# GOVERNMENT OF RAJASTHAN

Statement of first deduction on account of Insurance Premium for the month of ...................................................... SCHEDULE - B

Classification - R - UNFUNDED DEBT - Other Accounts

STATE GOVERNMENT INSURANCE FUND

<table>
<thead>
<tr>
<th>S.NO.</th>
<th>Name</th>
<th>Designation</th>
<th>Date of Permanent appointment</th>
<th>Monthly Pay</th>
<th>Monthly Premium realised</th>
<th>Remarks</th>
<th>FOR INSURANCE DEPARTMENT USE</th>
<th>Initials</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>ADJUSTED TOWARDS</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note:** This form is to be used only for officials in regard to whom recoveries are to be made for the first time.

Certified that recoveries amounting to Rs. ...................................................... have been made from Pay Bill No. .............................. Dated........................................

Date

Signature of Drawing Officer

Designation

Verified

Treasury Officer