



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)