



**वित्त एवं लेखा कार्यालय**  
**FINANCE & ACCOUNTS OFFICE**  
**भारतीय प्रौद्योगिकी संस्थान रुड़की**  
**INDIAN INSTITUTE OF TECHNOLOGY ROORKEE**  
**ROORKEE-247 667**

**SAVING-CUM-INSURANCE SCHEME FOR THE EMPLOYEES OF I.I.T. ROORKEE**  
**(Master Policy No. GSLI-52693)**

**दावा-प्रपत्र/CLAIM FORM**

1. (a) Name of the Employee : .....
- (b) Father's Name : .....
2. Designation : .....
3. Place & Address of Posting : .....
4. Date of Birth : .....
5. (a) Was the employee in service on 01.03.1977 : .....
- (b) Date of Appointment : .....
6. Was the employee in service at the time of exit? : .....
7. Cause of Exit (Death/Retirement/Resignation/  
Termination) : .....
8. Date of Exit from Service : .....
9. Age of Retirement : .....
10. In case of Death – (a) Name : .....
- Beneficiary's (b) Address : .....
- (c) Relationship : .....

I hereby declare that the above particulars are correct to the best of my knowledge and belief.

Received a sum of ₹.....(₹.....)  
from Fund Section, Finance & Accounts Office, I.I.T., Roorkee in full satisfaction and discharge of all  
my claims and demands, arising under the above named scheme.

Date \_\_\_\_\_

Signature \_\_\_\_\_

Name \_\_\_\_\_

Witness

Signature \_\_\_\_\_

Address of the Employee

Name \_\_\_\_\_

/Beneficiary \_\_\_\_\_

Address \_\_\_\_\_

## **FOR USE OF ESTABLISHMENT SECTION**

1. *Whether the fact noted by the applicant against items No. 01 to 08 on the reverse are correct.* : \_\_\_\_\_

2. *The date up to which the last pay was to be paid to him.* : \_\_\_\_\_

Dated: \_\_\_\_\_

*Signature of the Asstt. Registrar  
(with seal)*

*Certified that the above particulars are correct to the best of my knowledge and belief.*

Dated: \_\_\_\_\_

*Signature of the Registrar  
(With Seal)*

## **REPORT OF PAYROLL SECTION**

1. *Date up to which the last pay was drawn and paid to the employee.* : \_\_\_\_\_

2. *Dues, if any, to be recovered from his G.I.S. Claim.* : \_\_\_\_\_

3. *Date of entry in the G.I.S. Scheme* : \_\_\_\_\_

4. *G.I.S. Deduction made up to* : \_\_\_\_\_

*Signature of Superintendent  
Payroll Section  
(With Seal)*