



भारतीय प्रौद्योगिकी संस्थान गुवाहाटी

INDIAN INSTITUTE OF TECHNOLOGY GUWAHATI

FORM - 7

GROUP SAVINGS LINKED INSURANCE SCHEME OF LIC

(A) LETTER OF ADMISSION AND AUTHORITY

I, Dr. / Mr. / Ms., wish to join the Group Savings Linked Insurance Scheme arranged with the Life Insurance Corporation of India and request you to admit me as an insured Member of the Scheme w.e.f..... I hereby authorise you to deduct a sum of Rs. as contribution towards the Scheme from my salary starting from the salary for the month of

I further agree that this letter of authority shall not be revoked by me so long as I am a regular employee. My date of birth as recorded in certificate, sent herewith, is

(B) APPOINTMENT OF BENEFICIARY

I, Dr. / Mr. / Ms., as Insured Member of the IIT Guwahati Group Savings Linked Insurance Scheme hereby appoint in terms of Rule No. 13 headed "Appointment of Beneficiary" of the Rules governing the scheme my (relationship) named and whose address is as the persons to be the beneficiary to whom the moneys payable in terms of the Rules of the Scheme shall be paid in the event of my death. Signed at on this day of 20.....

Date : _____

Signature of the employee

Emp_No.: _____

Witnessed by:

(i) Signature : _____

(ii) Signature : _____

Name :

Name :

Address :

Address :

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