CERTIFICATE OF RECOVERIES EFFECTED FROM SALARY BILLS TOWARDS INSURANCE PREMIUM

Performa as per Finance Department Order No.F.13(106) RRA & A/68 Dated 19.11.1985 (Circular No.49/85) for the recoveries upto and inclusive of the year 1982-83.

$\label{eq:continuous} P\,A\,R\,T\,\,'A'$ (To be furnished by the Government servant concerned)

,	To be furnished by the Governme	nt servant concerned)
-		Di V
		`
Insurance Prem		that the deductions towards State ry for the month/months detailed
S.No.	MONTH/MONTHS	RATE OF PREMIUM RECOVERY

S.No.	MONTH/MONTHS	RATE OF PREMIUM RECOVERY

Further certify:-

- (1) that the rate of premium contribution as shown above are correct to the best of my knowledge and belief.
- (2) that in the event of the rate of recovery having not been mentioned above, the premium adjusted by the State insurance & P.F. Department on the basis of the last recovery immediately preceding the month of gaps (missing credit) and onward, shall be acceptable to me. If at any time it is found that the rate of recovery was different, the recoveries shall be adjusted by the State Insurance Department at the revised rate on production on conclusive proof by me.
- (3) that in case of any excess amount paid to me as a result of adjustment of recoveries as above, I undertake to refund the same to the State Insurance & P.F. Department.

Signature of the Government Servant.

PART'B'

Certified that the above incumbent was not on extra-ordinary leave/communted leave/placed under suspension or on deputation to other State/Corporation/Boards etc. During the period mentioned by him in PART `A' as verified from his service Book/ leave File/ Personal File.

Signature of the Drawing & Disbursing Officer with seal of Designation.

राजस्थान सरकार

राज्य बीमा एवं प्रावधायी निधि विभाग

परिशिष्ट 'क'

विषयः बीमा प्रमाण पत्र संख्या	श्री / श्रीमती			
पदपुत्र/पुत्री/श्री				
विभागीय पता				
आप स्वत्व पत्र के साथ बीमेदार से सम्बन्धित निग् विलम्ब न हों :–	न्न जानकारी इस विभाग को भिजवानें का कष्ट करें जिससे स्वत्व दावा तय करने में			
1. बीमेदार का स्थायी पता जिस पर				
भविष्य में पत्र व्यवहार किया जा सकें।				
(क) कार्यालय का दूरभाष संख्या				
(ख)अन्य दूरभाष संख्या				
2. (क) कर्मचारी की जन्मतिथि जो सर्विस				
रिकार्ड में अंकित की गई है।				
(ख)क्या जन्मतिथि बदली गई हैं, यदि हाँ				
तो, आदेश की प्रतिलिपी संलग्न करें।				
(ग) यदि कर्मचारी निलम्बित रहा है/बिना				
वेतन अवकाश पर रहा है तो पूर्ण विवरण देवें।				
3. कर्मचारी के सेवाकाल में वर्ष 1983 से पदस्थापन का पूर्ण विवरण निम्न प्रकार देवें :-				
क्रमांक कार्यालय का नाम पद	अवधि माह वि. विवरण			
	कब से कब तक			

प्रमाणित किया जाता है कि उपरोक्त कर्मचारी के सेवा अभिलेखों / अन्य लेखों से जाँच कर लिया गया है एवं सही है।