



CENTRE FOR DEVELOPMENT OF IMAGING TECHNOLOGY (C-DIT)
Chithranjali Hills, Thiruvallom, Thiruvananthapuram-695027

No. 445/A1/Admn/2016/C-DIT

14.11.2016

CIRCULAR

Sub: C-DIT- Admn- Group Personal Accident Insurance Scheme to the regular employees of C-DIT- Renewal- reg

Ref: (1). Proceedings No.14/A1/Admn/C-DIT/2015 dated 09.01.2015.
(2). Circular No. 62/A1/Admn/2016 /C-DIT dated 30.11.2015.
(3). GO (P) No. 144/16/Fin dated 30.09.2016.

The Group Personal Accident Insurance Scheme (GPAIS) for the year 2016 will expire on 31.12.2016. As per the GO read above, Government have issued orders on renewal of the scheme for the period from 01.01.2017 to 31.12.2017. The revised annual one time premium rate is Rs 400/-.

Hence the regular employees of C-DIT, already covered under the scheme, are requested to fill in the Form 1 and Declaration sheet appended and submit the same to the office of the Registrar on or before 18th November, 2016.


JAYARAJ G
REGISTRAR

To,

All Regular Employees

Copy to:

1. Director's Office
2. Registrar's Office
3. Administrative Officer
4. SM (F&A)
5. Notice Board

**KERALA STATE INSURANCE DEPARTMENT
GROUP PERSONAL ACCIDENT INSURANCE SCHEME**

FORM I
See Section 9(1)

Name of Employee : PEN/KSID ID

Designation :

Office :

I do hereby inform the (Designation of Head of Office) that the person(s) mentioned hereunder shall be my Nominee(s) and that the benefits due to me under the Personal Accident Insurance Scheme to Government Employees and Teachers shall be given to them in the following proportions (in the event of my death or incapacitated to receive the benefit).

Sl. No.	Name of Nominee	Age	Address	Relationship with the member	Proportion of benefits to be given	Contingency under which the nomination becomes ineffective	Person whom the amount is to be given if the nominee is a minor
1	2	3	4	5	6	7	8

Place :
Date :

Countersigned :
Head of Office/Head of District Office

Signature :
Name of Employee :

*Officer of the Insured mentioned in Section 5

DECLARATION

I _____ (name of the employee) do hereby agree that I have read and understood the benefits, contribution and other details of the Group Personal Accident Insurance Scheme. It is also understood that the implementation of the scheme is subject to the ratification of the EC of C-DIT. I hereby agree to deduct the required contribution Rs.400/- from my salary for the month of November 2016.

Signature of the Employee

Date: