

T.R.FORM NO. 57

[See T.R. 6.49]

**Schedule of Payments in case of death while in service or retirement/resignation under
Group Insurance-cum-Savings Scheme, 1987**

Name of the Treasury / Pay & Accounts Office _____ Payments for the month _____

Date of payment	Voucher No. and Date	Name of D.D.O.	Payments in case of death while in service												
			Group 'A'			Group 'B'			Group 'C'			Group 'D'			
			No. of death	Insur-ance	Sav-ings	No. of death	Insur-ance	Sav-ings	No. of death	Insur-ance	Sav-ings	No. of death	Insur-ance	Sav-ings	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	

Total		Payments in case of retirement/resignation								Total of Savings fund	Remarks
Insurance	Savings	Group 'A'		Group 'B'		Group 'C'		Group 'D'			
		No. of persons	Savings Fund	No. of persons	Savings Fund	No. of persons	Savings Fund	No. of persons	Savings Fund	(26)	(27)
(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)

Dealing Assistant

Accountant

Treasury Officer