

**PRO-FORMA FOR SUBMITTING CLAIM GROUP  
INSURANCE SCHEME (IN-DUPLICATE)**

1. Name of the deceased employees :
2. Name of the father of the deceased :
3. Name of Deptt./Office where the deceased employee was employed at time his death :
4. Date of birth of the decease employees :
  - a) Pay at the time of death :
5. Date of death of the decease employees :
  - a) Pay at the time of death :
6. Death Certificate (in original & one attested copy to the attached) :
7. Full name (a) and address of the nominee (s) of the deceased employees with relationship  
(b) Claimed amount :
8. (a) 2(two) pass port size photographs of the payee duly attested. :  
(b) 2(two) signature/thumb impression of the payee on 2 separate sheets of paper duly attested. :
9. Designation and class of service at the time of death. :
10. Certified that the Late Mr. .... who died on ..... was a regular, whole time class-I/II/III/IV employee of the RRI and that his age at the time of his death did not exceed sixty years and was not a transferred personnel from Govt.
11. Certified that Mr./Mrs./Miss. ....whose full name/names and address given at serial 7 is/are the beneficiaries duly nominated by the deceased employee to receive payment of the sum assured on behalf of the legal heirs.
12. A list of heirs with age and relationship with the deceased supported by recognised legal authority.
13. Name & address of the nearest Branch of Agrani Bank through which payment is to be made :

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Signature of the Head of Deptt.  
Designation:  
Date:  
Seal: