

PRE-RECEIPT FOR PAYMENT OF NGIF
SURVIVAL BENEFIT

1. Date of joining NGIS _____ Service in lower deck(if any) _____ to _____ P.No.(Sailor) _____
2. Date of promotion to Midshipman _____ 3. Date of Birth _____
4. Date of Commission _____ 5. Date of Retirement _____

6. Whether eligible for cover under PRDIES-82 : YES/ NO

7. Received from the Secretary, NGIF a sum of Rs. _____ (Rupees _____
_____) on account of following payable :-

- | | |
|---|-------------|
| (a) Survival benefits from General Scheme | : Rs. _____ |
| (b) Survival benefits (Service as Sailor) | : Rs. _____ |
| (c) Terminal bonus (General Scheme) | : Rs. _____ |
| (d) Survival benefits from Addl Scheme for _____
(Aviators/ Submariners/ Chariators) | : Rs. _____ |
| (e) Terminal bonus (Additional Scheme) _____ | : Rs. _____ |
| (f) Sum Assured for Disability % | : Rs. _____ |
| Total | : Rs. _____ |

8. **Deductions** :-

- | | |
|---|--------------------|
| (a) Single non-refundable premium towards PRDIES-82 | : Rs. _____ |
| (b) Recovery of outstanding balance of NGIF HBL | : Rs. _____ |
| (c) Recovery of outstanding balance of _____ | : Rs. _____ |
| (d) Recovery of outstanding balance of _____ | : Rs. _____ |
| Total | : Rs. _____ |
| Amount Payable (_____) | : Rs. _____ |

9. **Certified that** :-

- (a) I have not received any amount on account of above earlier.
(b) I have been on deputation to _____ from _____ to _____
(c) I am/am not member of Addl GIS (Aviators/Submariners/IMSF) from _____ to _____
(d) I have/have not availed NGIF housing loan amounting to Rs. _____ in the year _____ for the
house/flat at _____. I have paid _____ instalments of Rs. _____ each.(Fill dd/mm/yyyy).
(e) I have/have not availed membership of SCUP through NGIF.
(f) I have/have not received INBA loan of Rs. _____ during 20 _____

10. The amount may please be credited to my Bank Account. My bank particulars are as follows :-

- (a) Bank Account No. _____
(b) IFS Code _____ (A leaf of cancelled cheque enclosed)
(c) Name & full address of Bank (in block letters)

Post Retirement Address :-

Signature _____
(Over one rupee revenue stamp)
Name _____
PIN _____ Contact No. _____ Rank _____ P.No. _____

II
COUNTERSIGNED

Ship/Estb :

Station :

Date :

**APPLICATION FOR POST RETIREMENT
DEATH INSURANCE EXTENSION SCHEME-1982**

1. Name Rank P.No.
2. Last Ship/Estab.....
3. Reason of retirement – Superannuation/ Premature/ Invalidment/ Expiry of Engagement.
4. Date of (a) Birth (b) Commission/Enrolment
- (c) Type of Commission : **Pmt/ SSC** (d) Date of Retirement/discharge
5. (a) Age on retirement..... Medical Category on retirement
- (b) Percentage of disability awarded if any : %
- (c) Whether you were/are a member of Additional Naval Group Insurance Schemes for Aviators/Submariners/IMSF and if so, period of membership as Aviator/Submariner/IMSF from to
- (d) Service rendered in lower deck from to {P.No. (Sailor)}
6. Post retirement contact address
- e-mail ID :
- Landline No.
- Mobile No. PIN.....
7. Name, relationship & full address of the nominee(s) for PRDIES (in capital letters) :-

Name/Address of nominee(s)	Relationship with individual	Date of birth (DD/MM/YY)	Amount payable to each in percent age	Name, address and relationship of persons if any, to whom the right conferred in the event of the nominee predeceasing the individual or the nominee dying after the death of the individual but before receiving payment	Amount payable in percent age

Date : _____ Signature of member

II

Certified that the service particulars furnished by the above named officer are correct.

Place :

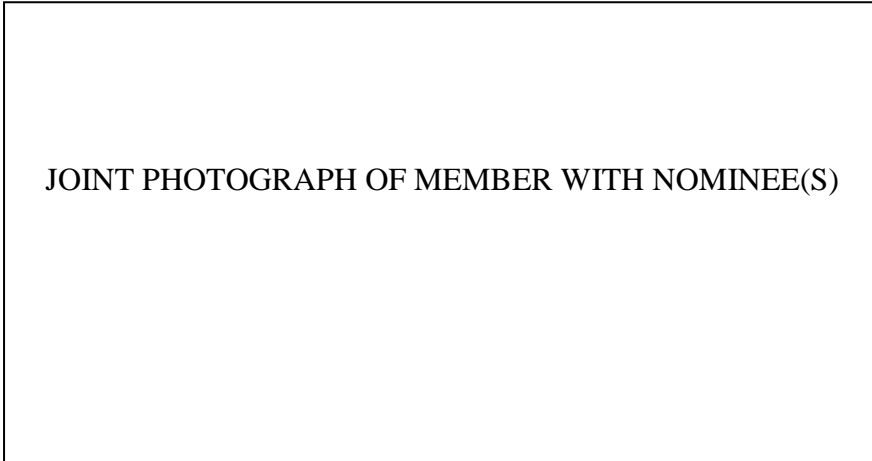
Date :

CO/ Head of Department

**ANNEXURE TO APPLICATION FOR POST RETIREMENT
DEATH INSURANCE EXTENSION SCHEME-1982**

JOINT PHOTOGRAPH OF MEMBER WITH NOMINEE(S) AND
SPECIMEN SIGNATURE OF NOMINEE(S) OF

P.No..... Rank Name



Three specimen signatures each, of the nominee(s)

<u>Name</u>	<u>Specimen Signatures</u>
(a)	(1) (2) (3)
(b)	(1) (2) (3)
(c)	(1) (2) (3)
(d)	(1) (2) (3)
(e)	(1) (2) (3)

Place :

Date : Signature of member

FOR USE OF GIS SECTION

Amount recovered for PRDIES ₹

Date of recovery made

Certificate No. Allotted

Period of insurance from to