

**KERALA STATE INSURANCE DEPARTMENT**

**GROUP INSURANCE SCHEME**

**FORM GIS – A**  
(Vide Rule 5)

To

The .....  
.....  
..... (DDO/Controlling Officer)

Sir/Madam,

I, ..... (Name),  
..... (Designation) belong  
to\* ..... on the scale of pay ₹.....  
working in .....Department. I  
request that I may be enrolled as a member of Group ..... (A/B/C/D) having a monthly  
subscription of ₹ ..... in the Group Insurance Scheme introduced by the Government  
as per G.O.(P) 392/84/Fin. dated 9.8.1984. I agree to abide by all the rules and  
instructions made or to be made by Government relating to the scheme.

Yours faithfully,

Place : .....

Date : ...../...../20.....

(Name & Signature)

---

*\*State whether regular establishment, work-charged establishment, contingent establishment, full-time teaching and non-teaching staff or Private School, Private College under direct payment scheme.*

---

**For Office use only**

Entered in Register of Members in Form No.GIS-8 and page one of the Service Book.

(Office Seal)

Head of Office.