GOVERNMENT OF RAJASTHAN

Statement of premium in respect of existing and further insurance for the month of(schedule A)

Classification-R-unfurded DEBT other accounts

STATE GOVERNMENT INSURANCE FUND

DEPARTMENT TREASURY

	Name and Designation					Premium realised				St.		J		For Insurance Department									
S.NO	Name	Desig.	Decl.No.	Policy No.	Monthly Pay	Usual	Incremental	Arrears if any	loan	Loan Interest	Misc	Service Tax	Total	Premium	Arrears	Loan	Loan Interest	Misc	Service Tax	Susp.	Total Adj	Initials	Remarks