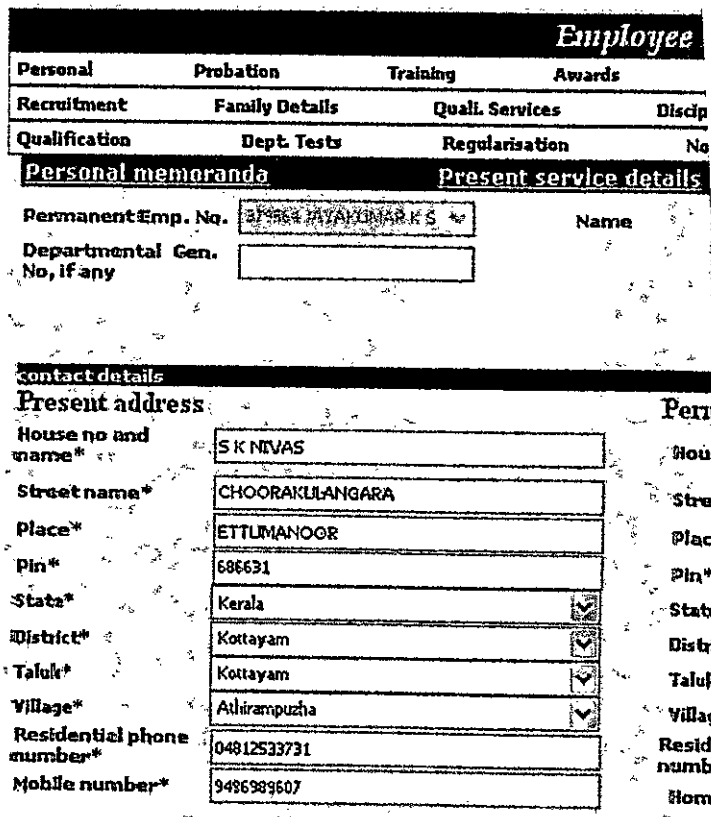
Allowance other than DA, HRA & CCA	Amount	Effective From
Treasury duty allowance(78)	220	01/08/2015

Total Earnings: 25069

Total deduction

Net pay: 21320

Confirm



Employee

Personal | Probation | Training | Awards

Recruitment | Family Details | Quali. Services | Discip

Qualification | Dept. Tests | Regularisation | No

Personal memoranda | Present service details

Permanent Emp. No. [redacted] Name

Departmental Gen. No, if any

contact details

Present address

House no and name*: S K NIVAS

Street name*: CHOORAKULANGARA

Place*: ETTUMANOOR

Pin*: 686631

State*: Kerala

District*: Kottayam

Taluk*: Kottayam

Village*: Athirampuzha

Residential phone number*: 04812533731

Mobile number*: 9496989607

Perm

Hous

Stree

Place

Pin*

State*

Distric

Taluk*

Village

Reside number

Home

E-mail

Employee D

Personal	Probation	Training	Awards	L
Recruitment	Family Details	Quali. Services	Discip. A	
Qualification	Dept. Tests	Regularisation	Nomi	

Personal memoranda — Present service details

Permanent Emp. No.	[redacted]	Name*	
Departmental Gen. No, if any			

Personal memoranda

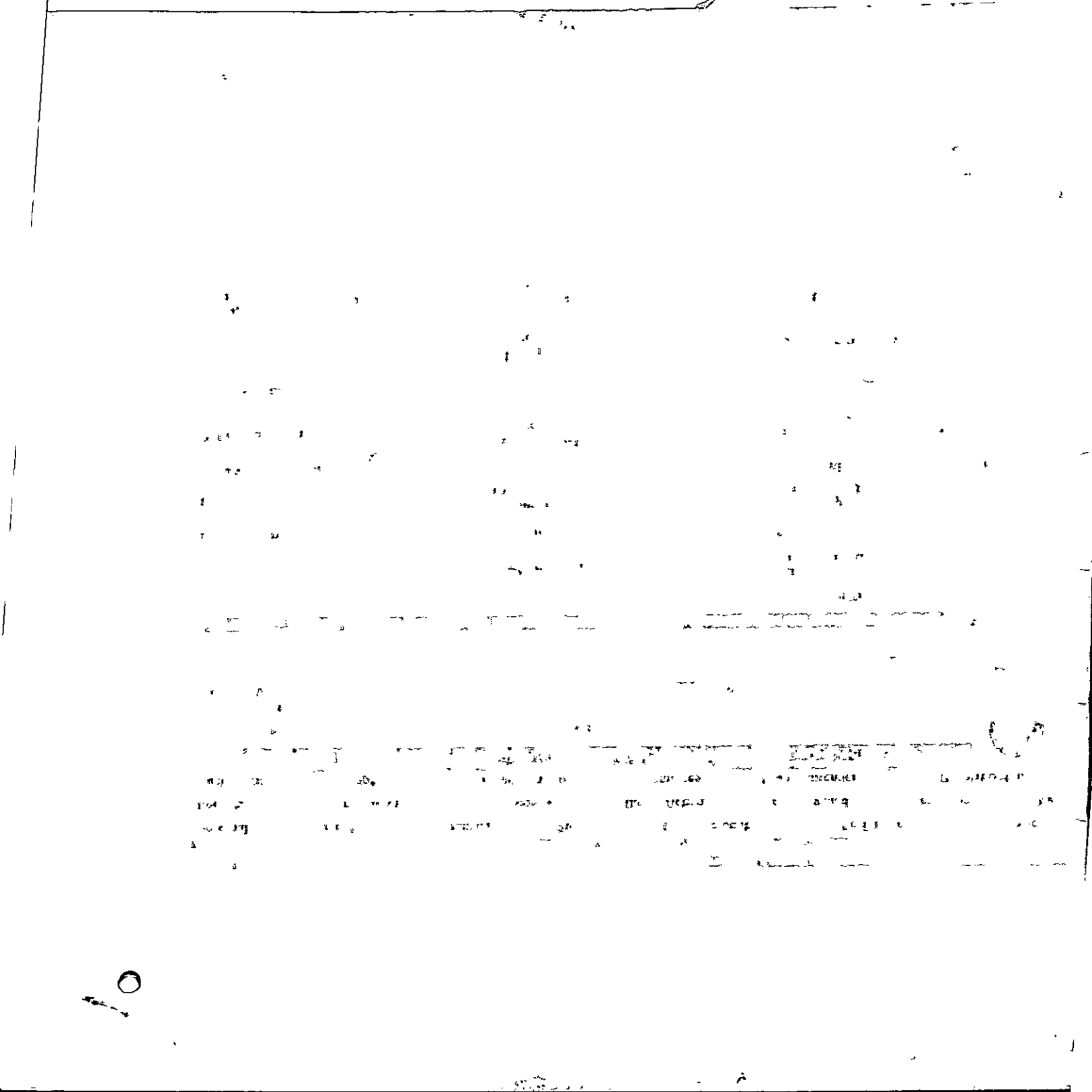
Sex*	Male	Nationality*	India
Father's name	A R KUTTAPPAN	Mother's name	SYAMALADEV
Blood group		Religion*	Hindu
Catagory*	OBC	Ex-service men?*	No
Nature of handicap			
Ration card number		Voter id card number	FPD13D8428
Spouse's name	VIJIMOL K V	Is inter religion/caste	--Select--
Spouse's caste	VISWAKARMA	Is spouse employed	--Select--
Identification marks*	Black mole over right nostril	black on the right palm	

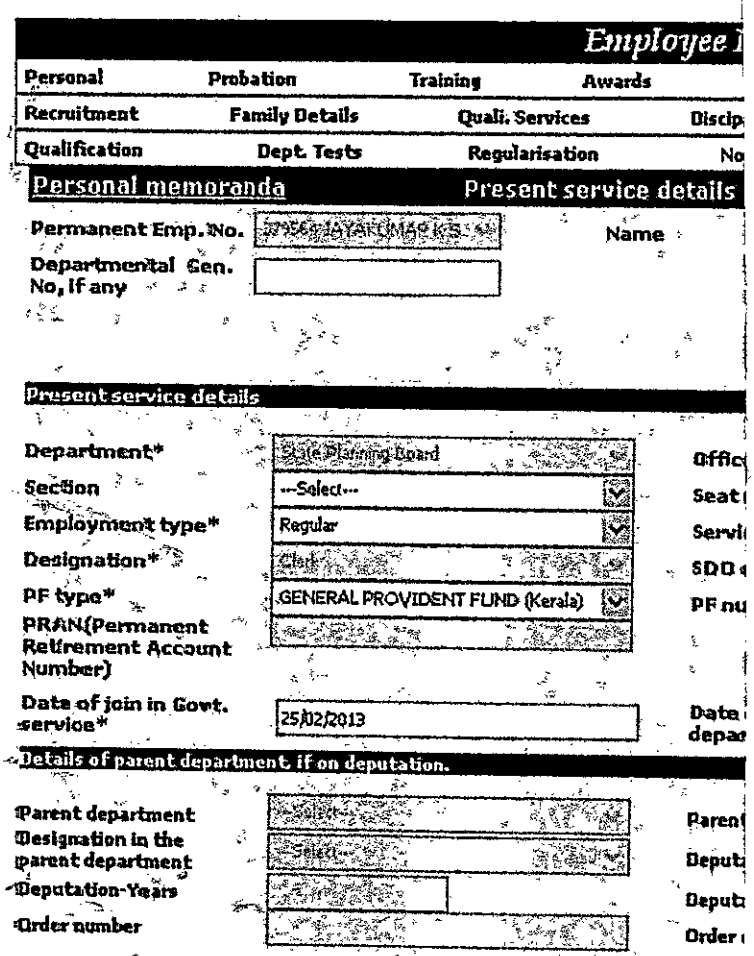
3

9. The scheme is not applicable to the employees of private colleges.

10. (a) Employment assistance under the scheme shall not be available to

-- the dependents of Government Servants who have own allotment in the





Employee I

Personal | Probation | Training | Awards

Recruitment | Family Details | Quali. Services | Discip

Qualification | Dept. Tests | Regularisation | No

Personal memoranda | Present service details

Permanent Emp. No. [redacted] Name

Departmental Gen. No, if any

Present service details

Department* State Planning Board | Offic

Section ---Select--- | Seat

Employment type* Regular | Servi

Designation* Clerk | SDO

PF type* GENERAL PROVIDENT FUND (Kerala) | PF nu

PRAN(Permanent Retirement Account Number)

Date of join in Govt. service* 25/02/2013 | Data depa

Details of parent department if on deputation.

Parent department | Paren

Designation in the parent department ---Select--- | Deput

Deputation-Years | Deput

Order number | Order

State Planning Board

No.E3-6721/09/SPB

Pattom Palace P.O,
Thiruvananthapuram,
Dated: 07.07.2016.

From

The Member Secretary

To

The District Insurance Officer,
Kerala State Insurance Department,
District Office,
Thiruvananthapuram.

Sir,

Sub: - State Planning Board – Establishment – Sri.Jayakumar.K.S, Clerk – Group Insurance Scheme – 'C' form – Forwarding of - reg.

.....

I am to forward herewith the filled up 'C' form in respect of Sri.Jayakumar.K.S, Clerk, who enrolled in Govt. Service in the year 2013. I am to request that the Group Insurance Scheme Pass Book with Account Number of the incumbent may be sent to this office at the earliest.

Yours faithfully
Sd/-
Senior Administrative Officer
For Member Secretary

Approved for Issue

Administrative Assistant

DRAFT

State Planning Board

No.E3-6721/09/SPB

Pattom Palace P.O,
Thiruvananthapuram,
Dated: .07.2016.

From

The Member Secretary

To

The District Insurance Officer,
Kerala State Insurance Department,
District Office,
Thiruvananthapuram.

Sir,

Sub: - State Planning Board – Establishment – Sri.Jayakumar.K.S, Clerk – Group Insurance Scheme – 'C' form – Forwarding of - reg.

.....

I am to forward herewith the filled up 'C' form in respect of Sri.Jayakumar.K.S, Clerk, who enrolled in Govt. Service in the year 2013. I am to request that the Group Insurance Scheme Pass Book with Account Number of the incumbent may be sent to this office at the earliest.

E3
7/7/16

Yours faithfully

7/7/16

Senior Administrative Officer
For Member Secretary

നം.ഇ2-946/14/ഡി.പി.ഒ/പിറ്റി.എ

ജില്ലാ പ്ലാനിംഗ് ഓഫീസ്
പത്തനംതിട്ട
തീയതി: 03/08/2016

പ്രേഷിതൻ

ജില്ലാ പ്ലാനിംഗ് ഓഫീസർ
പത്തനംതിട്ട

സ്വീകർത്താവ്:

സീനിയർ അഡ്മിനിസ്ട്രേറ്റീവ് ഓഫീസർ
സംസ്ഥാന ആസൂത്രണ ബോർഡ്
തിരുവനന്തപുരം

സർ,

വിഷയം: എസ്റ്റാബ്ലിഷ്മെന്റ്–ജില്ലാ പ്ലാനിംഗ് ഓഫീസ്– പത്തനംതിട്ട–ഗ്രൂപ്പ് ഇൻഷ്വറൻസിന്റെ അക്കൗണ്ട് നമ്പർ ലഭ്യമാക്കുന്നത് – സംബന്ധിച്ച്.

സൂചന:– ഈ ഓഫീസിലെ 21/01/2016–ലെ ഇതേ നമ്പർ കത്ത്.

ഈ ഓഫീസിലെ താഴെ പറയുന്ന ജീവനക്കാരുടെ ഗ്രൂപ്പ് ഇൻഷ്വറൻസിന്റെ അക്കൗണ്ട് നമ്പർ ലഭിച്ചിട്ടില്ല. ആഗസ്റ്റ് 2016–ന് ശമ്പള ബിൽ സമർപ്പിക്കുമ്പോൾ എല്ലാ ജീവനക്കാരുടേയും അക്കൗണ്ട് നമ്പർ വേണമെന്ന് സ്പാർക്കിൽ (SPARK) നിന്നും അറിയിച്ചിട്ടുണ്ട്. ഈ സാഹചര്യത്തിൽ താഴെ പറയുന്ന ജീവനക്കാരുടെ അക്കൗണ്ട് നമ്പർ അടിയന്തിരമായി അനുവദിക്കുന്നതിനായി ഫാറം സി (Form C) തിരുവനന്തപുരം ജില്ലാ ഇൻഷ്വറൻസ് ഓഫീസിൽ നൽകണമെന്ന് അപേക്ഷിക്കുന്നു.

1. ശ്രീമതി.ജി.ശശികല, കോൺഫിഡൻഷ്യൽ അസിസ്റ്റന്റ്
2. ശ്രീ.കെ.ജി.രാജേഷ്, ഓഫീസ് അറ്റൻഡന്റ്

വിശ്വസ്തതയോടെ

ജില്ലാ പ്ലാനിംഗ് ഓഫീസർ

ESH 0
31088

25/7/16

സ്വർച്ചനാ.

സംസ്ഥാന ആസൂത്രണ ബോർഡിൽ നിന്നും വാച്ച്മാൻ തസ്തികയിൽ ജോലി ചെയ്തു വരുന്ന എനിക്ക്, Group Insurance (GIS) - ൽ ചേരുന്നതിനാവശ്യമായ അനന്തര നടപടികൾ സ്വീകരിച്ചുതരണമെന്നും അഭ്യർത്ഥിക്കുന്നു.

STATE PLANNING BOARD
25 JUL 2016
THIRUVANANTHAPURAM-1

വിശ്വസ്തതയോടെ

വിനായക്. വി. എസ്
വാച്ച്മാൻ
സംസ്ഥാന ആസൂത്രണ ബോർഡ്

തിരു.
25.07.16.

FORM No. 1

GOVERNMENT OF KERALA

Department / Office STATE PLANNING BOARD

Dated 25.07.16

MEMORANDUM

*Sri VINAYAK.V.I, NIGHT WATCHMAN

..... a group D

employee has been enrolled as a member of the Kerala State Government Employees Group Insurance Scheme, 1984 with effect from 08/2016 His monthly subscription of Rs 150 (Rupees One hundred and fifty) shall be deducted from his salary / wage commencing from the month of 08/2016 and he will be eligible to the benefits of the scheme appropriate to Group D with effect from 01-08-2016

Head of Office

Senior Administrative Officer
State Planning Board,
Thiruvananthapuram.

To

*Sri VINAYAK V.I

Night Watch Man

*Name and Designation of the employee

SUKUMAR

FORM A

APPLICATION

To

The District Insurance Officer
District Insurance office
Housing Board Building
Thiruvananthapuram

Sir / Madam

I VINAYAK V I, NIGHT WATCHMAN (Name & Designation)
..... belong to*
Regular Establishment on the scale of pay
Rs. 16500-35700 working in State Planning Board Department
I request that I may be enrolled as a member of group D
having a monthly subscription of Rs 150 in the Group Insurance Scheme introduced by the Government as per G.O. (P) No. 392/84/Fin. dated 9-8-1984. I agree to abide by all the rules and instructions made or to be made by Government relating to the Scheme.

Yours faithfully

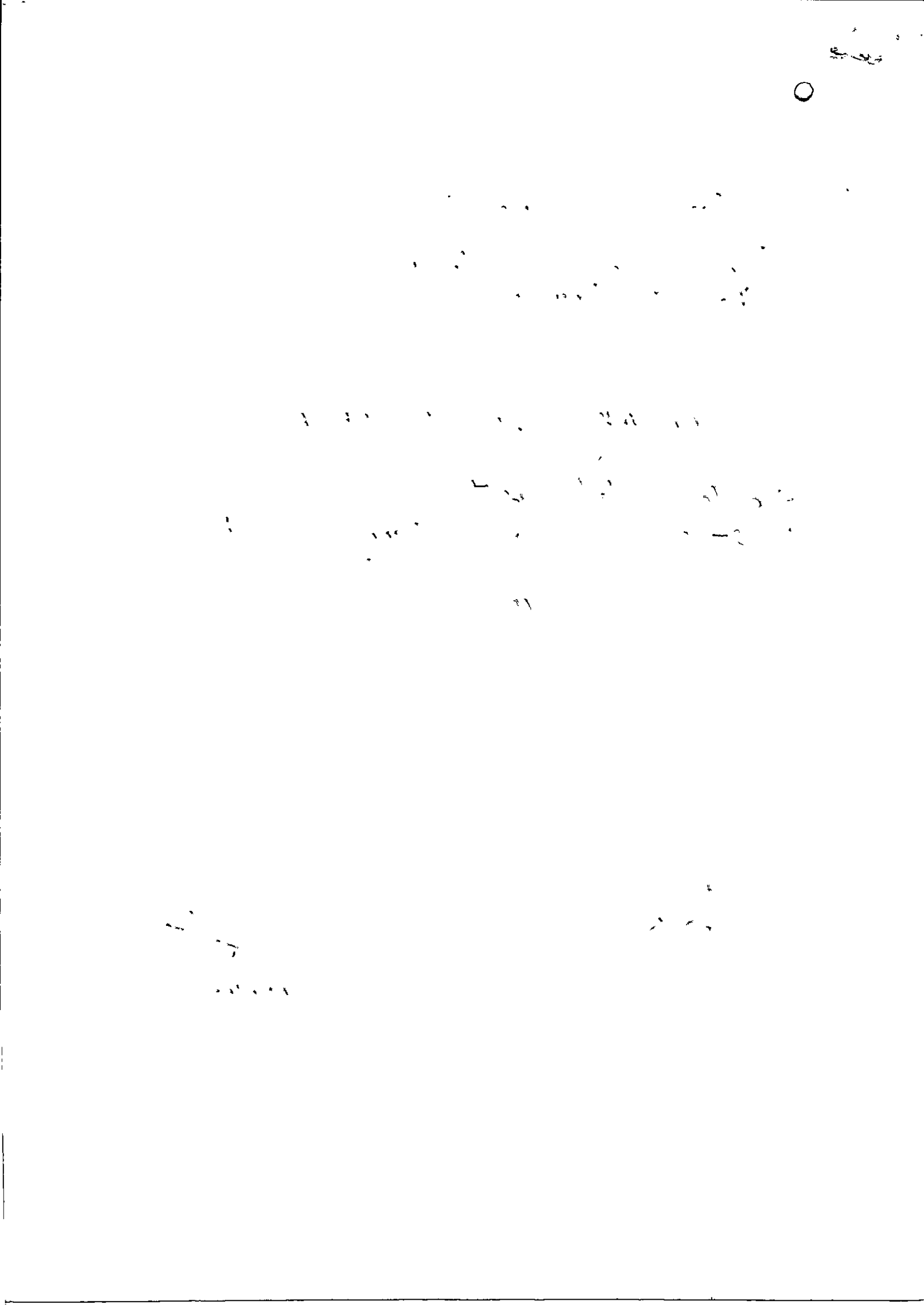
Place Pattom
Date 25.02.16

Name & Signature

VINAYAK V I

SUKUMAR

* State whether regular establishment, work-charged establishment, contingent establishment full time teaching and non teaching staff of Private School, Private College under direct Payment Scheme.



State Planning Board

No.E3-6721/09/SPB

Pattom Palace P.O,
Thiruvananthapuram,
Dated:16.08.2016.

From

The Member Secretary

To

The District Insurance Officer,
Kerala State Insurance Department,
District Office,
Thiruvananthapuram.

Sir,

Sub: - State Planning Board – Establishment – Sri.Tony Paulose, Clerk and Sri.Vinayak VI, Night Watchman – Application for enrolling Group Insurance Scheme - Forwarding of - reg.

.....

I am to forward herewith the duly filled up Applications received from Sri.Tony Paulose, Clerk and Sri.Vinayak V.I, Night Watchman for enrolling in the Group Insurance Scheme.

I am to request to enroll the incumbents in the Group Insurance Scheme.

Yours faithfully
(Sd/-)
Senior Administrative Officer
For Member Secretary

Approved for Issue

Administrative Assistant

DRAFT

State Planning Board

No.E3-6721/09/SPB

Pattom Palace P.O,
Thiruvananthapuram,
Dated: .08.2016.

From

The Member Secretary

To

The District Insurance Officer,
Kerala State Insurance Department,
District Office,
Thiruvananthapuram.

Sir,

Sub: - State Planning Board – Establishment – Sri.Tony Paulose, Clerk and Sri.Vinayak VI, Night Watchman – Application for enrolling Group Insurance Scheme - Forwarding of - reg.

.....

I am to forward herewith the duly filled up Applications received from Sri.Tony Paulose, Clerk and Sri.Vinayak V.I, Night Watchman for enrolling in the Group Insurance Scheme.

I am to request to enroll the incumbents in the Group Insurance Scheme.

Yours faithfully

Senior Administrative Officer
For Member Secretary

E3 9/8/16

9/8/16

9/8/16

അക്കൌണ്ട്സ് സെക്ഷൻ

നം. എ2-27193/2016/എസ്.പി.ബി

തീയതി. 03/08/2016

യു.ഒ. നോട്ട്

വിഷയം : സംസ്ഥാന ആസൂത്രണ ബോർഡ് – അക്കൌണ്ട്സ് – ഗ്രൂപ്പ് ഇൻഷുറൻസ് സ്കീം അക്കൌണ്ട് നമ്പർ ലഭ്യമാക്കുന്നത് - സംബന്ധിച്ച്

സൂചന : സ്പാർക്കിൽ നിന്നുള്ള സന്ദേശം.

മേൽ സൂചന പ്രകാരം ഗ്രൂപ്പ് ഇൻഷുറൻസ് അക്കൌണ്ട് നമ്പർ ലഭ്യമാകാത്ത ജീവനക്കാർക്ക് 2016 ആഗസ്റ്റ് മാസം മുതൽ ശമ്പളം പ്രോസസ് ചെയ്യുവാൻ സാധിക്കുകയില്ല എന്ന വിവരം ലഭിച്ചിട്ടുണ്ട്. ആയതിനാൽ ടി ജീവനക്കാരുടെ ഗ്രൂപ്പ് ഇൻഷുറൻസ് അക്കൌണ്ട് നമ്പർ ലഭ്യമാക്കുന്നതിനുവേണ്ട നടപടി സ്വീകരിക്കണമെന്ന് താൽപര്യപ്പെടുന്നു. ജീവനക്കാരുടെ വിവരങ്ങൾ ചുവടെ ചേർക്കുന്നു.

ക്രമ.നം.	പേര്	തസ്തിക
1.	ശ്രീമതി. അനില.റ്റി	റിസർച്ച് അസിസ്റ്റന്റ്
2.	ശ്രീമതി. റീന. ജെ	റിസർച്ച് അസിസ്റ്റന്റ്
3.	ശ്രീ. സുധി. എസ്	സീനിയർ ക്ലർക്ക്
4.	ശ്രീമതി. നിഖില.വി	സീനിയർ ക്ലർക്ക്
5.	ശ്രീ. ജിതേഷ്. ഇ.കെ	ക്ലർക്ക്
6.	ശ്രീ. ഇന്ദുലാൽ. എ	ക്ലർക്ക്
7.	ശ്രീമതി. സുചിത്രദേവി.ഐ.എസ്	ക്ലർക്ക്
8.	ശ്രീ. വിനോദ്. എസ്	ക്ലർക്ക്
9.	ശ്രീ. ടോണി പൌലോസ്	ക്ലർക്ക്
10.	ശ്രീ. ഗിരീഷ് കുമാർ. സി.എസ്	ക്ലർക്ക്
11.	ശ്രീ. വിജയൻ. വി	ഡഫേദാർ
12.	ശ്രീ. അജീഷ്. എൻ.ഡി	ഓഫീസ് അറ്റൻഡന്റ്
13.	ശ്രീമതി. ബീന. കെ	ഓഫീസ് അറ്റൻഡന്റ്
14.	ശ്രീമതി. ദേവി. സി	ഓഫീസ് അറ്റൻഡന്റ്
15.	ശ്രീ. ധനേഷ്. എം.എസ്	ഓഫീസ് അറ്റൻഡന്റ്
16.	ശ്രീമതി. ഷജിത പാലിയാടൻ	ഓഫീസ് അറ്റൻഡന്റ്
17.	ശ്രീമതി. ഷംന. എ	ഓഫീസ് അറ്റൻഡന്റ്

18.	ശ്രീ. വിനായക്. വി.ഐ	ഓഫീസ് അറ്റൻഡന്റ്
19.	ശ്രീ. വിനീത് ദാസ്. ജെ.എസ്	ഓഫീസ് അറ്റൻഡന്റ്
20.	ശ്രീമതി. ഭാസുര. പി.ബി	ഓഫീസ് അറ്റൻഡന്റ്
21.	ശ്രീമതി. ദിവ്യ വിജയൻ	ഓഫീസ് അറ്റൻഡന്റ്

സീനിയർ സൂപ്രണ്ട്

To

എസ്റ്റാബ്ലിഷ്മെന്റ് സെക്ഷൻ E2 & E3

ഭരണഭാഷ–മാതൃഭാഷ

നം:ഇ2–946/2014/ഡി.പി.ഒ/പി.റ്റി.എ

ജില്ലാ പ്ലാനിംഗ് ഓഫീസ്,
പത്തനംതിട്ട,
തീയതി:10/08/2016

പ്രേഷിതൻ

ജില്ലാ പ്ലാനിംഗ് ഓഫീസർ,
പത്തനംതിട്ട.

സ്വീകർത്താവ്

മെമ്പർ സെക്രട്ടറി
സംസ്ഥാന ആസൂത്രണ ബോർഡ്
തിരുവനന്തപുരം

സർ,

വിഷയം:– ജീവനക്കാര്യം – ജില്ലാ പ്ലാനിംഗ് ഓഫീസ്, പത്തനംതിട്ട–ഗ്രൂപ്പ് ഇൻഷ്വറൻസ് അക്കൗണ്ട് – ജീവനക്കാരെ സംബന്ധിക്കുന്ന വിവരങ്ങൾ അറിയിക്കുന്നത് – സംബന്ധിച്ച്.

സൂചന:–നം.ഇ2–6721/2010/എസ്.പി.ബിതീയതി.06/08/2016–ലെ മെമ്പർ സെക്രട്ടറിയുടെ കത്ത്.

സൂചനയിൽ ആവശ്യപ്പെട്ട പ്രകാരം ഈ ഓഫീസിലെ ജീവനക്കാരായ ശ്രീമതി.ജി.ശശികല, കോൺഫിഡൻഷ്യൽ അസിസ്റ്റന്റ്, ശ്രീ.കെ.ജി.രാജേഷ്, ഓഫീസ് അറ്റൻഡന്റ് എന്നിവരുടെ ഗ്രൂപ്പ് ഇൻഷ്വറൻസിനെ സംബന്ധിച്ച വിവരങ്ങൾ ചുവടെ ചേർക്കുന്നു.

പേര്	ഉദ്യോഗ പേര്	പെൻ നമ്പർ	ശമ്പള സ്കെയിൽ	വരി സംഖ്യ	ജനന തീയതി	വിരമിക്കുന്ന തീയതി
1.ശശികല.ജി	കോൺഫിഡൻഷ്യൽ അസിസ്റ്റന്റ്	635783	20000–45800	200	15–05–1978	31–05–2034
2.രാജേഷ്.കെ.ജി	ഓഫീസ് അറ്റൻഡന്റ്	588636	16500–35700	150	30–05–1982	31–05–2038

വിശ്വസ്തതയോടെ

(ഒപ്പ്)
ജില്ലാ പ്ലാനിംഗ് ഓഫീസർക്കു വേണ്ടി

State Planning Board

No.E3-6721/09/SPB

Pattom Palace P.O,
Thiruvananthapuram,
Dated: 23.08.2016.

From

The Member Secretary

To

The District Insurance Officer,
Kerala State Insurance Department,
District Office,
Thiruvananthapuram.

Sir,

Sub: - State Planning Board – Establishment – Group Insurance Scheme – 'C' form – Forwarding of - reg.

.....

I am to forward herewith the filled up 'C' form in respect of the following employees of this office who are enrolled in Govt. Service in the year noted in the column below:

Sl. No.	Name	Designation	Year of entry in service
1.	Vijayan V	Peon	1988
2.	Sudhi.S	L.D. Clerk	2006
3.	Nikhila V	L.D. Clerk	2007
4.	Rajesh K.G	Office Attendant	2010
5.	Devi.C	Office Attendant	2012
6.	Vinod S	L D Clerk	2013
7.	Gireeshkumar C.S	L D Clerk	2014
8.	Tony Paulose	L D Clerk	2014
9.	Jithesh E.K	LD Clerk	2015
10.	Indhulal A	L D Clerk	2015
11.	Ajeesh ND	Night Watchman	2015
12.	Dhanesh MS	Chowkidar	2015
13.	Beena K	Office Attendant	2016
14.	Shajitha Palayadan	Office Attendant	2016

15.	Shamna A	Office Attendant	2016
16.	Vinayak V.I	Office Attendant	2016
17.	Vineeth Das J.S	Office Attendant	2016
18.	Divya Vijayan	Office Attendant	2016

I am to request that the Group Insurance Scheme Pass Book with Account Number of the incumbent may be sent to this office at the earliest.

Yours faithfully
(Sd/-)
Senior Administrative Officer
For Member Secretary

Approved for Issue

Administrative Assistant

9	745947	Jithesh E.K	LD Clerk	9940-16580	C	200	01.10.2015	16.04.1984	30.04.2040	N	--
10	757818	Indhulal A	LD Clerk	9940-16580	C	200	01.12.2015	04.05.1981	31.05.2037	N	--
11	748953	Ajeesh ND	Night Watchman	8500-13210	D	150	01.10.2015	15.04.1984	30.04.20140	N	--
12	750998	Dhanesh MS	Chowkidar	8500-13210	D	150	01.10.2015	28.05.1986	31.05.2042	N	--
13	767825	Beena K	Office Attendant	16500-35700	D	150	05.04.2016	25.05.1977	31.05.2033	N	--
14	767823	Shajitha Palayadan	Office Attendant	16500-35700	D	150	05.04.2016	21.05.1978	31.05.2034	N	--
15	765981	Shamna A	Office Attendant	16500-35700	D	150	01.02.2016	07.05.1986	31.05.2042	N	--
16	767824	Vinayak V.I	Night Watchman	16500-35700	D	150	02.03.2016	24.03.1991	31.03.2047	N	--
17	770975	Vineeth Das J.S	Office Attendant	16500-35700	D	150	02.05.2016	25.07.1987	30.07.2043	N	--
18	765983	Divya Vijayan	Office Attendant	16500-35700	D	150	01.02.2016	06.01.1989	31.01.2045	N	--

Note: * DDO/SDO Code whichever is applicable

Column No. 8 should be the date of encashment of the Salary bill for September in which the first deduction is made

Balakrishnan N.B
Senior Administrative Officer
State Planning Board,
Thiruvananthapuram.

Place :Pattom

Date : 23/08/2016

(Office Seal)

To

The District Insurance Officer, Thiruvananthapuram

KERALA STATE INSURANCE DEPARTMENT

GROUP INSURANCE SCHEME

FORM GIS – C

(Vide Rule 6)

List of Members who have joined the Scheme

DDO/SDO Code * :0104-710-002 Salary Head :3451-00-101-99-01-01 Department : State Planning Board

Name of Office :State Planning Board Mode of Payment (Salary Deduction/DD/Challan) : Salary Deduction

Address : Pattom Palace.P.O, Thiruvananthapuram, PIN - 695 004 Details of DD/Challan : NA

Dist: Thiruvananthapuram

Sl. No.	PEN	Name in Block letters	Designation	Scale of Pay	Group & Rate of Subscription		Date of encashment of the bill inwhich first deduction is made	Date of Birth	Date of Retirement	Selfdrawingo r not (Y/N)	Remarks
1	2	3	4	5	6	7	8	9	10	11	12
1	312028	Vijayan V	Peon	2610-3680	D	100	01.10.1998	01.06.1963	30.06.2019	N	--
2	312014	Sudhi.S	L.D. Clerk	4990-7990	C	150	01.10.2007	08.05.1976	31.05.1932	N	--
3	312017	Nikhila V	L.D. Clerk	4990-7990	C	150	01.10.2007	01.06.1985	30.06.2041	N	--
4	588636	Rajesh K.G	Office Attendant	8500-13210	D	150	01.10.2011	30.05.1982	31.05.2038	N	
5	701729	Devi.C	Office Attendant	8500-13210	D	150	01.10.2012	25.05.1976	31.05.2032	N	--
6	714089	Vinod S	L D Clerk	9940-16580	C	200	01.10.2013	07.05.1972	31.05.2028	N	--
7	721562	Gireeshkumar C.S	L D Clerk	9940-16580	C	200	01.10.2014	20.05.1973	31.05.2029	N	--
8	734794	Tony Paulose	L D Clerk	9940-16580	C	200	01.10.2015	15.08.1994	31.08.2050	N	--

DRAFT

State Planning Board

No.E3-6721/09/SPB

Pattom Palace P.O,
Thiruvananthapuram,
Dated: .08.2016.

From

The Member Secretary

To

The District Insurance Officer,
Kerala State Insurance Department,
District Office,
Thiruvananthapuram.

Sir,

Sub: - State Planning Board – Establishment – Group Insurance Scheme – 'C' form – Forwarding of - reg.

.....

I am to forward herewith the filled up 'C' form in respect of the following employees of this office who are enrolled in Govt. Service in the year noted in the column below:

Sl. No.	Name	Designation	Year of entry in service
1.	Vijayan V	Peon	1988
2.	Sudhi.S	L.D. Clerk	2006
3.	Nikhila V	L.D. Clerk	2007
4.	Rajesh K.G	Office Attendant	2010
5.	Devi.C	Office Attendant	2012
6.	Vinod S	L D Clerk	2013
7.	Gireeshkumar C.S	L D Clerk	2014
8.	Tony Paulose	L D Clerk	2014
9.	Jithesh E.K	LD Clerk	2015
10.	Indhulal A	L D Clerk	2015
11.	Ajeesh ND	Night Watchman	2015
12.	Dhanesh MS	Chowkidar	2015
13.	Beena K	Office Attendant	2016
14.	Shajitha Palayadan	Office Attendant	2016

15.	Shamna A	Office Attendant	2016
16.	Vinayak V.I	Office Attendant	2016
17.	Vineeth Das J.S	Office Attendant	2016
18.	Divya Vijayan	Office Attendant	2016

I am to request that the Group Insurance Scheme Pass Book with Account Number of the incumbent may be sent to this office at the earliest.

Yours faithfully

Senior Administrative Officer
For Member Secretary

DRAFT

KERAL

List of M

DDO/SDO Code * :0104-710-002 Salary

Name of Office :State Planning Board

Address : Pattom Palace.P.O, Thiruvananthapuram, PIN - 695

Sl. No.	PEN	Name in Block letters	Designation	Scale of
1	2	3	4	5
1	312028	Vijayan V	Peon	2610-36
2	312014	Sudhi.S	L.D. Clerk	4990-79
3	312017	Nikhila V	L.D. Clerk	4990-79
4	588636	Rajesh K.G	Office Attendant	8500-132
5	701729	Devi.C	Office Attendant	8500-132
6	714089	Vinod S	L D Clerk	9940-165
7	721562	Gireeshkumar C.S	L D Clerk	9940-165
8	734794	Tony Paulose	L D Clerk	9940-165
9	745947	Jithesh E.K		
10	757818	Indhulal A		
11	748953	Ajeesh ND		
12	750998	Dhanesh MS		
13	767825	Beena K		
14	767823	Shajitha Palayadan		
15	765981	Shamna A		
16	767824	Vinayak V.I		
17	770975	Vineeth Das J.S		
18	765983	Divya Vijayan		

Note: * DDO/SDO Code whichever is a

Column No. 8 should be the date of er

Place :Pattom

Date : /08/2016

To

The District Insurance Offi

E3 19/8/16

LD Clerk	9940-16580	C	200	01.10.2015	16.04.1984	30.04.2040	N	--
L D Clerk	9940-16580	C	200	01.12.2015	04.05.1981	31.05.2037	N	--
Night Watchman	8500-13210	D	150	01.10.2015	15.04.1984	30.04.20140	N	--
Chowkidar	8500-13210	D	150	01.10.2015	28.05.1986	31.05.2042	N	--
Office Attendant	16500-35700	D	150	05.04.2016	25.05.1977	31.05.2033	N	--
Office Attendant	16500-35700	D	150	05.04.2016	21.05.1978	31.05.2034	N	--
Office Attendant	16500-35700	D	150	01.02.2016	07.05.1986	31.05.2042	N	--
Night Watchman	16500-35700	D	150	02.03.2016	24.03.1991	31.03.2047	N	--
Office Attendant	16500-35700	D	150	02.05.2016	25.07.1987	30.07.2043	N	--
Office Attendant	16500-35700	D	150	01.02.2016	06.01.1989	31.01.2045	N	--

pplicable

cashment of the Salary bill for September in which the first deduction is made

Balakrishnan N.B

(Office Seal)

er, Thiruvananthapuram

T001609770 By Special Messenger

KERALA STATE INSURANCE DEPARTMENT
04 AUG 2016

GOVERNMENT OF KERALA

Abstract

Group Insurance Scheme – Reclassification of Scale of Pay of Groups and Revision of Rate of Subscription – Orders issued.

FINANCE (GROUP INSURANCE SCHEME) DEPARTMENT

G.O.(P)No.112/2016/Fin. Dated,Thiruvananthapuram, 01/08/2016.

Read :- 1. G.O(P)No.392/1984/Fin dated 09.08.1984.
2. G.O(P)No.249/2010/Fin dated 21.04.2010.
3. G.O(P)No.381/2011/Fin dated 06.09.2011.
4. G.O(P)No.07/2016/Fin dated 20.01.2016.
5. Letter No.Ins/Dev.Wing/DV3/T001604318 dated 19/07/2016.

ORDER

The scales of Pay of State Government employees have been revised in the Government Order read as 4th Paper above. The Director of Insurance in his letter read as 5th paper above has recommended to reclassify the scales of pay of Groups and revise the rates of subscription under Kerala State Employees Group Insurance Scheme.

2. Government after examining the proposal in detail are pleased to reclassify the scales of pay of Groups and revise the rates of subscription under Group Insurance scheme with effect from 01/09/2016 as shown below.

Sl.No	Scale of Pay	Group	Rate of Subscription
1	₹ 55350-101400 and above	A	600
2	₹ 35700-75600 and above but below ₹ 55350-101400	B	500
3	₹ 17000-37500 and above but below ₹ 35700-75600	C	400
4	₹ 16500-35700 and above but below ₹ 17000-37500	D	300

(The Subscription for the scheme shall continue to be in units of ₹ 10 per month)

3. All the employees now subscribing to the Group Insurance Scheme should come over to the revised rate of subscription with reference to the revised scales of pay as above.

4. Formal amendment to the Kerala State Employees Group Insurance Scheme Rules, 2010 will be issued separately.

(By order of the Governor)

Dr.K.M.ABRAHAM
Additional Chief Secretary (Finance)

To

The Principal Accountant General (A&E), Kerala, Thiruvananthapuram
The Principal Accountant General (G&SSA), Kerala, Thiruvananthapuram.
The Accountant General (E&RSA), Kerala, Thiruvananthapuram.
All Heads of Departments/Offices.
All Departments (all Sections) of the Secretariat.
The Registrar, High Court of Kerala, Ernakulam (with C.L.).
The Director of Insurance, Thiruvananthapuram.
All District Insurance Officers.
The Registrar, University of Kerala/Kochin/Calicut/Mahatma Gandhi/ Kannur (with C.L.)
The Registrar, Agricultural University, Mannuthi (with C.L).
The Registrar, Sree Sankaracharya Sanskrit University, Kalady (with C.L.)
The Secretary, Kerala Public Service Commission, Thiruvananthapuram (with C.L.).
The Secretary K.S.E.B, Thiruvananthapuram (with C.L.).
The Director of Public Relations, Thiruvananthapuram.
All Principal Secretaries/Secretaries/Special Secretaries/Additional Secretaries/Joint Secretaries/Deputy Secretaries/Under Secretaries to Government.
The Secretary to Governor, Raj Bhavan.
The State Chief Information Commissioner (with C.L.).
The Private Secretaries to the Chief Minister and other Ministers.
The Private Secretary to Speaker, Deputy Speaker, Leader of Opposition and Government Chief Whip.
The CA to the Principal Secretary(Finance).
The Nodal Officer, www.finance.kerala.gov.in.
The Stock File/Office Copy.

Forwarded / By order,

Section Officer

ENDORSEMENT NO.: INS/DI3/100169770

Communicated to all District Insurance Officers for necessary actions.

KERALA STATE INSURANCE DEPARTMENT

District Insurance Office, Thiruvananthapuram

3rd Floor, Housing Board Building Complex,Santhinagar,Thiruvananthapuram

Reciept for Online Application

To

STATE PLANNING BOARD, PATTOM, TRIVANDRUM

Sir

Your Application for admission to Group Insurance Scheme for the following employees has been successfully placed. Your Receipt Number is **T011620098** The Account Numbers and Pass Books will be sent to you after approval. However, you can check the status of your application at any time in this website after login to your account.

Sl No.	PEN	Name	Designation
1	761761	SETHU.S.B	Office Attendant

District Insurance Officer

PROFORMA FOR ENROLLING GIS THROUGH VISWAS

1	PEN NO	T61761
2	Designation	OFFICE Attendant
3	Date of entry into service	14/12/2015 ✓
4	Remittance date(encashment)	01/01/2016
5	E mail	sethusmesh45@yahoo.com
6	Name	Sethu. S. B
7	Salary of Pay	8500/- (pre revised)
8	Month of subscription	12/2015
9	Date of Retirement	31 October 2048
10	Mode of remittance	Salary deduction
11	Gender	Male
12	Date of Birth	1-Nov-1988
13	Subscription amount	₹150/-
14	Mobile NO	9809979873

Sethu. SB 10/16

Signature of the Applicant

Name Sethu. SB

KERALA STATE INSURANCE DEPARTMENT

District Insurance Office, Thiruvananthapuram

3rd Floor, Housing Board Building Complex,Santhinagar,Thiruvananthapuram

Reciept for Online Application

To

STATE PLANNING BOARD, PATTOM, TRIVANDRUM

Sir

Your Application for admission to Group Insurance Scheme for the following employees has been successfully placed. Your Receipt Number is **T011620089** The Account Numbers and Pass Books will be sent to you after approval. However, you can check the status of your application at any time in this website after login to your account.

Sl No.	PEN	Name	Designation
1	767824	VINAYAK. V.I	Night Watchman

District Insurance Officer

PROFORMA FOR ENROLLING GIS THROUGH VISWAS

1	PEN NO	767824
2	Designation	Night Watchman
3	Date of entry into service	24.02.2016
4	Remittance date(encashment)	02.03.2016
5	E mail	vinayakviteam@gmail.com
6	Name	VINAYAK.V.I
7	Salary of Pay	16500-35700
8	Month of subscription	02/2016
9	Date of Retirement	31.03.2051
10	Mode of remittance	Salary deduction
11	Gender	Male
12	Date of Birth	24.03.1991
13	Subscription amount	150/-
14	Mobile NO	9995725639

Signature of the Applicant

Name Vinayak V I

DRAFT

സംസ്ഥാന ആസൂത്രണ ബോർഡ്

നം.ഇ3-6721/2010/എസ്.പി.ബി

പട്ടം പാലസ് പി.ഒ.
തിരുവനന്തപുരം
തീയതി : .08.2016.

പ്രേക്ഷിതൻ
മെമ്പർ സെക്രട്ടറി,

സ്വീകർത്താവ്
ജില്ലാ പ്ലാനിംഗ് ഓഫീസർ,
പത്തനംതിട്ട

സർ,

വിഷയം:- സംസ്ഥാന ആസൂത്രണബോർഡ് -ജീവനക്കാര്യം –ഗ്രൂപ്പ് ഇൻഷ്വറൻസിന്റെ അക്കൌണ്ട്-ജീവനക്കാരെ സംബന്ധിക്കുന്ന വിവരങ്ങൾ ലഭ്യമാക്കുന്നത് സംബന്ധിച്ച്

സൂചന.-1. പത്തനംതിട്ട ജില്ലാ പ്ലാനിംഗ് ഓഫീസറുടെ 03.08.2016 ലെ ഇ2-946/14/ഡിപിഒ/പി.റ്റി.എ നമ്പരായുള്ള കത്ത്

സൂചനയിലേക്ക് ശ്രദ്ധ ക്ഷണിക്കുന്നു. സൂചനയിൽ ആവശ്യപ്പെട്ട പ്രകാരം ആ ഓഫീസിലെ ജീവനക്കാരായ ശ്രീമതി.ശശികല.ജി, ശ്രീ.രാജേഷ് എന്നിവരുടെ ഗ്രൂപ്പ് ഇൻഷ്വറൻസിന്റെ അക്കൌണ്ട് നമ്പർ ലഭിക്കുന്നതിന് തിരുവനന്തപുരം ജില്ലാ ഇൻഷ്വറൻസ് ഓഫീസർക്ക് ഫാറം സ്ലി തയ്യാറാക്കി സമർപ്പിക്കുന്നതിന് പ്രസ്തുത ജീവനക്കാരെ സംബന്ധിക്കുന്ന താഴെ പറയുന്ന വിവരങ്ങൾ ലഭ്യമാക്കണമെന്ന് അഭ്യർത്ഥിക്കുന്നു.

1. പെൻ നമ്പർ
2. ശമ്പള സ്കെയിൽ
3. ഗ്രൂപ്പ് ഇൻഷ്വറൻസ് വരിസംഖ്യ
4. ജനനതീയതി
5. സർവ്വീസിൽനിന്നും വിരമിക്കുന്ന തീയതി

വിശ്വസ്തതയോടെ,

സീനിയർ അഡ്മിനിസ്ട്രേറ്റീവ് ഓഫീസർ
മെമ്പർ സെക്രട്ടറിക്കു വേണ്ടി

സംസ്ഥാന ആസൂത്രണ ബോർഡ്

നം.ഇ3-6721/2010/എസ്.പി.ബി

പട്ടം പാലസ് പി.ഒ.
തിരുവനന്തപുരം
തീയതി :06.08.2016.

പ്രേക്ഷിതൻ

മെമ്പർ സെക്രട്ടറി,

സ്വീകർത്താവ്

ജില്ലാ പ്ലാനിംഗ് ഓഫീസർ,
പത്തനംതിട്ട

സർ,

വിഷയം:- സംസ്ഥാന ആസൂത്രണബോർഡ് -ജീവനക്കാര്യം –ഗ്രൂപ്പ് ഇൻഷ്വറൻസിന്റെ അക്കൌണ്ട്-ജീവനക്കാരെ സംബന്ധിക്കുന്ന വിവരങ്ങൾ ലഭ്യമാക്കുന്നത് സംബന്ധിച്ച്

സൂചന.- പത്തനംതിട്ട ജില്ലാ പ്ലാനിംഗ് ഓഫീസറുടെ 03.08.2016 ലെ ഇ2-946/14/ഡിപിഒ/പി.റ്റി.എ നമ്പരായുള്ള കത്ത്

സൂചനയിലേക്ക് ശ്രദ്ധ ക്ഷണിക്കുന്നു. സൂചനയിൽ ആവശ്യപ്പെട്ട പ്രകാരം ആ ഓഫീസിലെ ജീവനക്കാരായ ശ്രീമതി.ശശികല.ജി, ശ്രീ.രാജേഷ് എന്നിവരുടെ ഗ്രൂപ്പ് ഇൻഷ്വറൻസിന്റെ അക്കൌണ്ട് നമ്പർ ലഭിക്കുന്നതിന് തിരുവനന്തപുരം ജില്ലാ ഇൻഷ്വറൻസ് ഓഫീസർക്ക് ഫാറം സി തയ്യാറാക്കി സമർപ്പിക്കുന്നതിന് പ്രസ്തുത ജീവനക്കാരെ സംബന്ധിക്കുന്ന താഴെ പറയുന്ന വിവരങ്ങൾ ലഭ്യമാക്കണമെന്ന് അഭ്യർത്ഥിക്കുന്നു.

1. പെൻ നമ്പർ
2. ശമ്പള സ്കെയിൽ
3. ഗ്രൂപ്പ് ഇൻഷ്വറൻസ് വരിസംഖ്യ
4. ജനനതീയതി
5. സർവ്വീസിൽനിന്നും വിരമിക്കുന്ന തീയതി

വിശ്വസ്തതയോടെ,
ഒപ്പ്
സീനിയർ അഡ്മിനിസ്ട്രേറ്റീവ് ഓഫീസർ
മെമ്പർ സെക്രട്ടറിക്കു വേണ്ടി

അംഗീകാരത്തോടെ

അഡ്മിനിസ്ട്രേറ്റീവ് അസിസ്റ്റന്റ്

FORM No. 1

GOVERNMENT OF KERALA

Department / Office STATE PLANNING BOARD

Dated 09.06.2016

MEMORANDUM

*Sri TONY PAULOSE LD. CLERK, STATE PLANNING BOARD a group insurance scheme employee has been enrolled as a member of the Kerala State Government Employees Group Insurance Scheme, 1984 with effect from 01.08.2014. His monthly subscription of Rs 200 (Rupees two hundred) shall be deducted from his salary / wage commencing from the month of 09/2015 and he will be eligible to the benefits of the scheme appropriate to Group C with effect from September 2015.

Head of Office

Senior Administrative Officer
State Planning Board,
Thiruvananthapuram.

To

*Sri TONY PAULOSE
LD. CLERK, SPB

SUKUMAR

*Name and Designation of the employee

FORM A

APPLICATION

To

The Senior Administrative Officer
State Planning Board,
Pattom Palace PO, TVM
.....

Sir / Madam

I TONY PAULOSE, (Name & Designation)
LD - CLERK belong to*
STATE PLANNING BOARD on the scale of pay
Rs. 19,000 – 43,600 working in Accounts Section, SPB Department
I request that I may be enrolled as a member of group Insurance scheme
having a monthly subscription of Rs 200 in the Group Insurance Scheme introduced by the Government as per G.O. (P) No. 392/84/Fin. dated 9-8-1984. I agree to abide by all the rules and instructions made or to be made by Government relating to the Scheme.

Yours faithfully
TONY PAULOSE

Name & Signature

Place PATTOM
Date 09.06.2016

SUKUMAR

* State whether regular establishment, work-charged establishment, contingent establishment full time teaching and non teaching staff of Private School, Private College under direct Payment Scheme.

FORM No. 7

NOMINATION FOR BENEFITS UNDER THE KERALA STATE EMPLOYEES GROUP INSURANCE SCHEME 1984

When the Government employee has a family and wishes to nominate one member to more than one member thereof

I ..... TONY PAULOSE ..... here by nominate the person(s) mentioned below who is / are member(s) of my family and confer on him/them the right to receive to the extent specified below any amount that may be sanctioned by the Kerala Government under the Kerala State Employee's Group Insurance Scheme, 1984 in the event of my death while in service which having become payable on my attaining the age of superannuation may remain unpaid at my death.

Names and address of nominee / nominees	Relationship with Govt. employee	Age	*Share to be paid to each	Contingencies on the happening of which the nomination shall become invalid	Name and address & relationship of the persons if any, to whom the right of the nominee shall pass in the event of his predeceasing Govt. employees	Name and address of the person to whom share is to be paid on behalf of minor/minors
1	2	3	4	5	6	7
ANCY CHERIAN	MOTHER	50	50%			ANCY CHERIAN SREE HOUSE MAIN GATE, NALANCHIRA TRIVANDRAM.
ANNA PAULOSE	SISTER	13	50%			

Dated this ..... day of ..... at .....

Signature of two witnesses : (1) VISAKH. S.J, Sr. Clerk, Visaakh

(2) NIRMALA-V, Sr Clerk, SPB

Signature .....

Name Tony Paulose

Address Parapurath Sheebhouse
opp Indian Bank, Nalanchira
P.O, Maingate, TVM.

SUKUMAR

N.B: The Government employee should draw line across the blank space below his last entry to prevent the insertion of any names after he has signed
*This column should be filled in so as to cover the whole amount that may be payable under the Insurance Scheme.

KERALA STATE INSURANCE DEPARTMENT
GROUP INSURANCE SCHEME
FORM GIS – C
(Vide Rule 6)
List of Members who have joined the Scheme

DDO/SDO Code * :0104-710-002
Name of Office :State Planning Board
Address : Pattom Palace.P.O, Thiruvananthapuram, PIN - 695 004

Salary Head :3451-00-101-99-01-01
Department : State Planning Board
Mode of Payment (Salary Deduction/DD/Challan) : Salary Deduction
Details of DD/Challan : NA
Dist: Thiruvananthapuram

Sl. No.	PEN	Name in Block letters	Designation	Scale of Pay	Group & Rate of Subscription		Date of encashment of the bill inwhich first deduction is made	Date of Birth	Date of Retirement	Selfdrawingor not (Y/N)	Remarks
1	2	3	4	5	6	7	8	9	10	11	12
1	379564	Jayakumar.K.S	Clerk	9940-16580 (PR)	C	200	01.10.2013	30.05.1977	31.05.2033	N	

Note: * DDO/SDO Code whichever is applicable
Column No. 8 should be the date of encashment of the Salary bill for September in which the first deduction is made

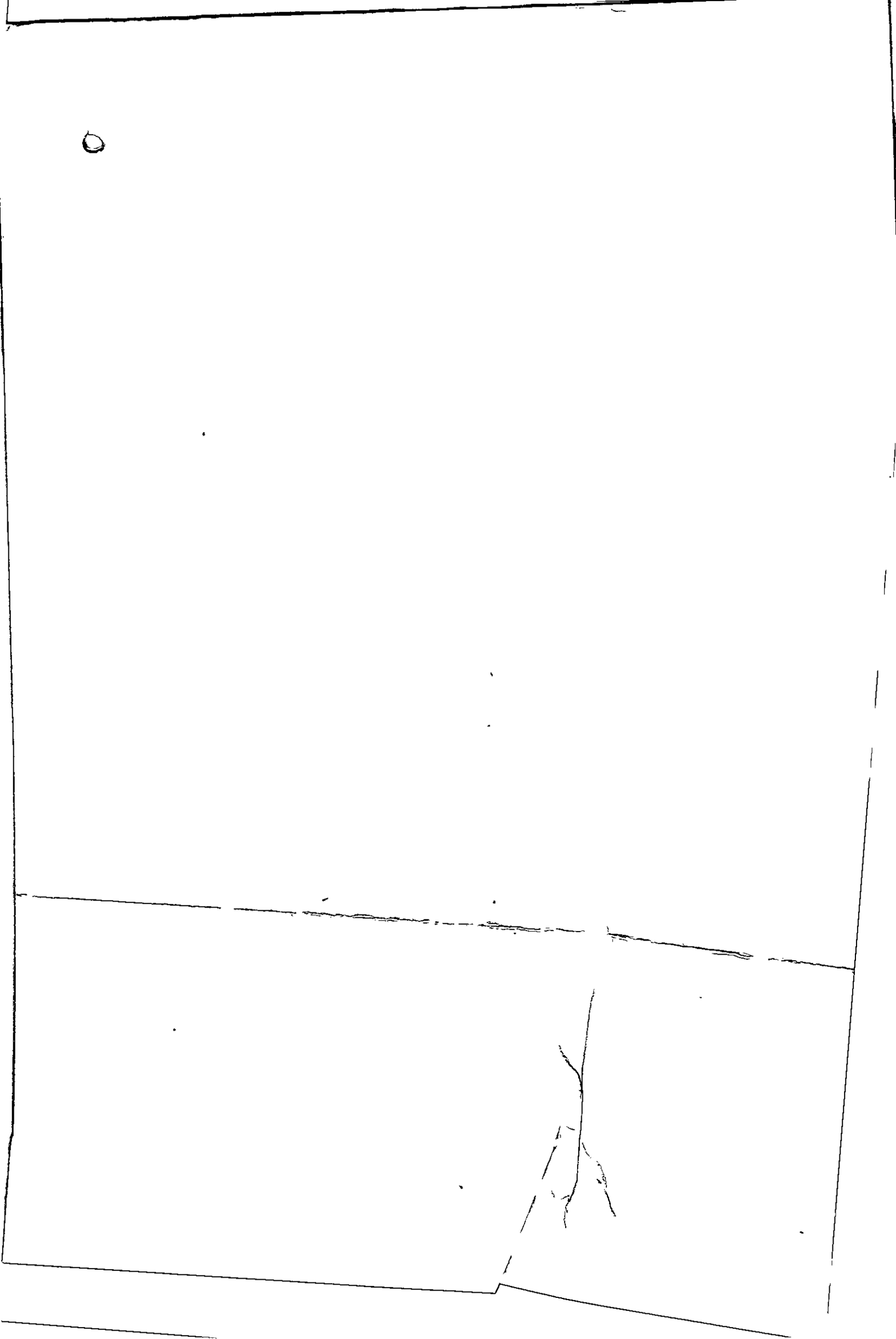
Place :Pattom
Date :07/07/2016

(Office Seal)

Balakrishnan N.B
Senior Administrative Officer
State Planning Board
Thiruvananthapuram

To

The District Insurance Officer, Thiruvananthapuram



DRAFT

KERALA STATE INSURANCE DEPARTMENT
GROUP INSURANCE SCHEME
FORM GIS – C
(Vide Rule 6)
List of Members who have joined the Scheme

DDO/SDO Code * :0104-710-002
Salary Head :3451-00-101-99-01-01
Department : State Planning Board
Name of Office :State Planning Board
Mode of Payment (Salary Deduction/DD/Challan) : Salary Deduction
Address : Pattom Palace.P.O, Thiruvananthapuram, PIN - 695 004
Details of DD/Challan : NA
Dist: Thiruvananthapuram

Sl. No.	PEN	Name in Block letters	Designation	Scale of Pay	Group & Rate of Subscription		Date of encashment of the bill inwhich first deduction is made	Date of Birth	Date of Retirement	Selfdrawingor not (Y/N)	Remarks
1	2	3	4	5	6	7	8	9	10	11	12
1	379564	Jayakumar.K.S	Clerk	9940-16580 (PR)	C	200	01.10.2013	30.05.1977	31.05.2033	N	--

Note: * DDO/SDO Code whichever is applicable
Column No. 8 should be the date of encashment of the Salary bill for September in which the first deduction is made

Place :Pattom
Date : /07/2016
To
The District Insurance Officer, Thiruvananthapuram

(Office Seal)

Balakrishnan N.B
Senior Administrative Officer
State Planning Board,
Thiruvananthapuram.

F38 7/7/16 3/7/16

PROFORMA FOR ENROLLING GIS THROUGH VISWAS

1	PEN NO	748953
2	Designation	Office Assistant ~~Attendant~~
3	Date of entry into service	01-06-2015
4	Remittance date(encashment)	1-10-2015
5	E mail	ajeeshnd14@gmail.com
6	Name	Ajeesh. N.D.
7	Salary of Pay	8500-13210 (~~16500-35700~~)
8	Month of subscription	Sep/2015
9	Date of Retirement	31-05-2044
10	Mode of remittance	Salary Deduction.
11	Gender	Male
12	Date of Birth	15-04-1984
13	Subscription amount	150
14	Mobile NO	9539763684

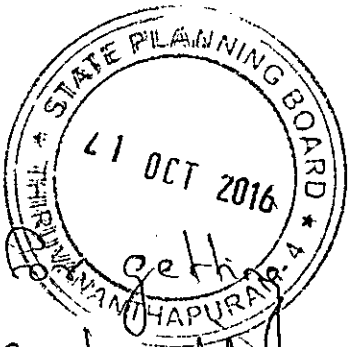
Signature of the Applicant

Name Ajeesh. N.D.

623

AE 23590

Submission



Kindly take necessary action for getting GIS account number to me. Since I could not enroll GIS account through online. I entered into Service on 7/8/14, it is not possible to enroll GIS account through Online. Necessary action may please be taken at the earliest.

21/10/16

Tony Paulose
Clerk

State Planning Board

No.E3-6721/10/SPB

Pattom Palace P.O,
Thiruvananthapuram,
Dated: 25 .10.2016.

From

The Member Secretary

To

The District Insurance Officer,
Kerala State Insurance Department,
District Office,
Thiruvananthapuram.

Sir,

Sub: - State Planning Board – Establishment – Sri.Tony Paulose, Clerk – Group Insurance Scheme – 'C' form – Forwarding of - reg.

.....

I am to forward herewith the filled up 'C' form in respect of Sri. Sri.Tony Paulose, Clerk, who enrolled in Govt. Service in the year 2014. I am to request that the Group Insurance Scheme Pass Book with Account Number of the incumbent may be sent to this office at the earliest.

Yours faithfully

Senior Administrative Officer
For Member Secretary

List o

DDO/SDO Code * :0104-710-002 Salai

Name of Office :State Planning Board

Address : Pattom Palace.P.O, Thiruvananthapuram, PIN - 69

Sl. No.	PEN	Name in Block letters	Designation	Scale of Pay	Group & Rate of Subscription	
1	2	3	4	5	6	7
1	734794	TONY PAULOSE	Clerk	19000-43600	C	60

Note: * DDO/SDO Code whichever is applicable

Column No. 8 should be the date of encashment of the Sal

Place :Pattom

Date 25/10/2016

To

The District Insurance Officer, Thiruvananthap

PROFORMA FOR ENROLLING GIS THROUGH VISWAS

1	PEN NO	734794
2	Designation	Clerk
3	Date of entry into service	07.08.2014
4	Remittance date(encashment)	18.09.2014
5	E mail	tonypaulosedstar@gmail.com
6	Name	TONY PAULOSE
7	Salary of Pay	19000-43600 (revised) 9940-16580 (Pre-revised)
8	Month of subscription	08/2014
9	Date of Retirement	31.08.2054
10	Mode of remittance	Salary deduction
11	Gender	Male
12	Date of Birth	15.08.1994
13	Subscription amount	60/-
14	Mobile NO	9633032918

Signature of the Applicant

Name :Tony Paulose

Verified and found correct

KALA.L
Senior Superintendent
State Planning Board
Pattom, Thiruvananthapuram

State Planning Board

No.E3-6721/10/SPB

Pattom Palace P.O,
Thiruvananthapuram,
Dated: .10.2016.

From

The Member Secretary

To

The District Insurance Officer,
Kerala State Insurance Department,
District Office,
Thiruvananthapuram.

Sir,

Sub: - State Planning Board – Establishment – Sri.Tony Paulose, Clerk – Group Insurance Scheme – 'C' form – Forwarding of - reg.

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Yours faithfully

Senior Administrative Officer
For Member Secretary