KERALA STATE INSURANCE DEPARTMENT

FORM II

See Section 7(ii) to 7(vi)

Statement showing deduction towards Group Personal Accident Insurance Scheme to the State Government Employees and Teachers, Employees of Aided Educational Institutions, Universities,Public Sector Undertakings, Co-operative Institutions, Autonomous bodies and other Semi-Government Institutions

DDO/SDO Code : …….. Salary Head : ……..

Name of Office : ……

Address : ……

Department : ……

Mode of Payment (By Salary Deduction/Cheque/Challan) : ……..

Details of Salary Bill/Cheque/Challan : ……

Sl. No.	PEN/KSID ID	Name	Designation	Amount	Remarks
	Grand Total				

(Rupees …… only)

Place :

Date :

(Office Seal)

Name & Signature

of Drawing & Disbursing Officer