HEAD OF ACCOUNT : 8658-00-102-88

KERALA STATE INSURANCE DEPARTMENT

FORM II

See Section 7(ii) to 7(vi)

Statement showing deduction towards Group Personal Accident Insurance Scheme to the State Government Employees and Teachers, Employees of Aided Educational Institutions, Universities, Public Sector Undertakings, Co-operative Institutions, Autonomous bodies and other Semi-Government Institutions

Salary Head : ....

DDO/SDO Code : ....

Name of Office : ....

Address : ....

Department : ....

Mode of Payment (By Salary Deduction/Cheque/Challan) : ....

Details of Salary Bill/Cheque/Challan : ....

Sl. No.	PEN/KSID ID	Name	Designation	Amount	Remarks
Grand Total					

(Rupees .... only)

Place :

Date :

(Office Seal)

Name & Signature of Drawing & Disbursing Officer

KERALA STATE INSURANCE DEPARTMENT

GROUP PERSONAL ACCIDENT INSURANCE SCHEME

FORM I

See Section 9(1)

ıployee : ..... PEN/KSID ID .....

: .....

: .....

.....

hereby inform the ..... (Designation of Head of Office) that the person(s) mentioned hall be my Nominee(s) and that the benefits due to me under the Personal Accident Insurance Scheme to Government Employees and Teachers shall be given he following proportions (in the event of my death or incapacitated to receive the benefit).

me of Nominee	*Age*	*Address*	*Relationship with the member*	*Proportion of benefits to be given*	*Contingency under which the nomination becomes ineffective*	*Person whom the amount is to be given if the nominee is a minor*
2	3	4	5	6	7	8

Countersigned .
Head of Office/Head of District Office

Signature :
Name of Employee :

ficer of the Insured mentioned in Section 5