

FORM NO. 4

Dated.....

To,

***The.....**
.....
.....

Subject: Application for payment of accumulation under Sikkim Government Employees' Group Insurance Scheme, 1993.

Sir,

I have been a member of the Sikkim Government Employees' Group Insurance Scheme, 1993 since**.....I have retired from service after attaining the age ofyears. I have ceased to be in employment with the Sikkim Government with effect from.....I was holding the post of before retirement/cessation of employment with the Government of Sikkim and request that the amount due to me under the Sikkim Government Employees' Group Insurance 'scheme' may be paid to me.

Your faithfully,

Name and Designation of the employee

*Designation and address of Head of Office/ Head of Department.

**Month and year of becoming a member of the scheme may be indicated here.

N.B. :PLEASE ALSO ENSURE ENTRY IN SERVICE BOOK (Ref. Para 11 (i) of the Scheme)