

NAVODAYA VIDYALAYA SAMITI
GROUP SAVIND LINKED INSURANCE SCHEME CELL

APPLICATION FORM FOR CLAIMING BENEFITS UNDER NVS GROUP SAVIND LINKED INSURANCE SCHEME
AGAINST NVS MASTER POLICY NUMBER – GS LI – 48730

1.	NAME OF THE JNV /REGIONAL OFFICE (WHERE THE EMPLOYEE RETIRED, RESIGNED, TERMINATED , EXPIRED ETC)	
2.	FULL NAME OF EX. EMPLOYEE (IN CAPITAL LETTERS)	
3.	DATE OF BIRTH AS PER RECORDS (ATTACH ATTESTED COPY OF THE DATE OF BIRTH CERTIFICATE)	
4.	DATE OF INITIAL JOINING IN THE SAMITI (ON REGULAR BASIS) Ex. DATE/ MONTH / YEAR.	
5.	DESIGNATION OF EX-EMPLOYEE (ON THE DATE OF INITIAL JOINING IN THE SAMITI ON REGULAR BASIS)	
6.	DATE OF ENTRY INTO THE NVS GS LI - SCHEME	
7.	CATEGORY OF THE POST OF NVS GS LI – SCHEME AS PER THE INITIAL REGULAR POST) A/B/C/D	
8.	DETAILS OF REGULAR PROMOTIONS OF THE EMPLOYEE IN THE SAMITI (IF ANY) S.NO. NAME OF THE POST. DATE OF JOINING, CATEGORY OF THE POST , AMOUNT OF CONTRIBUTION MADE AS PER PBRs.	
9.	DESIGNATION OF THE EX-EMPLOYEE (ON THE DATE OF EXIT FROM NVS –GIS- SCHEME)	
10.	CATEGORY OF THE POST (ON THE EXIT DATE)	
11.	AMOUNT OF INSURANCE COVER	
12.	CPF ACCOUNT NUMBER ALLOTTED BY THE SAMITI. (CPF CELL)	
13.	DUE DATE FOR PAYMENTY OF FIRST GS LIS– MONTHLY CONTRIBUTION (INDICATE DATE , MONTH AND YEAR	
14.	AMOUNT OF FIRST MONTH CONTRTBUTION (RECOVERED THROUGH PBR AND REMITTED TO NVS- GS LI-CELL)	
15.	DATE OF RETIREMENT/ RESIGNATION / TERMINATION / DISMISSAL ETC., (ATTACH COPY OF THE ORDER)	
16.	DATE OF RELIEVING HIS/HER DUTIES (ATTACH COPY OF THE RELIEVING ORDER	
17.	DATE OF EXIT FROM THE SCHEME	
18.	DATE OF DEATH AS PER RECORDS (PLEASE ENCLOSE ORIGINAL DEATH CERTIFICATE IN ORIGINAL FORM NO. 10	

	NOTE: THE LANGUAGE OF THE CERTIFICATE SHOULD BE EITHER ENGLISH, HINDI OR TRANSLATED IN ENGLISH (IN CASE IT IS IN REGIONAL LANGUAGE.	
19	CAUSE OF DEATH	
20	DATE, MONTH AND YEAR OF CONTRIBUTION (RECOVERED THROUGH PBR AND REMITTED TO NVS GIS CELL.	
21	AMOUNT OF LAST CONTRIBUTION (RECOVERED THROUGH PBR AND REMITTED TO NVS GIS CELL.	
22	WHETHER ANY GIS PREMIUM REMAINS UNPAID DURING MEMBERSHIP (IF YES GIVE DETAILS)	
23	WAS THE MEMBER ABSENT ON THE GROUND OF ILL HEALTH ON THE DATE OF ENTRY INTO THE SCHEME(IF SO GIVE THE DETAILS OF LEAVE & ATTACH THE LEAVE SANCTION ORDERFS	
24	NAME OF THE BENEFICIARY AS PER NOMINATION DULY ACCEPTED BY THE COMPETENT AUTHORITY (IN CASE OF DEATH)	
25	RELATION OF THE NOMINEE WITH THE EX-EMPLOYEE .	
26	SERVICE DETAILS WITH STATION OF POSTING AND PERIOD OF STAY AT EACH STATION. S.NO. NAME OF STATION PERIOD OF STAY 1. RO .LUCKNOW 2. RO. HYDERABAD.	
27.	BANK NAME AND FULL ADDRESS WHERE THE CLAIMANT WANTS HIS/HER PERMANENT DRAFT TO BE PREPARED AND PAID.	

DATE:

PARTICULARS VERIFIED

DEPUTY COMMISSIONER/ PRINCIPAL

SIGNATURE OF EX-E MPLOYEE.

FULL NAME AND ADDRESS

PIN CODE: _____

PHONE NO: _____

EMPLOYER 'S CERTIFICATE

SR NO. PARTICULARS OF REQUIRED INFORMATION	INFORMATION TO BE FURNISHED
1. Name & full address of the employer
2. Master Policy Number	NVS-GSLIS-48730
3. Whether the deceased employee was covered under the NVS GSLI Policy of the time of his /her death
4. Full name of the deceased employee (in capital letters)
5. Date of Death
6. Time of Death
7. Place of Death
8. Cause of Death
9. Age at the time of Death
10. Detail information of Death	
i) Name of the person who informed regarding death
ii) Relationship of the informer with the deceased employee
iii) Date of intimation
11. Name, designation & place of posting of employee who has personally acknowledge of the death of employee mention in Col (4)	
i) Name
ii) Designation
iii) Place of posting
12. Particulars of CPF final payments	
i) CPF A/C Number of the deceased employee
ii) Amount of CPF Final Payment
iii) Date of CPF final payment
iv) Cheque No. & date vide which the CPF Final payment has been settled.
v) Name of the person to whom the settlement of CPF final payment is made

13. Particulars of other balance final payments

(a) Last salary details in r/o the deceased

- i) Amount of salary
- ii) Date of its payment
- iii) Cheque No. & date vide which the last salary payment has been settled
- iv) Name of the person to whom the settlement of last balance salary payment is made

b) Leave salary in r/o the deceased

- i) Amount of Leave salary
- ii) Date of its payment
- iii) Cheque No. & date vide which the last salary payment has been settled
- iv) Name of the person to whom the settlement of last balance salary payment is made

(c) Gratuity payment in r/o the deceased

- i) Amount of gratuity
- ii) Date of its payment
- iii) Cheque No. & date vide which the last salary payment has been settled
- iv) Name of the person to whom the settlement of last balance salary payment is made

Date

Signature of the Employer.....

Place

Name (In capital letters)

Designation (.....)

PROFORMA FOR INDEMNITY BOND

This is to certify that GSLIS final claim in respect of Shri / Smt
_____ who retired / resigned / terminated / dismissed / expired
on _____ date _____ Month _____ year has not been
submitted earlier to the Principal / Deputy Commissioner / GIS Cell / Life Insurance Corporation of Inida.
The detailed reasons for non submission of the GSLI claim in time are as under :

Now I/ We hereby request to the Principal / Deputy Commissioner / GIS Cell/ LIC of Inida to
consider the claim. I do hereby solemnly declare and affirm that if the GSLI claim in respect of Shri/ Smt.
_____ Designation – Ex
_____ of JNV / Office _____ holding
the CPF A/C No. _____ is found settled earlier by NVS / LIC under Group
Insurance Scheme of Samiti. I / we will refund the entire amount along with interest thereon in lump
sum to NVS GSLI Cell within 30 days from the date of receipt of notice.

Signature _____

Name:(In block letters) _____

Designation: _____

Full address: _____

Phone No. _____

Signed in my presence

Principal / S.O./ A.C./ D.C.

With Official seal