

**FORM NO. 4**

From

To  
The Commissioner  
Treasuries and Accounts (K Section)  
Integrated Office Complex  
Veterinary Hospital Campus  
Nandanam  
Chennai 600 035

Sir,

Sub: Application for payment of accumulation under All India  
Service (Group Insurance) Scheme 1980

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I have been a member of All India Service (Group Insurance)  
Scheme, 1980 since .....

I have retired from service after attaining the age of ..... years/  
I have ceased to be in employment with effect from ..... I was holding  
the post of .....  
at the time of retirement cessation of employment.

I request that the amount due to me under the All India Service (Group  
Insurance) Scheme, 1980 may be paid to me.

Yours faithfully,

**ANNEXURE III**

**PART.I:**

Received the sum of Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_)

\_\_\_\_\_

under the All India Services (Group Insurance) Rules, 1981, being the total entitlement of Rs. \_\_\_\_\_

For the Insurance Fund and/or of Rs. :

From the Savings Fund :

Accrued to Rs. :

Name :

Service to which I/he  
belonged :

Designation :

Name of the State on whose  
Cadre borne :

Dated:

Revenue Stamp  
Signature (s) of Recipient (s)  
NAME IN BLOCK LETTERS

**PART II**

Enrolment to be recovered by the designation Drawing officer of State/Union territory or by DDO of concerned Central Ministry/ Department in respect of an officer on deputation at Centre

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- a) Date on which the officer became a member to the Scheme :
  
- b) Description of the event (retirement/ resignation/death etc.) and date thereof :

Countersigned for payment of Rs. \_\_\_\_\_ (Rupees  
\_\_\_\_\_ ) to Claimant(s)/Crossed Cheque/

Demand-Draft to be issued in favour of claimant(s)

Principal Secretary/Commissioner  
of Treasuries and Accounts

**PART III :**

Endorsement to be recorded by the D.D.O. of Department of Personnel and Administrative Reforms/Ministry of Home Affairs/ Department Agriculture in the case of IAS/IPS/IFS officers respectively.

Certified that the above details (including entitlement under the Savings Fund) have been verified and found to be correct.

Signature  
D.D.O.,D.P.&P :

**PART IV:**

**FOR USE IN PAY AND ACCOUNTS OFFICE**

Passed for payment of Rs. \_\_\_\_\_ (Rupees

\_\_\_\_\_

payments through \_\_\_\_\_

Cheque(s) No.(s) \_\_\_\_\_ Date \_\_\_\_\_

Accounts Officer

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\* Delete whichever is inapplicable.

I certify that the subscriptions towards All India Service (Group Insurance) Scheme 1980 at the rate of Rs.80/- per month for the period from 1.1.1980 to \_\_\_\_\_ and at the rate of Rs. (Rupees

only) has been paid by me. If any dues are pointed out later, I will remit it immediately.

SIGNATURE OF THE APPLICANT

## MANDATE FORM

### ELECTRONIC CLEARING SERVICE (CREDIT CLEARING) / REAL TIME GROSS SETTLEMENT (RTGS) FACILITY FOR RECEIVING PAYMENTS

#### A. DETAIL OF ACCOUNT HOLDER :-

NAME OF ACCOUNT HOLDER	
COMPLETE CONTACT ADDRESS	
TELEPHONE NUMBER / FAX / EMAIL	

#### B. BANK ACCOUNT DETAILS : -

BANK NAME	
BRANCH NAME WITH COMPLETE ADDRESS, TELEPHONE NUMBER AND EMAIL	
WHETHER THE BRANCH IS COMPUTERISED?	
WHETHER THE BRANCH IS RTGS ENABLES? IF YES, THEN WHAT IS THE BRANCH'S IFSC CODE	
IS THE BRANCH ALSO NEFT ENABLED?	
TYPE OF BANK ACCOUNT (SB/CURRENT/CASH CREDIT)	
COMPLETE BANK ACCOUNT NUMBER (LATEST)	
MICR CODE OF BANK	

#### DATE OF EFFECT :-

I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or Incorrect Information I would not hold the user Institution responsible. I have read the option invitation letter and agree to discharge responsibility expected of me as a participant under the Scheme.

(.....)  
Signature of Customer

Date :

Certified that the particulars furnished above are correct as per our records.

(Bank's Stamp)

(.....)  
Signature

Date :

1. Please attach a photocopy of cheque along with the verification obtained from the bank.
2. In case your Bank Branch is presently not "RTGS enables", then upon its up gradation to "RTGS Enabled" branch, please submit the information again in the above proforma to the Department