

Forms

Recovery Schedule (Form No. 1)

GIS Recovery Schedule for the month of.....

Name of Office.....

GIS Policy No.....

Sl. #	GIS A/C No	EID No.	CID/WP No.	Name	Grade	Group	Subscription	DOB	Status

Note

Kindly provide the following information, if any in the schedule, under the status column:

- (i) Arrear deposit of an individual.
- (ii) Cases of transfers/new members/employee joining the Scheme.
- (iii) Revision of subscription rate due to promotion to higher ranks.

Signature of Disbursing Officer

Office Seal