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……

Sl. No.	Name of Employee	Designation	Amount Deducted	Remarks

Signature:

Station:

Name:

Date:

Designation: