COCHIN UNIVERSITY OF SCIENCE AND TECHNOLOGY

(Cochin University P.O., Kochi-22)



CUSAT/NPS.N2/2910/2019 10.12.2019

Kochi-22

CIRCULAR

Sub:- State Life Insurance (SLI) and Group Insurance Scheme (GIS) policies of employees of this university - details called for - reg.

Ref: Nil

All heads of departments and controlling officers of sections are hereby requested to forward the details of SLI and GIS policies of employees under them for updation of SLI, GIS policy register. The requested details in the format attached herewith (both SLI and GIS in separate sheets) and hard copies of the same should be made available to the NPS CELL within 15 days from the date of this circular. Soft copies of the above may also be forwarded to npscellcusat@gmail.com.

SLI and GIS payment details upto October 2019 have been uploaded in the CUSAT Website. (cusat.ac.in > Intranet > Finance Wing > Policies). All the employees may verify their details and are requested to inform discrepancies found if any to the NPS CELL.

*Those policies which are submitted for claim, need not to be entered along with the above

Sudheer M S Finance Officer

To

details.

All Sections in the Administrative Office

All the Heads of Departments/Schools/Colleges/Centres

All Joint Registrars/Deputy Registrars/Assistant Registrars

The Security Officer

The Director, Public Relations and Publications

PS to Vice-Chancellor/PS to Pro-Vice-Chancellor/PA to Registrar/PA to Finance Officer PA to Controller of Examinations.

Finance Officer

	_		 			
٧		Signature	. 4			
		Mobile No.				ffice
		Whether copy of policy certificate Mobile No. attached Yes/No			-	Name and Signature of Head of Office
AND TECHNOLOGY		Date of Maturity of the policy				Name and Sign
COCHIN UNIVERSITY OF SCIENCE AND TECHNOLOGY STATE LIFE INSURANCE POLICY DETAILS		Date of Birth				
		Premium				ed.
		Policy No.				nay be attached.
	Section:	Designation				*Copies of SLI Policy certificates may be te:
	Name of Department/Section:	Name		4"		of SLI Policy
	Name of D	PF No.				*Copies Date:

Finance Officer

COCHIN UNIVESITY OF SCIENCE AND TECHNOLOGY GROUP INSURANCE SCHEME POLICY DETAILS	Name of Department/Section:	Signature					40.								
		Mobile No. Signature													
		Date of Retirement									Name and Signature of Head of Office				
		Date of Birth									ne and Signature				
		Current Premium.									Nar				
		Policy No.													
		Designation													
		Name													
	Name of De	PF No.							Ж		Date:				

Finance Officer