

To

The Engineer-In-Chief,
Irrigation & Water Resources Department,
Haryana, Panchkula

Subject:- Allotment of New G.I.S. Account Number

R/Sir,

It is humbly submitted that the scheme of subscription of G.I.S. contribution was introduced for every employee of Government of Haryana and the instructions regarding the substance are issue from time to time. According to provisions of aforementioned instructions, contribution of monthly subscription at specified rate is required for every Government employee.

Keeping in view provisions of relevant instructions operation of GIS Account is mandatory for every regular Government employee of Haryana State. It is humbly requested to kindly allot me GIS Account number as my monthly subscription may be credited with proper transactions. Please necessary annexure/document duly filled as per service data is enclosed herewith for ready reference.

I shall be thankful to you for kind favour and oblige.

Thanking you

Yours faithfully,

()
Designation:
Irrigation & W.R. Deptt.
Haryana, Panchkula

Enclosure :-

1. Performa
2. Annexure 'B' Form 3-A & Form 1 [See Clause 4 (4)]
3. Form 8
4. Affidavit
5. Copy of Matriculation Certificate
6. Copy of Appointment letter

PROFORMA FOR ALLOTMENT OF NEW GIS ACCOUNT NUMBER

Name of official :
Father's Name :
Designation :
Class (A/B/C/D) :
Date of Birth :
Date of Joining in Head Office :
Date of Retirement :
Previous GIS Account No. :
Date of Membership :
Date of Enhancement :
Whether Nomination form filled or not :
Remarks, if any :

Name:
Designation:

Annexure 'B' Form 3-A
(See Clause 15-F Accounting Procedure)

To

The Engineer-In-Chief,
Irrigation & Water Resources Department,
Haryana, Panchkula

Sir,

The scheme known as Haryana Government Employees Group Insurance Scheme, 1985 has been notified to me and I have fully implicit it.

Date:

Yours faithfully,

Name:

Designation:

Form 1 [See Clause 4 (4)]
GOVERNMENT OF HARYANA

Department /Office :

Engineer-In-Chief, Irrigation & Water Resources Department, Haryana

Date:

MEMORANDUM

Sh./Smt. _____ a **Group** _____ employee has been enrolled as a member of the Haryana Government Employee Group Insurance Scheme, 1985 **w.e.f.** _____ his/her monthly subscription of **Rs. _____ (Rupees _____)** shall be deducted from his/her salary commencing from the month _____ and he/she will be eligible to the benefits of the scheme appropriate to Group "A/B/C/D" with effect from 1985.

(Head of the office)

To

Designation: _____

Form 8
[See Clause 19(5)]

Nomination for benefits under the Haryana Government Employees Group Insurance Scheme –1985

The Government servant has a family and wishes to nominate one member or more than one member thereof.

I hereby nominate the person(s) mentioned below, who is/are member(s) of my family and confer on him/them the right to extent specified below any amount that may be sanctioned by the Haryana Government under the Haryana Government Employees Group Insurance Scheme, 1985 in the event of my death while in service or which having able on my attaining the age of superannuation may remain unpaid at my death.

Sr. No .	Name & Relationship with Govt. servant	Age	Share to be paid to each	Contingencies on the happening of which the nomination shall become invalid	Name, Address & Relationship of the person, if any to whom the right of the nominee shall pass in the event of his/her predeceasing the Government employee

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

Date: _____

Signature of two Witnesses:

1. _____
2. _____

This column should be filled-in so as to cover the whole amount that they will be payable under the Insurance Scheme.

AFFIDAVIT

I, _____ S/D//o Sh. _____, R/o

H. No. _____ do hereby solemnly affirm

and declare as under:-

1. That I am permanent resident of above said address.
2. That I am working as _____ in Irrigation & Water Resources
Department, Haryana (Head Office) Sector -5, Panchkula.
3. That my date of birth _____ as per Matriculation Certificate.
4. That Sh./Smt. _____ is my husband/wife and he/she is my nominee.
5. That I obey the rules and regulations of the department.
6. That my above said statement is true to the best of my knowledge.

Dated:
Place: Panchkula

Deponent
(_____)

VERIFICATION

Verified that the above said statement is true and correct to the best of my knowledge and belief and nothing has been concealed therein.

Dated:
Place: Panchkula

Deponent
(_____)

