



To

The Registrar,  
H.P. University, Shimla-5.

**Subject: Application for payment of accumulation under H.P. University Employees Group Saving/Linked Insurance Scheme – 1986.**

Sir,

I have been a member of the H.P. University Employees Group Saving/Linked Insurance Scheme, 1986 since November ..... and my GIS Account No. is ..... My date of birth is ..... and I have retired from service after attaining the age of ..... years. I have ceased to be in employment with the H.P. University, Shimla-5 w. e. f. .... I was holding the post of ..... before retirement/cessation of employment with the H.P. University, Shimla. I request that the amount due to me under the H.P. University, Shimla Employee Group Saving/Linked Insurance Scheme, 1986 may be paid to me.

Yours faithfully,

Dated:

(Signature & Name)

\_\_\_\_\_  
Address for Correspondence:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Telephone No. /Mobile No.  
\_\_\_\_\_

(One Revenue Stamp be given alongwith this form)