

**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 :

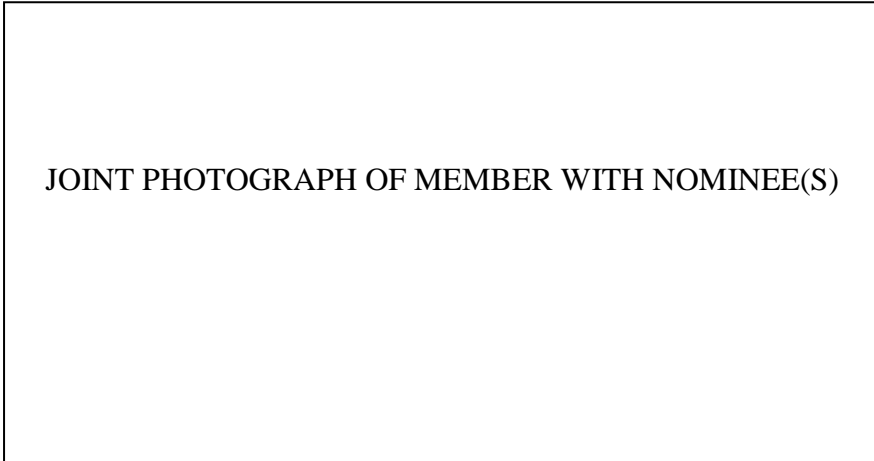
Date :

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 .....