

**APPLICATION FOR ADMISSION INTO  
A.P.STATE EMPLOYEES GROUP INSURANCE SCHEME**

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01. Name of the Applicant :
02. Official designation :
03. Service to which attached. If on deputation, :  
state the parent department, Govt. also.
04. Service to which the applicant belongs :
05. Whether the post of the applicant is  
pensionable or not. :
06. Whether the applicant is permanent, temporary:  
or re-employed. If temporary, give the date of :  
commencement of service. :
07. Rate of emoluments drawn : PAY D.A. HRA  
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08. Scale of pay :
09. Rate of subscription per mensem :
10. If subscriber is subscribing to any other fund, :  
name of such fund
11. Whether or not the individual is compulsory or: COMPULSORY  
optional subscriber. :
12. Whether the applicant has a family or not :
13. Account No. to be allotted by the Accounts :  
Officer
14. Remarks :

.....  
Confirmed nomination in the prescribed form is duly filled in and enclosed.

Station:

Dated:

Signature of the applicant

Name:

Designation:

Address:

Dated the \_\_\_\_\_ day of \_\_\_\_\_ (Month/Year) at  
\_\_\_\_\_ (Place)

Returned with Account Number allotted. This Number should be indicated in all correspondence relating to GIS.

**Signature of the Head of Institution**

**FORM OF NOMINACTIONS**

FORM NO. 6

**NOPMINATION FOR BENEFITS UNDER THE ANDHRA PRADESH 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 hereby nominate the person(s) mentioned below, who is/are member(s) of family and confer on him/them the right to receive to the extent specified below any amount that maybe sanctioned by the Andhra Pradesh Government under the Andhra Pradesh 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 & Address of nominee (or) nominees	Relation-ship with Govt. em- ployee whom	Age	Share to be paid to each	Contingencies on the happenings of which the nomi- nation shall be- come invalid	Name, Address & relationship of the person if any to the rights of the nominee shall pass in the event of his predeceasing the Govt. Employee.
(1)	(2)	(3)	(4)	(5)	(6)
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Dated this \_\_\_\_\_ at \_\_\_\_\_.

Signatures of two witnesses with address.

1.

2.

Signature of the Govt. Employee  
with address

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

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

1. Date of Birth of the Applicant :
2. Date of first appointment :
3. Scale of pay as on :

Signature of the Head of the Office