

**OFFICE OF THE JOINT DIRECTOR OF INSURANCE:
DISTRICT INSURANCE OFFICE :
HYDERABAD**

LR.NO. _____

DATED: - - 199

To

_____,
_____,
_____.

Sub :- Policy No. _____ of Sri./Smt./Kum. _____
_____ Refund of amount – Reg.

Ref :- 1. Your Lr. No. _____
Dated. _____ .

2. This Department Lr. No. _____
Dated _____ .

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Sir / Madam,

With reference to the above, I am to state that Sri / Smt. / Kum. _____
_____ has informed this office Sri./Smt./Kum. _____
_____ has expired on _____

You are therefore requested kindly to furnish the information at the early date
duly Counter Signed.

01. Date of Registration or Retirement.
02. Date and Cause of Death.
03. Has the Subscriber is Service till Death.
04. Last month of premium and rate of premium deduction from Salary.
05. Places of Posting during _____.
06. Names of Surviving Heirs (Widow & Children) with their Ages as per
your Records.
07. Other details if any.
08. Present address of the Widow.
09. To whom the last working days Salary, the G.P.F. and Death-cum-
Retirement Gratuity was paid.

10. Leave particulars, if availed on Medical grounds from the period from _____ to _____ along with the Copies of Medical Certificates.
11. If the Subscriber belongs to State Govt. Service and working on Deputation in your Department inform whether he was having lien in the Present Department. Also send a Copy of the Deputation Order.

Yours faithfully,

For ASST. DIRECTOR OF INSURANCE.