KERALA STATE GOVERNMENT EMPLOYEES GROUP INSURANCE SCHEME
CLAIM PAYMENT REGISTER

Name of Office..... Department.....

Sl. No.	**Name of GIS Member**	**GIS Account No.**	**Claim Type** *(Retirement/Death/ Refund/etc.)*	**GIS Claim No.**	**Name of Claimant(s) and Amount Sanctioned to each**	**Sanctioned on** *(date)*	**Details of Fixed Deposit** *(in the case of minor nominee/Legal heir)*	**Signature of DDO**
1	2	3	4	5	6	7	8	9