GOVERNMENT OF RAJASTHAN GA-79

Statement of First On Account of Insurance Premium for the Month of (SCHEDULE-"B")

Classification-R- UNFUNDED Debit Other Account

State Government Insurance fund

S.no.	Name & Desigation	Date of Parmanent Appoinment	Monthly Pay	Premium Realised	SI Tax	Total	For Insurance Department Use							
							Premium Amount	Arrear	Loan Amount	Interest	Misc. Received	Sus.	Total Adjustment	Remarks
	Total													