ANNEXURE C

Receipt Bill Bill No.....

Received the sum of Rs -.( )
From the Insurance Fund and/or of Rs...**NIL** .....from the saving fund accrued to
Name **Sh**/Smt./**Dr. ...**
Designation ..... Group A/**B**/C/*D*/ under the Central

Government Employees Group Insurance Scheme, 1980.

Date

Signature(s) of recipient(s)
(Name in Block Letters)

FOR USE IN DEPARTMENTAL OFFICE

(a) Relevant Biodata of the member

1. Type of group of member (i.e. lowest group) viz D/C/B/A on initially joining the scheme on 198

2. Year of acquiring membership of higher

Group + (i) D ... 19

(ii) C ... 19

(iii) B ... 19

(iv) A ... 19.....

(b) Countersigned for payment of Rs .(.....)
to claim against(s) Crossed cheque/DD to be issued in favour of claimant(s)

Signature
Date
Designation of DDO: S.O

FOR USE IN PAY & ACCOUNTS OFFICE

Pass for the payment of Rs .....(Rupees.....)

Payment through Cheques/Demand Draft.

Pay and Accounts Officer