

FORM NO: 12

(See Para 4.3 of appendix)

RECEIPT BILL

Received a sum of Rs..... (Rupees.....

.....being the total of entitlement of Rs. ....from the saving fund and/or Rs. ....from the insurance fund accorded to Sh.....(Designation) Class I,II,III,IV under the Himachal Pradesh Government Insurance Scheme 1984.

Signature of Recipient

Name in Block Letters)

FOR USE IN DEPARTMENT OFFICE

(a)

Relevant Bio-Date of Members: 1/2

1.

Type of class of the member (i.e.) lowest class viz....., IV/III/II/I on initially joining the scheme on..... 199.

2.

Year of acquiring Membership of (1)..... 19  
(I)..... 19  
(II)..... 19  
(III)..... 19

(b)

Countersigned for payment of Rs.....

(Rupees.....) to claimant Crossed cheque/Demand draft to be issued in favour of claimant if not paid in cash.

(i) Saving Fund = (Rs.....)  
(ii) Interest = (Rs.....)  
(iii) Total = (Rs.....)

Signature of DDO

FOR USE IN TREASURY

Passed for payment of Rs..... (

Rupees .....

Treasury Officer

Delete whichever is not applicable.