

FORM NO.6

Dated.....

To,

The.....
.....
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Subject: Application for payment of amount due to late Shri.....
Under Sikkim Government Employees' Group Insurance Scheme, 1993.

Sir,

With reference to your letter No.....dated.....I hereby
request that the full/..... Percent of amount due to late Shri
.....under the Sikkim Government Employees' Group Insurance Scheme may be
paid to me.

Yours faithfully

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Name and address of the office from where Form No. 5 is received may be indicated here.

N.B.: Please also ensure Entry in Service Book (Ref. Para 11 (i) of the Scheme)