

GOVERNMENT OF JAMMU & KASHMIR
OFFICE OF THE PRINCIPAL/DEAN GOVT. MEDICAL COLLEGE SRINAGAR
10- Karan-nagar, Srinagar, Kashmir, 190010. Phone No: 0194-2504114, FAX: 0194-250311

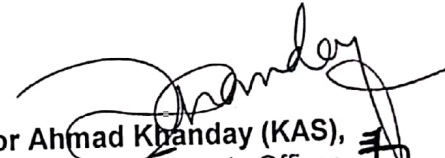


Subject: Renewal of Group Personal Accidental Insurance Policy for employees of J&K Government (Gazetted & Non Gazetted) including the employees of PSUs/Autonomous Bodies/Local Bodies/Universities, Daily Rated Workers, Consolidated/Contractual/Contingent Paid Workers/Adhoc employees and SPOs and deduction of premium thereof.

C I R C U L A R

Reference is invited to the Government Order No. 291-FD of 2020 dated 27-11-2020 issued by Financial Commissioner, Finance Department regarding the subject matter and in pursuance of the instructions; the Insurance Premium shall be deducted from the salaries of December, 2020 on compulsory basis as per the rates fixed in the aforesaid Government Order.

It is, therefore, impressed upon all employee(s) of this institution to submit the Group Janta Personal Accidental Insurance Policy Nomination Form as per prescribed format Annexure-A to this Govt. Order (copy enclosed as ready reference) by or before 15th December, 2020 to the respective dealing Assistants so that the said information is compiled and deduction is made accordingly.


Zahoor Ahmad Khanday (KAS),
 Chief Accounts Officer,
 Government Medical College,
 Srinagar.

No:MC/Accts/857-60
 Dated 01-12-2020

1. Administrator Associated Hospitals Srinagar
2. All HODs of Government Medical College Srinagar
3. Registrar Academics Govt. Medical College Srinagar
4. Principal Govt. Nursing College Srinagar
5. Principal AMT School Srinagar
6. Medical Superintendent, Super Specialty Hospital Shireen Bagh Srinagar
7. All Medical Superintendents of Associated Hospital Srinagar
8. Administrative Officer, Govt. Medical College Srinagar
9. Senior Private Secretary to Principal/Dean, GMC Sgr. for information of PMC.
10. In-charge IT GMC Srinagar for information with the directions to upload the circular on the official website.
11. Dealing Assistants of GMC Srinagar for information

Annexure -A
APPLICATION CUM NOMINATION FORM UNDER
GROUP JANTA PERSONAL ACCIDENTAL INSURANCE POLICY

1. Name of the employee

2. Parentage

3. Permanent Residential Address :-

I) R/O&P/O..... Tehsil.....

II) District.....

III) Pincode.....

IV) Telephone No.

V) Mobile No.

4. Designation

5. Department

6. Date of birth

7. Details of Nominee(s)

S.No	Name of the Nominee(s)	Relationship With Insurant	Age & Address of Nominee(s)	Share of insured amount to be paid to each nominee

Name and Signature of the employee

Signatures of witnesses with name and full address:-

1.

2.

CERTIFICATE BY THE DRAWING AND DISBURSING OFFICER(DDO)/HEAD OF THE OFFICE OF THE APPLICANT(EMPLOYEE)

It is certified that the particulars given above by the employee/insurant are correct and best of my belief.

Signature

Name of the DDO/HOD

Designation.....

Department.....

Please Note that: This form shall be kept in the safe custody of the DDO for record and reference purpose. In the event of the accidental death of the insurant (employee) the insured amount shall be paid to the nominee(s) by the DDO. (AAO Ins Finance Department)