

**FORM II**  
**[See Section 6 (2)]**

**Group Personal Accident Insurance Scheme to Government Employees and Teachers**

Statement showing deductions on account of premia towards Group Personal Accident Insurance Scheme to Government Employees and Teachers in the Establishment pay or salary bill of.....for the month of.....

<b>Sl. No.</b>	<b>Name of Employee</b>	<b>Designation</b>	<b>Amount Deducted</b>	<b>Remarks</b>

Signature:

Station:

Name:

Date:

Designation: