

**APPLICATION FOR ENROLLMENT OF GOVERNMENT SERVANTS IN THE
SCHEME OF N.I.C AS NEW SUBSCRIBER**

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D.D.O Code :

Date :

- | | | |
|--------------------------------|---|--------------------------------------|
| 1. Name of the Govt. Servant | : | |
| 2. Designation | : | |
| 3. Department in which serving | : | |
| 4. GPF Account No. / PRAN No. | : | |
| 5. Date of Appointment | : | |
| 6. Date of Birth | : | |
| 7. Date of Superannuation | : | |
| 8. Amount of sum assured | : | Rs.2,00,000/- for all groups. |

SIGNATURE OF GOVERNMENT SERVANT

CERTIFICATE

I hereby authorize the pay Drawing Officer to deduct the insurance premium from my pay and allowances for Group Personal Accident Insurance Scheme for Government Servants every year, including the additional cover for death and total permanent disability.

SIGNATURE OF GOVERNMENT SERVANT

NOMINATION

I, _____ working as _____ in
the _____ Department, Government of Pondicherry, hereby nominate
Thiru/Tmt/Selvi _____ (indicate also
the relationship) _____ to receive the insurance amount in the event of
my death while in service.

SIGNATURE OF GOVERNMENT SERVANT

N.B. : Contract employees, persons on deputation from Central/ State Govt., Public Sector Undertakings or other Autonomous Organisations, Casual Labourers, Part-time and Ad-hoc employees will not be covered by the Scheme.