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## **GOVERNMENT OF RAJASTHAN**

## STATE GOVRNMENT INSURANCE FUND

Depart	ment			•					Treasury			
S.NO.	Name I	Designation	Date of Permanent appointment	Monthly Pay	Monthly Premium realised	Remarks	FOR INSURANCE DEPARTMENT USE  ADJUSTED TOWARDS				Initials	Remarks
Noto	This form is to be used or	hy for offici		d + 0	ma covariac s	ro to bo m	ada far tha	first times				
note.	This form is to be used or Certified that recoveries									Dated		
								.,				
Date		Signature of Drawing Officer									Verified	
			Designation							Trea	sury Officar	