



(https://kgidonline.karnataka.gov.in)

GIS CLAIMS- USER MANUAL

FOR DDOs

Karnataka Government Insurance Department

Government of Karnataka

Prepared by

Centre for Smart Governance (CSG)

No. 2A, Hayes Road

Bengaluru - 560025

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GIS CLAIMS – EMPLOYEE LOGIN (RETIREMENT AND PRE-RETIREMENT)



- 1. Employee has to select KGID login.
- 2. Enter KGID number, Mobile number is auto fetched.
- 3. Click on Generate OTP.





- 4. Enter **OTP** generated to registered mobile number and **Captcha**.
- 5. Click on Login.





- 6. Select **Employee** in User category.
- 7. Click on switch category.





8. Select Group Insurance Claims.





9. Click on Apply for Group Insurance claims.

					A A A A A
Welcome, SAGAR R	Sri. Basavaraj Bommai Honble Chief Minister Government of Kamataka				🔊 चिंत्रूटर्व 🎪 SAGAR R 👻
🖶 Home	<u></u>	12			
🕼 Life Insurance 🗸 🗸				MOTOR	
List of policies •			MIRANCE	GROUP	BENEFIT SCHEME
🕼 Group Insurance Claims 🗸	in an experience of the second s			17 AWIE	DENERT OUTLANE
Apply for Group Insurance Claims	KGID Policy Number	Risk Date	Premium Amount	Sum Assured	Status
Claims and Settelments	2504046	08/03/2013	1100.00	387200.00	Verified
	2774397	06/06/2017	900.00	268200.00	Verified
Gr Loan →					
8					
Track Proposal Number(Details)					
Raise an Issue	Click on Apply for Gro	up Insurance Claims			



10. Select, claim type and Sub claim type.

- If an employee is about to retire (superannuation), 3 months prior to his superannuation, the employee can send his claim request i.e. Form-3 in online mode. (Claim type appears as '**Retirement'**, 3 months prior to his superannuation). If the employee retires, after the retirement date the retired employee shall submit his request letter i.e. Form-3 manually to the DDO.
- If an employee is opting for pre-retirement, the claim type appears as '**Pre-retirement**'(Pre-retirement includes even compulsory retirement)
- 11. Click on **Download Form-3** to download Form-3.





- 12. Select claim type and claim sub type in dropdown.
- 13. Upload signed copy of Form-3.
- 14. Click on Submit button to submit the Application.



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GIS CLAIMS – DDO LOGIN

FORM-3

(RETIREMENT/PRE-RETIREMENT CLAIMS)

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Karnataka Government Insurance Department Web

- a) Enter the (https://kgidonline.karnataka.gov.in/).
- b) Select KGID Login tab.





- 1. Select "KGID login" tab.
- 2. DDO has to enter his KGID number and then Mobile number is auto-fetched.
- 3. Click on Generate OTP button to get OTP.





4. Enter the OTP and Captcha and click on Login button.





- 5. After clicking on Login button, the user category webpage is displayed. Select the DDO option.
- 6. Click on Switch category.

	Select User Category		×	Select DDO	
	Please select category to contin Employee Caseworker DIO Director KgidDDO	DDO Superintendent Deputy Director PaymentMaker PaymentVerifier			
		Cancel Switch Catego		fter selecting DDO, Click o Switch category	on



7. Select Group Insurance tab.





8. In Group Insurance, Select Claim Application.

9. Click on Verify Application.

Welcome, HEMA KUMAR S C	Appl	lications for Verification	NSURANC	LIFE MOTOR GROUP	FAMILY BENEFIT SCHEME
Nominee Change GIS Ledger		Click on Claim Application			Search:
GIS Claims		Name	Application Reference Number	Status \$	+
Claims Application		Ajith	20220524132436	Initiated by DDO	Verify Application
Download Forms		GAJENDRA	20220617115413	Initiated by DDO	Verify Application
🕼 Motor Insurance 🛛 🗸 🗸		Gaurav	20220607125258	Initiated by DDO	Verify Application
🕼 Reports 🗸 🗸 🗸 🗸		HEMA KUMAR S C	20220525112420	Sent by Applicant	Verify Application
B		Hemalatha	20220613160035	Initiated by DDO	Verify Application
		JEEVAN	20220606182645	Initiated by DDO	Verify Application
		Karan	20220607132501	Initiated by DDO	Verify Application
		karan	20220525193104	Initiated by DDO	Verify Application
		LIKITHA	20220608111902	Initiated by DDO	Verify Application
		SAGAR Kff	20220524132655	Initiated by DDO	Verify Application
		Showing 1 to 10 of 16 entries	Click	on Verify Application.	Previous 1 2 Next
	Veri	fied Application			



10. If an Employee submits Form-3/Claim request manually, the DDO has to follow below procedure(directly).

11. Select **GIS claims** in Group Insurance.

					A A A A	*
Welcome, HEMA KUMAR S C	=	Sri. Basavaraj Bommai Hon'ble Chief Minister Government of Kamataka			🔊 ಕನ್ನಡ 🎪 HEMA KUMAR S C 🗸	
🕼 Claims And Settlements 🗸 🗸	-		- Paril	LIFE		
Verify Basic Details	and the second	A VERSION A		MOTOR		
Cancellation Request					FAMILY BENEFIT SCHEME	
Group Insurance 🗸	GIS Claims	Eledger Entry				
GIS Applications for verification	Name:SONIKA		Mobile No:9632900108	DOJ:17/06/1992	First KGID Policy No:	
Applications for vernication Nominee Change	Select Year	Select value			Print Ledger Details	
GIS Claims						
Claims Application						
Download Forme						
		Click on GIS Claims				
			Contant Oursed and Maintained by : Kerneteka Couerement Insur	assa Dasadmast - Couommast at Kamataka		•
						Page 17 of 54



12. Enter Employee KGID number or Mobile number.

13. Click on search button.



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- 14. Employee details will display.
- 15. Select Claim type (**Retirement/Pre-retirement**) in dropdown and Enter Date of Retirement/Pre-retirement.





16. After clicking on Next button, it will display to fill Ledger.

17. Click on OK button.

	SONIKA				C
Welcome, HEMA KUMAR S C	Present Working Office				
	DISTRICT INSURANCE OFFICER, KARNATAKA GOVER	RNMENT INSURANCE DEPARTMENT, KODAGU			
₩ Home		Warning!!!	×		
${\ensuremath{\mathscr{C}}}$ Application for verification \checkmark	Female	Please fill ledger entries for all months			
Intimation Letter	Group		ок		
🖵 Upload Employee Details 🌘	C		9632900108	Click on Ol' button	
Claims And Settlements	sonikagowda127@gmail.com		ABCDE4321S		
	Joining Date of Government Service		Permanent / Temporary		
🖵 Verify Basic Details 🛛 🔹	17/6/1992		Permanent		
✔ Cancellation Request	Present Designation		Present Pay Scale		
	FIRST DIVISION ASSISTANT		27650.00-52650.0	00	
Group Insurance 🗸 🗸					
🕼 Motor Insurance 🗸 🗸	Retirement	~	Select		~
	15-06-2022				
					Save Next
	Conte	nt Owned and Maintained by - Karnataka Government Insurance D	enartment Government of K	amataka	
		Designed and Developed by Centre for Smart Governance.	Government of Karnataka		
		Best Viewed in Google Chrome and above at resolu	tion 1440 X 597		

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18. To fill ledger entries, Select GIS Ledger in Group Insurance.

	SONIKA		^
Welcome,	Present Working Office		-
	DISTRICT INSURANCE OFFICER, KARNATAKA GOVERNMENT INSURANCE DEPARTMENT, KODAGU		
	Conder	Data of Rith	
Cancellation Request	Eomalo	9/9/1070	
	remaie	0/0/1310	
Group Insurance 🗸	Group	Phone	
GIS Applications for	С	9632900108	
verification	Email	PAN Number	
Applications for verification Nominee Change	sonikagowda127@gmail.com	ABCDE4321S	1.2
0101 - 4	Joining Date of Government Service	Permanent / Temporary	
GIS Ledger	17/6/1992	Permanent	
GIS Claims		Present Pay Scale	
Claims Application	Click on GIS Ledger.	27650.00-52650.00	
Download Forms	Claim Type	Claim Sub Type	
🕑 Motor Insurance 🗸 🗸	Retirement	- Select V	
	Date of Retirement/Death/Super Annuation/Dismiss/VRS		
	15-06-2022		
		Save Next	
			48
			Л.
	Content Owned and Maintained by : Karnataka Government Insurance	Department, Government of Karnataka	
	Designed and Developed by : Centre for Smart Governanc	e, Government of Karnataka	
	Best Viewed in Google Chrome and above at res	slution 1440 X 597	



- 19. DDO has to enter Applicant's mobile number or KGID number.
- 20. Click on Search button.

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- 21. In dropdown select year, joining year appears as first year (from the joining year).
- 22. Year of retirement/Pre-retirement/Death appears as last year (as entered in claims screen).





23. After selecting year, it will display Ledger entry.

24. DDO has to make changes regarding Group of Employee wherever it is necessary.

- 25. In Ledger Entry DDO can make changes regarding Insurance fund and saving fund.
- 26. Enter '**0'** in which month there are missing credits (i.e. GIS amount isn't deducted).
- 27. Click on save button to save details.
- 28. If entered details are incorrect, DDO can delete that year.

c					ÉŇ	INSUR	ANCE		OUP FAMILY E	BENEFIT SCHEME
GIS	SONIKA	Ledger Entry			Change G	roup, wherever it	is necessary.		First KGID Policy No:	
Select	ear	1992	*						Print Ledger Details	
Year *		Month *	Group*	/	Saving Fund	Insurance Fund	Paid Saving Fund	Paid Insurance Fund	Total	Remark
19	92 🗸	Decem 🗸	С	K.	27.5	12.5	0	12.5	12.5	
19	92 🗸	Novem 🗸	С	~	27.5	12.5	0	12.5	12.5	
19	92 🗸	Octobe 🗸	С	*	27.5	12.5	0	12.5	12.5	
15	92 🗸	Septen 🗸	С	~	27.5	12.5	0	12.5	12.5	
19	92 🗸	August 🗸	С	~	27.5	12.5	0	12.5	12.5	
15	92 🗸	July 🗸	С	~	27.5	12.5	0	12.5	12.5	Click on save l
10	92 🗸	June 🗸	С	~	27.5	12.5	0	12.5	12.5	



29. After saving, select next year to check ledger entry.

Welcome, HEMA KUMAR S C	Select Year	19	93	~					Print Ledger Details	
# Home	Year *		Month *	Group*	Saving Fund	I Insurance Fund	Paid Saving Fund	Paid Insurance Fund	Total	Remark
Application for verification ~	1993	~	Decem 🗸	c ·	27.5	12.5	27.5	12.5	40	
☐ Intimation Letter	1993	~	Novem 🗸	с	27.5	12.5	27.5	12.5	40	
Upload Employee Details 🛛	1993	~	Octobe 🗸	с	27.5	12.5	27.5	12.5	40	
Claims And Settlements 🗸 🗸	1993	~	Septen 🗸	с	27.5	12.5	27.5	12.5	40	
Verify Basic Details	1993	~	August 🗸	с	27.5	12.5	27.5	12.5	40	
Cancellation Request	1993	~	luly ¥	<u> </u>	27.5	12.5	27.5	12.5	40	
 B Group Insurance Wotor Insurance 	1335		July		21.5	12.0	21.3	12.0	40	
L	1993	~	June 🗸	C 、	27.5	12.5	27.5	12.5	40	
	1993	~	May 🗸	C ·	27.5	12.5	27.5	12.5	40	
	1993	~	April 🗸	c ·	27.5	12.5	27.5	12.5	40	
	1993	~	March 🗸	c 、	27.5	12.5	27.5	12.5	40	
	1993	~	Februa 🗸	c ,	27.5	12.5	27.5	12.5	40	Click on save
	1993	~	January 🗸	С	✔ 27.5	12.5	27.5	12.5	40	
										Save Cancel

Note: If there are any MISSING CREDIT please enter it as 0 in Paid Insurance and Paid Savings Funds in that particular year and month



Welcome,											\sim
HEMA KUMAR S C	Select Year	199	4	~						Print Ledger Details	
# Home	Year *		Month *	Group*		Saving Fund	Insurance Fund	Paid Saving Fund	Paid Insurance Fund	Total	Remark
Application for verification ~	1994	*	Decem 🗸	с	*	27.5	12.5	27.5	12.5	40	
➡ Intimation Letter	1994	*	Novem 🗸	с	*	27.5	12.5	27.5	12.5	40	
Upload Employee Details •	1994	*	Octobe 🗸	с	*	27.5	12.5	27.5	12.5	40	
Claims And Settlements	1994	~	Septen 🗸	с	*	27.5	12.5	27.5	12.5	40	
Cancellation Request	1994	~	August 🗸	с	*	27.5	12.5	27.5	12.5	40	
🛿 Group Insurance 🗸 🗸	1994	*	July 🗸	с	*	27.5	12.5	27.5	12.5	40	
🕈 Motor Insurance 🗸 🗸	1994	~	June 🗸	С	~	27.5	12.5	27.5	12.5	40	
	1994	~	May 🗸	с	*	27.5	12.5	27.5	12.5	40	
	1994	~	April 🗸	с	*	27.5	12.5	27.5	12.5	40	
	1994	~	March 🗸	с	*	27.5	12.5	27.5	12.5	40	
	1994	~	Februa 🗸	с	*	27.5	12.5	27.5	12.5	40	Click on save butto
	1994	~	January 🗸	с	~	27.5	12.5	27.5	12.5	40	
											Save Cancel



Welcome,	Select Year	199	95	*						Print Ledger Details	
Home	Year *		Month *	Group*		Saving Fund	Insurance Fund	Paid Saving Fund	Paid Insurance Fund	Total	Remark
₿ Application for verification ∨	1995	~	Decem 🗸	с	~	27.5	12.5	27.5	12.5	40	
Intimation Letter	1995	~	Novem 🗸	с	~	27.5	12.5	27.5	12.5	40	
Upload Employee Details 🔹	1995	~	Octobe 🗸	с	~	27.5	12.5	27.5	12.5	40	
Claims And Settlements 🗸 🗸	1995	~	Septen V	С	~	27.5	12.5	27.5	12.5	40	
Verify Basic Details											
' Cancellation Request 🗸 🗸	1995	~	August 🗸	С	~	27.5	12.5	27.5	12.5	40	
Group Insurance 🗸 🗸	1995	~	July 🗸	С	~	27.5	12.5	27.5	12.5	40	
Motor Insurance 🗸 🗸	1995	~	June 🗸	с	*	27.5	12.5	27.5	12.5	40	
	1995	~	May 🗸	С	~	27.5	12.5	27.5	12.5	40	
	1995	~	April 🗸	с	~	27.5	12.5	27.5	12.5	40	
	1995	~	March 🗸	с	~	27.5	12.5	27.5	12.5	40	
	1995	~	Februa 🗸	С	~	27.5	12.5	27.5	12.5	40	
	1995	~	January 🗸	C	~	27.5	12.5	27.5	12.5	40	
			,					-	-		Sava

Note: If there are any MISSING CREDIT please enter it as 0 in Paid Insurance and Paid Savings Funds in that particular year and month.

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Welcome, HEMA KUMAR S C	Select Year	1996	~					Print Ledger Details	
ome	Year *	Month *	Group*	Saving Fund	Insurance Fund	Paid Saving Fund	Paid Insurance Fund	Total	Remark
plication for verification 🗸	1996	✓ Decem ✓	с 🗸	27.5	12.5	27.5	12.5	40	
imation Letter	1996	✓ Novem ✓	c ~	27.5	12.5	27.5	12.5	40	
load Employee Details	1996	✓ Octobe ✓	с 🗸	27.5	12.5	27.5	12.5	40	
ims And Settlements 🗸	1996	✓ Septen ✓	c ~	27.5	12.5	27.5	12.5	40	
rify Basic Details	1996	✓ August ✓	c 🗸	27.5	12.5	27.5	12.5	40	
oup Insurance 🗸 🗸	1006	u luiv v	C *	27.5	10.5	27.5	12.5	40	
otor Insurance 🗸 🗸	1990	✓ July ✓	•	21.0	12.0	27.5	12.0	40	
L	1996 •	✓ June ✓	C ~	27.5	12.5	27.5	12.5	40	
	1996	✔ May ✔	с ~	27.5	12.5	27.5	12.5	40	
	1996	✓ April ✓	с 🗸	27.5	12.5	27.5	12.5	40	
	1996	✓ March ✓	с 🗸	27.5	12.5	27.5	12.5	40	
	1996	🗸 Februa 🗸	с 🗸	27.5	12.5	27.5	12.5	40	
	1996	✓ January ✓	с •	27.5	12.5	27.5	12.5	40	
	Note: If there are any I	VISSING CREDIT please er	ter it as 0 in Paid Insurance a	nd Paid Savings Funds in that particu	lar vear and month.				Save



	Select Year 19	97	*					Print Ledger Details	
# Home	Year *	Month *	Group*	Saving Fund	Insurance Fund	Paid Saving Fund	Paid Insurance Fund	Total	Remark
$\ensuremath{\mathbb{Z}}$ Application for verification $\ensuremath{\sim}$	1997 🗸	Decem 🗸	с 🗸	27.5	12.5	27.5	12.5	40	
🖵 Intimation Letter 🛛 🔹	1997 🗸	Novem 🖌	c •	27.5	12.5	27.5	12.5	40	
🖵 Upload Employee Details 🛛	1997 🗸	Octobe 🗸	с 🗸	27.5	12.5	27.5	12.5	40	
Claims And Settlements ~	1997 🗸	Septen 🗸	c v	27.5	12.5	27.5	12.5	40	
Verify Basic Details									
Cancellation Request ~	1997 🗸	August 🗸	с 🗸	27.5	12.5	27.5	12.5	40	
🕼 Group Insurance 🗸 🗸	1997 🗸	July 🗸	с 🗸	27.5	12.5	27.5	12.5	40	
🕼 Motor Insurance 🗸 🗸	1997 🗸	June 🗸	с •	27.5	12.5	27.5	12.5	40	
	1997 🗸	May 🗸	с 🗸	27.5	12.5	27.5	12.5	40	
	1997 🗸	April 🗸	с 🗸	27.5	12.5	27.5	12.5	40	
	1997 🗸	March 🗸	с •	27.5	12.5	27.5	12.5	40	
	1997 🗸	Februa 🗸	с •	27.5	12.5	27.5	12.5	40	
	1997 🗸	January 🗸	с 🗸	27.5	12.5	27.5	12.5	40	
	Note:If there are any MISS	ING CREDIT please ent	er it as 0 in Paid Insurance a	nd Paid Savings Funds in that particular	r year and month.				Save Cancel



Welcome, HEMA KUMAR S C	Select Year	19	98	*					Print Ledger Details)
🖨 Home	Year *		Month *	Group*	Saving Fund	Insurance Fund	Paid Saving Fund	Paid Insurance Fund	Total	Remark
Application for verification ~	1998	~	Decem 🗸	с ~	27.5	12.5	27.5	12.5	40	
Intimation Letter	1998	~	Novem 🗸	с •	27.5	12.5	27.5	12.5	40	
🖵 Upload Employee Details 🔹	1998	~	Octobe 🗸	с 🗸	27.5	12.5	27.5	12.5	40	
Claims And Settlements	1998	~	Septen 🗸	c ~	27.5	12.5	27.5	12.5	40	
Verify Basic Details										
Cancellation Request ~	1998	~	August 🗸	c v	27.5	12.5	27.5	12.5	40	
🕼 Group Insurance 🗸 🗸	1998	~	July 🗸	с 🗸	27.5	12.5	27.5	12.5	40	
Motor Insurance ~	1998	~	June 🗸	с ~	27.5	12.5	27.5	12.5	40	
	1998	*	May 🗸	с 🗸	27.5	12.5	27.5	12.5	40	
	1998	*	April 🗸	с 🗸	27.5	12.5	27.5	12.5	40	
	1998	*	March 🗸	с 🗸	27.5	12.5	27.5	12.5	40	
	1998	~	Februa 🗸	с 🗸	27.5	12.5	27.5	12.5	40	
	1998	~	January 🗸	с	27.5	12.5	27.5	12.5	40	
										Save Cancel

and Date Contract Funds in Rest and

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Welcome, HEMA KUMAR S C	Select Year	1999	~					Print Ledger Details	
🕈 Home	Year *	Month *	Group*	Saving Fund	Insurance Fund	Paid Saving Fund	Paid Insurance Fund	Total	Remark
Application for verification 🗸	1999 🗸	Decem 🗸	с 🗸	27.5	12.5	27.5	12.5	40	
Intimation Letter	1999 🗸	Novem 🗸	с 🗸	27.5	12.5	27.5	12.5	40	
Upload Employee Details $ullet$	1999 🗸	Octobe 🗸	с 🗸	27.5	12.5	27.5	12.5	40	
Claims And Settlements 🗸	1999 🗸	Septen 🗸	c 🗸	27.5	12.5	27.5	12.5	40	
Verify Basic Details	1000	August	0	07.5	10.5	07.5	10.5	40	
Cancellation Request V	1999 🗸	August 🗸	Ç, 🔹	27.5	12.0	21.5	12.0	40	
Group Insurance 🗸 🗸	1999 🗸	July 🗸	c 🗸	27.5	12.5	27.5	12.5	40	
Motor Insurance 🗸 🗸	1999 🗸	June 🗸	с 🗸	27.5	12.5	27.5	12.5	40	
	1999 🗸	May 🗸	с 🗸	27.5	12.5	27.5	12.5	40	
	1999 🗸	April 🗸	с 🗸	27.5	12.5	27.5	12.5	40	
	1999 🗸	March 🗸	с 🗸	27.5	12.5	27.5	12.5	40	
	1999 🗸	Februa 🗸	с 🗸	27.5	12.5	27.5	12.5	40	
	1999 🗸	January 🗸	с 🗸	27.5	12.5	27.5	12.5	40	
	Note:If there are any M	SSING CREDIT please ent	er it as 0 in Paid Insurance a	nd Paid Savings Funds in that particular	r year and month.				Save Cancel



Welcome, HEMA KUMAR S C	Select Year	200	00	~						Print Ledger Details	
# Home	Year *		Month *	Group*		Saving Fund	Insurance Fund	Paid Saving Fund	Paid Insurance Fund	Total	Remark
♂ Application for verification ∨	2000	~	Decem 🗸	С	~	82	38	82	38	120	
Intimation Letter	2000	~	Novem 🖌	с	*	82	38	82	38	120	
Upload Employee Details 🔹	2000	~	Octobe 🗸	с	~	82	38	82	38	120	
Claims And Settlements 🗸	2000	~	Septen 🗸	с	~	82	38	82	38	120	
Verify Basic Details											
♂ Cancellation Request ∨	2000	*	August 🗸	С	*	82	38	82	38	120	
f Group Insurance 🗸 🗸 🗸	2000	~	July 🗸	С	*	82	38	82	38	120	
f Motor Insurance 🗸 🗸	2000	~	June 🗸	с	*	82	38	82	38	120	
	2000	~	May 🗸	С	*	82	38	82	38	120	
	2000	*	April 🗸	С	*	82	38	82	38	120	
	2000	*	March 🗸	С	*	82	38	82	38	120	
	2000	*	Februa 🗸	С	*	82	38	82	38	120	
	2000	~	January 🗸	С	~	82	38	82	38	120	
											Save Cance



- 30. DDO has to change **Group**, if employee got promoted from one group to another group.
- 31. Changing of Group should be in January month of next year, if Employee got promoted in other months of previous year.
- 32. If Employee got promoted in January month, DDO can change the Group in January month of that particular year itself.
- 33. Click on save button.

Welcome, HEMA KUMAR S C	Select Year	2001	~					Print Ledger Details	
ome	Year *	Month *	Group*	Saving Fund	Insurance Fund	Paid Saving Fund	Paid Insurance Fund	Total	Remark
Application for verification $ \checkmark $	2001 🗸	Decem 🗸	в 🗸	123	57	123	57	180	
ntimation Letter	2001 🗸	Novem 🗸	в 🗸	123	57	123	57	180	
oload Employee Details 🛛	2001 🗸	Octobe 🗸	в 🗸	123	57	123	57	180	
laims And Settlements 🗸	2001 ~	Septen 🗸	в 🗸	123	57	123	57	180	
Cancellation Request	2001 🗸	August 🗸	в 🗸	123	57	123	57	180	
Group Insurance 🗸 🗸 🗸 🗸	2001 🗸	July 🗸	в 🗸	123	57	123	57	180	
lotor insurance 🗸 🗸 🗸	2001 🗸	June 🗸	в 🗸	123	57	123	57	180	
	2001 🗸	May 🗸	в 🗸	123	57	123	57	180	
	2001 🗸	April 🗸	в 🗸	123	57	123	57	180	
	2001 🗸	March 🗸	в 🗸	123	57	123	57	180	
	2001 🗸	Februa 🗸	в 🗸	123	57	123	57	180	
	2001 🗸	January 🗸	в	123	57	123	57	180	
	Note:If there are any MI	SSING CREDIT please en	er it as 0 in Paid Insurance a	DDO has to	o change Group i	n January.			Save Canc

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Welcome, HEMA KUMAR S C	Select Year 20	02	*					Print Ledger Details	
希 Home	Year *	Month *	Group*	Saving Fund	Insurance Fund	Paid Saving Fund	Paid Insurance Fund	Total	Remark
Application for verification ~	2002 🗸	Decem 🗸	в 🗸	123	57	123	57	180	
🖵 Intimation Letter 🛛 🔹	2002 🗸	Novem 🗸	в 🗸	123	57	123	57	180	
🖵 Upload Employee Details 🔹	2002 🗸	Octobe 🗸	в 🗸	123	57	123	57	180	
🕼 Claims And Settlements 🗸 🗸									
🖵 Verify Basic Details 🛛 🛛 🗨	2002 ~	Septen 🗸	в	123	57	123	57	180	
I Cancellation Request ✓	2002 🗸	August 🗸	в 🗸	123	57	123	57	180	
🕼 Group Insurance 🗸 🗸	2002 🗸	July 🗸	в 🗸	123	57	123	57	180	
☞ Motor Insurance 🗸 🗸	2002 🗸	June 🗸	в 🗸	123	57	123	57	180	
	2002 🗸	May 🗸	в 🗸	123	57	123	57	180	
	2002 🗸	April 🗸	в 🗸	123	57	123	57	180	
	2002 🗸	March 🗸	в 🗸	123	57	123	57	180	
	2002 🗸	Februa 🗸	в 🗸	123	57	123	57	180	
	2002 🗸	January 🗸	в 🗸	123	57	123	57	180	
	Note If there are any MISS		ar it as 0 in Paid Insurance a	nd Paid Savings Funds in that particular	wear and month				Save Cancel



Home Ye Application for verification Intimation Letter Upload Employee Details	'ear* 2003 ~ 2003 ~	Month *	Group* B ✓	Saving Fund	Insurance Fund	Paid Saving Fund			
Application for verification Application Letter Intimation Letter Upload Employee Details	2003 ~	Decem 🗸	в 🗸			-	Paid Insurance Fund	Total	Remark
Intimation Letter Imployee Details	2003 🗸			123	57	123	57	180	
🖵 Upload Employee Details 🛛		Novem 🗸	в 🗸	123	57	123	57	180	
	2003 🗸	Octobe 🗸	в 🗸	123	57	123	57	180	
Claims And Settlements →	2003 🗸	Septen 🗸	в 🗸	123	57	123	57	180	
Verify Basic Details	2003	August 🗸	в 🗸	123	57	123	57	180	
Cancellation Request v	2000	/ ugust ·		120		120		100	
I Group insurance ↓	2003 🗸	July 🗸	в 🗸	123	57	123	57	180	
	2003 🗸	June 🗸	в 🗸	123	57	123	57	180	
	2003 🗸	May 🗸	в 🗸	123	57	123	57	180	
	2003 🗸	April 🗸	в 🗸	123	57	123	57	180	
	2003 🗸	March 🗸	в 🗸	123	57	123	57	180	
	2003 🗸	Februa 🗸	в 🗸	123	57	123	57	180	
	2003 🗸	January 🗸	в 🗸	123	57	123	57	180	



Welcome, HEMA KUMAR S C	Select Year	200	04	~						Print Ledger Details	
🖶 Home	Year *		Month *	Group*		Saving Fund	Insurance Fund	Paid Saving Fund	Paid Insurance Fund	Total	Remark
☑ Application for verification ∨	2004	~	Decem 🗸	в	~	123	57	123	57	180	
☐ Intimation Letter ●	2004	*	Novem 🗸	В	*	123	57	123	57	180	
🖵 Upload Employee Details 🛛	2004	~	Octobe 🗸	в	~	123	57	123	57	180	
	2004	~	Septen 🗸	В	~	123	57	123	57	180	
Verify Basic Details	2004	~	August 🗸	В	~	123	57	123	57	180	
🗷 Group Insurance 🗸 🗸	2004	~	July 🗸	в	~	123	57	123	57	180	
🕈 Motor Insurance 🗸 🗸 🗸	2004	~	June 🗸	в	~	123	57	123	57	180	
	2004	~	May y	B		103	57	103	57	180	
	2004	·	iway +	0		125	01	123	57	100	
	2004	~	April 🗸	В	*	123	57	123	57	180	
	2004	~	March 🗸	в	*	123	57	123	57	180	
	2004	*	Februa 🗸	в	~	123	57	123	57	180	
	2004	~	January 🗸	в	~	123	57	123	57	180	
	Note: If there are any		NG CREDIT please ente	ritas 0 in Paid Insi	urance a	nd Paid Savinos Funds in that particula	r year and month				Save



come,	Select Year	200	15	~						Print Ledger Details	
AA KUMAR S C	Year *	200	Month *	Group*		Saving Fund	Insurance Fund	Paid Saving Fund	Paid Insurance Fund	Total	Remark
verification 🗸	2005	~	Decem 🗸	в	~	123	57	123	57	180	
ter •	2005	~	Novem 🗸	в	~	123	57	123	57	180	
yee Details 🛛	2005	~	Octobe 🗸	в	~	123	57	123	57	180	
ttlements 🗸	2005	~	Septen 🗸	в	~	123	57	123	57	180	
etails •	2005	~	August 🖌	в	v	123	57	123	57	180	
equest 🗸	2000	·	August			120	57	120	57	100	
ce 🗸	2005	~	July 🗸	В	~	123	57	123	57	180	
	2005	*	June 🗸	В	*	123	57	123	57	180	
	2005	~	May 🗸	В	~	123	57	123	57	180	
	2005	~	April 🗸	В	*	123	57	123	57	180	
	2005	*	March 🗸	в	~	123	57	123	57	180	
	2005	*	Februa 🗸	в	~	123	57	123	57	180	
	2005	~	January 🗸	в	~	123	57	123	57	180	

Note: If there are any MISSING CREDIT please enter it as 0 in Paid Insurance and Paid Savings Funds in that particular year and month.



34. DDO has to enter **0**, where there are missing credits.

35. Click on save button.

	Select Year	200	06	~						Print Ledger Details	C A
Home	Year *		Month *	Group*		Saving Fund	Insurance Fund	Paid Saving Fund	Paid Insurance Fund	Total	Remark
☑ Application for verification ∨	2006	٠	Decem 🖌	в	~	123	57	123	57	180	
Intimation Letter	2006	*	Novem 🖌	в	~	123	57	123	57	180	
🖵 Upload Employee Delails 🌘	2006	*	Octobe 🗸	В	~	123	57	123	57	180	
Claims And Settlements 🗸 🗸	2006	*	Septen 🖌	в	~	123	57	123	57	180	
🖵 Verify Basic Details 🛛 🔸										100	
Cancellation Request ~	2006	*	August 🗸	В	~	123	57	123	57	180	Enter 0 where t
Group Insurance 🗸	2006	٠	July 😽	В	~	123	57	123	57	180	missing cre
La Motor insurance 🗸	2006	٠	June 😽	В	~	123	57	123	57	180	
	2006	*	May 🗸	в	~	123	57	0	0	0	
	2006	*	April 🗸	в	~	123	57	123	57	180	
	2006	~	March 🖌	в	v	123	57	123	57	180	
	2006	~	Februa 😽	в	~	123	57	123	57	180	



Welcome,	Name:SONIKA			Mobile	No:9632900108	DOJ:17/06/1992		First KGID Policy No:	
HEMA KUMAR S C	Select Year	2007	*					Print Ledger Details	
n Home	Year *	Month *	Group*	Saving Fund	Insurance Fund	Paid Saving Fund	Paid Insurance Fund	Total	Remark
Application for verification	2007	✓ Decem ✓	в 🗸	123	57	123	57	180	
Intimation Letter •									
Upload Employee Details 🛛	2007	✓ Novem ✓	в 🖌	123	57	123	57	180	
🕈 Claims And Settlements 🛛 🗸	2007	✓ Octobe ✓	в 🗸	123	57	123	57	180	
Verify Basic Details	2007	✓ Septen ✓	в 🗸	123	57	123	57	180	
Cancellation Request V	2007	✓ August ✓	в 🗸	123	57	123	57	180	
Motor Insurance V	2007	✓ July ✓	в 🗸	123	57	123	57	180	
	2007	✓ June ✓	в 🗸	123	57	123	57	180	
	2007	► May ►	в 🗸	123	57	123	57	180	
	2007	✓ April ✓	в 🗸	123	57	123	57	180	
	2007	✓ March ✓	в 🗸	123	57	123	57	180	
	2007	✓ Februa ✓	в 🗸	123	57	123	57	180	
	2007	✓ January ✓	в 🗸	123	57	123	57	180	
									Save Cancel



HEMA KUMAR S C		200	08	~						Print Ledger Details	
Home	Year *		Month *	Group*		Saving Fund	Insurance Fund	Paid Saving Fund	Paid Insurance Fund	Total	Remark
Application for verification 🗸	2008	~	Decem 🗸	В	~	123	57	123	57	180	
Intimation Letter	2008	~	Novem 🗸	в	~	123	57	123	57	180	
Upload Employee Details	2008	~	Octobe 🗸	в	~	123	57	123	57	180	
Claims And Settlements 🗸	2008	~	Septen 🗸	в	~	123	57	123	57	180	
Verify Basic Details											
Cancellation Request 🗸 🗸	2008	~	August 🗸	В	~	123	57	123	57	180	
Group Insurance 🗸 🗸	2008	~	July 🗸	В	~	123	57	123	57	180	
Motor Insurance 🗸 🗸	2008	~	June 🗸	в	~	123	57	123	57	180	
	2008	*	May 🗸	в	*	123	57	123	57	180	
	2008	*	April 🗸	В	*	123	57	123	57	180	
	2008	*	March 🗸	В	*	123	57	123	57	180	
	2008	*	Februa 🗸	В	*	123	57	123	57	180	
	2008	~	January 🗸	в	~	123	57	123	57	180	

Note: If there are any MISSING CREDIT please enter it as 0 in Paid Insurance and Paid Savings Funds in that particular year and month.



Welcome, HEMA KUMAR S C	Select Year	200	09	*					Print Ledger Details	
🖶 Home	Year *		Month *	Group*	Saving Fund	Insurance Fund	Paid Saving Fund	Paid Insurance Fund	Total	Remark
Application for verification ~	2009	~	Decem 🗸	в •	123	57	123	57	180	
Intimation Letter	2009	~	Novem 🗸	в 🗸	123	57	123	57	180	
Upload Employee Details	2009	~	Octobe 🗸	в 🗸	123	57	123	57	180	
🕈 Claims And Settlements 🛛 🗸	2009	~	Septen 🗸	B ¥	123	57	123	57	180	
Verify Basic Details	2009	~	August 🖌	в 🗸	123	57	123	57	180	
Cancellation Request V	2003		August -		120	01	120		100	
Group insurance V	2009	~	July 🗸	в •	123	57	123	57	180	
	2009	~	June 🗸	в 🗸	123	57	123	57	180	
	2009	~	May 🗸	в •	123	57	123	57	180	
	2009	~	April 🗸	в 🗸	123	57	123	57	180	
	2009	*	March 🗸	в 🗸	123	57	123	57	180	
	2009	*	Februa 🗸	в 🗸	123	57	123	57	180	
	2009	*	January 🗸	в 🗸	123	57	123	57	180	
										Save



Welcome, HEMA KUMAR S C	Select Year	201	11	~						Print Ledger Details	
A Home	Year *		Month *	Group*		Saving Fund	Insurance Fund	Paid Saving Fund	Paid Insurance Fund	Total	Remark
☑ Application for verification ∨	2011	*	Decem 🗸	В	*	123	57	123	57	180	
Intimation Letter	2011	~	Novem 🗸	в	*	123	57	123	57	180	
Upload Employee Details •	2011	~	Octobe 🗸	В	*	123	57	123	57	180	
Claims And Settlements	2011	~	Septen 🗸	В	~	123	57	123	57	180	
Verify Basic Details	2011	*	August 🗸	в	~	123	57	123	57	180	
Cancellation Request	0044		luk			100	57	400		400	
Motor Insurance	2011	~	July 🗸	В	*	123	57	123	57	180	
	2011	*	June 🗸	В	*	123	57	123	57	180	
	2011	~	May 🗸	В	*	123	57	123	57	180	
	2011	*	April 🗸	В	*	123	57	123	57	180	
	2011	*	March 🗸	в	*	123	57	123	57	180	
	2011	~	Februa 🗸	в	*	123	57	123	57	180	
	2011	*	January 🗸	в	~	123	57	123	57	180	
											Save

Note: If there are any MISSING CREDIT please enter it as 0 in Paid Insurance and Paid Savinos Funds in that particular year and month.



Welcome, HEMA KUMAR S C	Select Year	2012	~					Print Ledger Details	(
# Home	Year *	Month *	Group*	Saving Fund	Insurance Fund	Paid Saving Fund	Paid Insurance Fund	Total	Remark
Application for verification ~	2012 🗸	Decem 🗸	в 🗸	123	57	123	57	180	
Intimation Letter	2012 🗸	Novem 🗸	в 🗸	123	57	123	57	180	
🖵 Upload Employee Details 🛛	2012 🗸	Octobe 🗸	в 🗸	123	57	123	57	180	
谢 Claims And Settlements 🛛 🗸	2012 🗸	Septen 🗸	в 🗸	123	57	123	57	180	
Verify Basic Details	2012	August 🗸	в 🗸	123	57	123	57	180	
If Cancellation Request v	2012	luke er		100	57	400	57	480	
🖥 Motor Insurance 🗸 🗸	2012	July 🗸	D V	123	57	123	57	180	
	2012 🗸	June 🗸	В 🗸	123	57	123	57	180	
	2012 🗸	May 🗸	в 🗸	123	57	123	57	180	
	2012 🗸	April 🗸	в 🗸	123	57	123	57	180	
	2012 🗸	March 🗸	в 🗸	123	57	123	57	180	
	2012 🗸	Februa 🗸	в 🗸	123	57	123	57	180	
	2012 🗸	January 🗸	в 🗸	123	57	123	57	180	
									Save Cancel

Note: If there are any MISSING CREDIT please enter it as 0 in Paid Insurance and Paid Savinos Funds in that particular year and month.

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Welcome, HEMA KUMAR S C	Select Year 20)13	*					Print Ledger Details	
🖶 Home	Year *	Month *	Group*	Saving Fund	Insurance Fund	Paid Saving Fund	Paid Insurance Fund	Total	Remark
Application for verification ~	2013 🗸	Decem 🗸	в 🗸	123	57	123	57	180	
Intimation Letter	2013 🗸	Novem 🗸	в 🗸	123	57	123	57	180	
🖵 Upload Employee Details 🏾	2013 🗸	Octobe 🗸	в 🗸	123	57	123	57	180	
🕈 Claims And Settlements 🗸 🗸	2013 🗸	Septen 🗸	в 🗸	123	57	123	57	180	
🖵 Verify Basic Details 🛛 🔹									
Cancellation Request 🗸 🗸	2013 🗸	August 🗸	в 🗸	123	57	123	57	180	
🕈 Group Insurance 🗸 🗸	2013 🗸	July 🗸	в 🗸	123	57	123	57	180	
🕈 Motor Insurance 🗸 🗸	2013 🗸	June 🗸	в 🗸	123	57	123	57	180	
	2013 🗸	May 🗸	в 🗸	123	57	123	57	180	
	2013 🗸	April 🗸	в 🗸	123	57	123	57	180	
	2013 🗸	March 🗸	B 🗸	123	57	123	57	180	
	2013 🗸	Februa 🗸	в 🗸	123	57	123	57	180	
	2013 🗸	January 🗸	в 🗸	123	57	123	57	180	
	Note: If there are any MISS	NG CREDIT please ent	er it as 0 in Paid Insurance a	ld Paid Savinos Funds in that particular	r vear and month.				Save Cancel



Welcome, HEMA KUMAR S C	Select Year	201	14	~						Print Ledger Details	
Home	Year *		Month *	Group*		Saving Fund	Insurance Fund	Paid Saving Fund	Paid Insurance Fund	Total	Remark
${ m 3}$ Application for verification $ { m u}$	2014	~	Decem 🗸	в	-	123	57	123	57	180	
Intimation Letter •	2014	~	Novem 🗸	в		123	57	123	57	180	
Upload Employee Details 🛛	2014	~	Octobe 🗸	в		123	57	123	57	180	
🕈 Claims And Settlements 🛛 🗸	2014	~	Septen 🗸	в 🗸		123	57	123	57	180	
↓ Verify Basic Details	2014	~	August 🖌	в	,	123	57	123	57	180	
Cancellation Request			, laguer								
r Group Insurance ♥ ♥	2014	~	July 🗸	В 🗸	~	123	57	123	57	180	
	2014	~	June 🗸	В	~	123	57	123	57	180	
	2014	~	May 🗸	в 🗸		123	57	123	57	180	
	2014	*	April 🗸	в 🗸	-	123	57	123	57	180	
	2014	~	March 🗸	в		123	57	123	57	180	
	2014	*	Februa 🗸	в		123	57	123	57	180	
	2014	~	January 🗸	В	*	123	57	123	57	180	
											Save Cancel

Note: If there are any MISSING CREDIT please enter it as 0 in Pairl Insurance and Pairl Savinns Funds in that particular year and month

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Welcome, HEMA KUMAR S C	Select Year	2015	~					Print Ledger Details	
A Home	Year *	Month *	Group*	Saving Fund	Insurance Fund	Paid Saving Fund	Paid Insurance Fund	Total	Remark
Application for verification 🗸	2015	✓ Decem ✓	в 🗸	123	57	123	57	180	
Intimation Letter	2015	✓ Novem ✓	в 🗸	123	57	123	57	180	
🖵 Upload Employee Details 🔸	2015	✓ Octob∈ ✓	в 🗸	123	57	123	57	180	
Claims And Settlements 🗸	2015	✓ Septen ✓	в 🗸	123	57	123	57	180	
Verify Basic Details	2015	✓ August ✓	в 🗸	123	57	123	57	180	
Group Insurance v	2015	v July v	в 🗸	123	57	123	57	180	
🕼 Motor Insurance 🗸 🗸				100					
	2015	✓ June ✓	8 ~	123	57	123	57	180	
	2015	✔ May ✔	в 🗸	123	57	123	57	180	
	2015	✓ April ✓	в 🗸	123	57	123	57	180	
	2015	✓ March ✓	в 🗸	123	57	123	57	180	
	2015	♥ Februa ♥	в 🗸	123	57	123	57	180	
	2015	✓ January ✓	в 🗸	123	57	123	57	180	
									Save

Note If there are any MISSING CREDIT please enter it as 0 in Paid Insurance and Paid Savinne Funds in that particular year and month



Welcome, HEMA KUMAR S C	Select Year	201	16	~						Print Ledger Details	,
# Home	Year *		Month *	Group*		Saving Fund	Insurance Fund	Paid Saving Fund	Paid Insurance Fund	Total	Remark
Application for verification ✓	2016	~	Decem 🗸	В	~	123	57	123	57	180	
Intimation Letter •	2016	~	Novem 🗸	в	*	123	57	123	57	180	
Upload Employee Details 🔹	2016	~	Octobe 🗸	в	~	123	57	123	57	180	
Claims And Settlements	2016	~	Septen 🗸	в	~	123	57	123	57	180	
Verify Basic Details	2016	~	August 🗸	в	~	123	57	123	57	180	
Cancellation Request V											
Motor Insurance	2016	*	July 🗸	В	~	123	57	123	57	180	
	2016	~	June 🗸	В	~	123	57	123	57	180	
	2016	~	May 🗸	В	*	123	57	123	57	180	
	2016	~	April 🗸	в	~	123	57	123	57	180	
	2016	~	March 🗸	в	~	123	57	123	57	180	
	2016	~	Februa 🗸	В	~	123	57	123	57	180	
	2016	~	January 🗸	В	~	123	57	123	57	180	
											Save Cancel



Weicome, HEMA KUMAR S C	Select Year 20	17	*					Print Ledger Detais	
# Home	Year *	Month *	Group*	Saving Fund	Insurance Fund	Paid Saving Fund	Paid Insurance Fund	Total	Remark
Application for verification 🗸	2017 🗸	Decem 🗸	в 🗸	123	57	123	57	180	
Intimation Letter	2017 🗸	Novem 🗸	в 🗸	123	57	123	57	180	
🖵 Upload Employee Details 🌘	2017 🗸	Oclobe 👻	в 🗸	123	57	123	57	180	
Claims And Settlements ~	2017 🗸	Septen 🗸	в 🗸	123	57	123	57	180	
Verify Basic Details	0047			100		100		100	
Cancellation Request ~	2017 🗸	August 🗸	В 🗸	123	57	123	57	180	
🕼 Group Insurance 🗸 🗸	2017 🗸	July 🗸	в 🗸	123	57	123	57	180	
🕼 Motor Insurance 🗸 🗸 🗸	2017 🗸	June 🗸	в 🗸	123	57	123	57	180	
	2017 🗸	May 🗸	в 🗸	123	57	123	67	180	
	2017 🗸	April 🗸	в 🗸	123	57	123	57	180	
	2017 🗸	March 🗸	в 🗸	123	57	123	57	180	
	2017 🗸	Februa 🗸	в 🗸	123	57	123	57	180	
	2017 🗸	January 🗸	в 🗸	123	57	123	57	180	
	Note: f there are any MISS		ar it as 0 in Parl Insurance a	nd Paid Savinos Funds in that particular	wear and month				Save Cancel



Welcome, HEMA KUMAR S C	Select Year	20	18	~						Print Ledger Details	
Home	Year *		Month *	Group*		Saving Fund	Insurance Fund	Paid Saving Fund	Paid Insurance Fund	Total	Remark
pplication for verification $ {m u} $	2018	~	Decem 🗸	В	*	123	57	123	57	180	
ntimation Letter	2018	~	Novem 🖌	в	*	123	57	123	57	180	
pload Employee Details 🛛	2018	~	Octobe 🗸	В	~	123	57	123	57	180	
laims And Settlements 🗸	2018	~	Septen 🗸	в	~	123	57	123	57	180	
erify Basic Details											
Cancellation Request 🗸 🗸	2018	~	August 🗸	В	*	123	57	123	57	180	
Group Insurance 🗸 🗸 🗸	2018	~	July 🗸	в	*	123	57	123	57	180	
Notor Insurance 🗸 🗸	2018	~	June 🗸	в	*	123	57	123	57	180	
	2018	~	May 🗸	В	~	123	57	123	57	180	
	2018	~	April 🗸	в	*	123	57	123	57	180	
	2018	~	March 🗸	в	*	123	57	123	57	180	
	2018	~	Februa 🗸	В	*	123	57	123	57	180	
	2018	~	January 🗸	В	~	123	57	123	57	180	



Welcome, HEMA KUMAR S C	Select Year	201	19	~						Print Ledger Details	
# Home	Year *		Month *	Group*		Saving Fund	Insurance Fund	Paid Saving Fund	Paid Insurance Fund	Total	Remark
Application for verification 🗸	2019	~	Decem 🗸	В	~	270	90	270	90	360	
Intimation Letter •	2019	*	Novem 🗸	в	*	270	90	270	90	360	
Upload Employee Details 🛛	2019	~	Octobe 🗸	в	*	270	90	270	90	360	
Claims And Settlements 🗸	2019	*	Septen 🗸	в	~	270	90	270	90	360	
□ Verify Basic Details ●											
Cancellation Request 🗸 🗸	2019	~	August 🗸	В	*	270	90	270	90	360	
🕈 Group Insurance 🗸 🗸	2019	~	July 🗸	В	*	270	90	270	90	360	
f Motor Insurance 🗸 🗸	2019	*	June 🗸	В	*	270	90	270	90	360	
	2019	~	May 🗸	В	*	270	90	270	90	360	
	2019	~	April 🗸	В	*	270	90	270	90	360	
	2019	~	March 🗸	В	*	270	90	270	90	360	
	2019	~	Februa 🗸	В	*	270	90	270	90	360	
	2019	~	January 🗸	В	~	270	90	270	90	360	
											Save

Note: If there are any MISSING CREDIT please enter it as 0 in Paid Insurance and Paid Savinos Funds in that particular year and month.



Welcome, HEMA KUMAR S C	Select Year 2	020	*					Print Ledger Details	C
# Home	Year *	Month *	Group*	Saving Fund	Insurance Fund	Paid Saving Fund	Paid Insurance Fund	Total	Remark
Application for verification 🗸	2020 🗸	Decem 🗸	в 🗸	270	90	270	90	360	
Intimation Letter	2020 🗸	Novem 🗸	в 🗸	270	90	270	90	360	
🖵 Upload Employee Details 🏾	2020 🗸	Octobe 🗸	в 🗸	270	90	270	90	360	
Claims And Settlements	2020 🗸	Septen 🗸	в 🗸	270	90	270	90	360	
Verify Basic Details									
Cancellation Request ~	2020 🗸	August 🗸	B *	270	90	270	90	360	
🕼 Group Insurance 🗸 🗸	2020 🗸	July 🗸	в 🗸	270	90	270	90	360	
🕼 Motor Insurance 🗸 🗸	2020 🗸	June 🗸	в 🗸	270	90	270	90	360	
	2020 🗸	May 🗸	в 🗸	270	90	270	90	360	
	2020 🗸	April 🗸	в 🗸	270	90	270	90	360	
	2020 🗸	March 🗸	в 🗸	270	90	270	90	360	
	2020 🗸	Februa 🗸	в 🗸	270	90	270	90	360	
	2020 🗸	January 🗸	в 🗸	270	90	270	90	360	
	Note: If there are any MIS	SING CREDIT please ent	er it as 0 in Paid Insurance a	nd Paid Savinos Funds in that narticula	r vear and month.				Save Cancel



Welcome, HEMA KUMAR S C	Select Year	202	1	~					Print Ledger Details	
# Home	Year *		Month *	Group*	Saving Fund	Insurance Fund	Paid Saving Fund	Paid Insurance Fund	Total	Remark
Application for verification ✓	2021	~	Decem 🗸	в 🗸	270	90	270	90	360	
Intimation Letter	2021	~	Novem 🖌	в 🗸	270	90	270	90	360	
Upload Employee Details •	2021	~	Octobe 🗸	в 🗸	270	90	270	90	360	
🖉 Claims And Settlements 🗸 🗸	2021	~	Septen 🗸	в 🗸	270	90	270	90	360	
🖵 Verify Basic Details 🛛 🗕										
Cancellation Request	2021	~	August 🗸	в 🗸	270	90	270	90	360	
🕼 Group Insurance 🛛 🗸 🗸	2021	~	July 🗸	в 🗸	270	90	270	90	360	
🕼 Motor Insurance 🗸 🗸	2021	*	June 🗸	в 🗸	270	90	270	90	360	
	2021	*	May 🗸	в 🗸	270	90	270	90	360	
	2021	~	April 🗸	в 🗸	270	90	270	90	360	
	2021	*	March 🗸	в 🗸	270	90	270	90	360	
	2021	*	Februa 🗸	в 🗸	270	90	270	90	360	
	2021	~	January 🗸	в	270	90	270	90	360	
										Save Cancel



36. After entering Ledger entries of every year, click on save button.

	Name:SONIK/	Ą					Mobile No:9632900108	DOJ:17/06/1992		First KGID Policy No:	
Se	elect Year	20	122	~						Print Ledger Details	
Y	ear*		Month *	Group*		Saving Fund	Insurance Fund	Paid Saving Fund	Paid Insurance Fund	Total	Remark
	2022	~	June 🗸	В	~	270	90	270	90	360	
	2022	~	May 🗸	В	~	270	90	270	90	360	
	2022	~	April 🗸	в	*	270	90	270	90	360	
	2022	~	March 🗸	В	~	270	90	270	90	360	
	2022	*	Februa 🗸	в	~	270	90	270	90	360	
	2022	~	January 🗸	в	~	270	90	270	90	360	



37. After filling Ledger entries, select GIS Claims.

Welcome, HEMA KUMAR S C	E Sri: Basavaraj Bommai Honbie Chief Minister Government of Kamataka			್ ಅಂ ಅಂ ಜಿ A A A A A A A A A A A A A A A A A A
Claims And Settlements ~			LIFE	
Verify Basic Details		NINICITI	ANCE	GROUP
Cancellation Request V	GIS Claims Ladrox Extra			FAMILY BENEFIT SCHEME
GIS Applications for	GIS Granns Leuger Entry			
verification Applications for verification	Name:SONIKA	Mobile No:9632900108	DOJ:17/06/1992	First KGID Policy No:
Nominee Change GIS Ledger	Select Year Select value			Print Ledger Details
GIS Claims				
Claims Application				
	Click on GIS Claims			
	Costeo	Providend Haintained by Marcolaite Appearance lacur	nora Danadmant, Caucannant al Kamataka	



- 38. Enter KGID number or registered Mobile number in search bar.
- 39. Click on Search button.





- 40. Click on save button to save details.
- 41. Click on Next button to proceed further.





42. Ledger Entries will display.

come,								
HEMA KUMAR S C	Sr No	Year Mon	Savings Amt (in ₹)	Insurance Amount(in ₹)	Savings Amt(in ₹)	Insurance Amount (in ₹)	Payable Amt (in ₹)	Missing Credit(in ₹)
e	1	1992 June	27.500	12.500	0.000	12.500	0.000	0.000
olication for verification 🗸	2	1992 July	27.500	12.500	0.000	12.500	0.000	0.000
	3	1992 August	27.500	12.500	0.000	12.500	0.000	0.000
ation Letter	4	1992 September	27.500	12.500	0.000	12.500	0.000	0.000
oad Employee Details	5	1992 October	27.500	12.500	0.000	12.500	0.000	0.000
ms And Settlements 🗸	6	1992 November	27.500	12.500	0.000	12.500	0.000	0.000
	7	1992 December	27.500	12.500	0.000	12.500	0.000	0.000
ny Basic Details	8	1993 January	27.500	12.500	27.500	12.500	27.500	0.000
cellation Request 🗸 🗸	9	1993 February	27.500	12.500	27.500	12.500	55.000	0.000
up Insurance 🗸 🗸	10	1993 March	27.500	12.500	27.500	12.500	82.500	0.000
tor Insurance	11	1993 April	27.500	12.500	27.500	12.500	111.650	0.000
	12	1993 May	27.500	12.500	27.500	12.500	139.150	0.000
	13	1993 June	27.500	12.500	27.500	12.500	166.650	0.000
	14	1993 July	27.500	12.500	27.500	12.500	198.324	0.000
	15	1993 August	27.500	12.500	27.500	12.500	225.824	0.000
	16	1993 September	27.500	12.500	27.500	12.500	253.324	0.000
	17	1993 October	27.500	12.500	27.500	12.500	287.598	0.000
	18	1993 November	27.500	12.500	27.500	12.500	315.098	0.000
	19	1993 December	27.500	12.500	27.500	12.500	342.598	0.000
	20	1994 January	27.500	12.500	27.500	12.500	379.550	0.000
	21	1994 February	27.500	12.500	27.500	12.500	407.050	0.000
	22	1994 March	27.500	12.500	27.500	12.500	434.550	0.000



	154	2005 March	123.000	57.000	123.000	57.000	15730.087	0.000	<u> </u>
HEMA KUMAR S C	155	2005 April	123.000	57.000	123.000	57.000	16204.246	0.000	
# Home	156	2005 May	123.000	57.000	123.000	57.000	16327.246	0.000	
	157	2005 June	123.000	57.000	123.000	57.000	16450.246	0.000	
Is Application for vermication ↓	158	2005 July	123.000	57.000	123.000	57.000	16940.609	0.000	
Intimation Letter	159	2005 August	123.000	57.000	123.000	57.000	17063.609	0.000	
🖵 Upload Employee Details 🛛	160	2005 September	123.000	57.000	123.000	57.000	17186.609	0.000	
Claims And Sattlements	161	2005 October	123.000	57.000	123.000	57.000	17693.540	0.000	
	162	2005 November	123.000	57.000	123.000	57.000	17816.540	0.000	
Verify Basic Details	163	2005 December	123.000	57.000	123.000	57.000			
Cancellation Request ~	164	2006 January	123.000	57.000	123.000	57.000	Missing credits		
🕼 Group Insurance	165	2006 February	123.000	57.000	123.000	57.000	18586.412	0.000	
	166	2006 March	123.000	57.000	123.000	57.000	18709.412	0.000	
Motor Insurance ~	167	2006 April	123.000	57.000	123.000	57.000	19250.606	0.000	
	168	2006 May	123.000	57.000	0.000	0.000	19373.606	180.000	
	169	2006 June	123.000	57.000	123.000	57.000	19496.606	180.000	
	170	2006 July	123.000	57.000	123.000	57.000	20055.512	182.700	
	171	2006 August	123.000	57.000	123.000	57.000	20178.512	182.700	
	172	2006 September	123.000	57.000	123.000	57.000	20301.512	182.700	
	173	2006 October	123.000	57.000	123.000	57.000	20878.528	186.810	
	174	2006 November	123.000	57.000	123.000	57.000	21001.528	186.810	
	175	2006 December	123.000	57.000	123.000	57.000	21124.528	186.810	
	176	2007 January	123.000	57.000	123.000	57.000	21720.062	191.013	
	177	2007 February	123.000	57.000	123.000	57.000	21843.062	191.013	
	179	2007 March	122.000	57.000	122.000	57,000	21066.062	101.012	-



43. Click on save button.

	340	2020 September	270.000	90.000	270.000	90.000	102325.209	556.462	C ^
HEMA KUMAR S C	341	2020 October	270.000	90.000	270.000	90.000	104636.313	567.591	
A Home	342	2020 November	270.000	90.000	270.000	90.000	104906.313	567.591	
Application for verification	343	2020 December	270.000	90.000	270.000	90.000	105176.313	567.591	
	344	2021 January	270.000	90.000	270.000	90.000	107544.439	578.942	
Intimation Letter	345	2021 February	270.000	90.000	270.000	90.000	107814.439	578.942	
Upload Employee Details •	346	2021 March	270.000	90.000	270.000	90.000	108084.439	578.942	
Claims And Settlements	347	2021 April	270.000	90.000	270.000	90.000	110510.727	590.520	
	348	2021 May	270.000	90.000	270.000	90.000	110780.727	590.520	
Verify Basic Details	349	2021 June	270.000	90.000	270.000	90.000	111050.727	590.520	
Cancellation Request	350	2021 July	270.000	90.000	270.000	90.000	113536.341	602.330	
🕼 Group Insurance 🗸 🗸	351	2021 August	270.000	90.000	270.000	90.000	113806.341	602.330	
	352	2021 September	270.000	90.000	270.000	90.000	114076.341	602.330	
Motor Insurance ~	353	2021 October	270.000	90.000	270.000	90.000	116622.467	614.376	
	354	2021 November	270.000	90.000	270.000	90.000	116892.467	614.376	
	355	2021 December	270.000	90.000	270.000	90.000	117162.467	614.376	
	356	2022 January	270.000	90.000	270.000	90.000	119770.316	626.663	
	357	2022 February	270.000	90.000	270.000	90.000	120040.316	626.663	
	358	2022 March	270.000	90.000	270.000	90.000	120310.316	626.1 CI	ick on Next
	359	2022 April	270.000	90.000	270.000	90.000	122981.122	639.196	
	360	2022 May	270.000	90.000	270.000	90.000	123251.122	639.196	
	361	2022 June	270.000	90.000	270.000	90.000	123521	639	
								-	
									Previous Next
									*



- 44. Claims details will display.
- 45. Click on Next button to proceed further.





- 42. Upload signed copy of Form-3 in PDF format (manually submission of signed Form-3 maybe scanned and uploaded)
- 43. Click on submit button to submit Application.





- 44. After Verification of GIS Claims application by DDO, below screen appears.
- 45. DDO can view & print claims details and Annexures will also be generated by clicking Annexure button.





46. Annexures can be used for billing/other purpose.

47. There are no changes in billing method/process in K2 as of now.

ಅನುಬಂಧ-1

ಕರ್ನಾಟಕ ರಾಜ್ಯ ನೌಕರದ ಕುಟುಂಬ ಕಲ್ಯಾಣ ನಿರ್ಧಿ ಕರ್ನಾಟಕ ರಾಜ್ಯ ನೌಕರರ ಸಾಮೂಹಿಕ ವಿಮಾ ಯೋಜನೆ ನಿಯಮಗಳು 1981 ----

ವಿಷಯ: ಕರ್ನಾಟಕ ರಾಜ್ಯ ನೌಕರರ ವಯೋಮಿತಿ : ಕಡ್ರಾಯ : ಸ್ವ ಇಚ್ರಾನಿವೃಕ್ತಿ : ಪ್ರಕರಣಗಳಲ್ಲಿ ಕರ್ನಾಟಕ ರಾಜ್ಯ ನೌಕರರ ಕುಟುಂಬ ಕಲ್ಯಾಣ ನಿಧಿ ಮತ್ತು ಕರ್ನಾಟಕ ರಾಜ್ಯ ನೌಕರರ ಸಾಮೂಹಿಕ ವಿಮಾ ಯೋಜನೆಯ ಹಣ ಹಿಂದಿರುಗಿಸುವ and earliest

ಅಲೆ(ಖ:1.ದಿನಾಂಕ 16-09-1975ರ ಅದಿಕೃತ ಜ್ಯಾಪನ ಸಂಖ್ಯೆ : ಎಫ್ಡಿ 102 ಪಿಐದಿ 75 2.ದಿನಾಂಕ 21-12-1981 ರ ಅಧಿಸೂಚನೆ ಸಂಖ್ಯೆ : ಎಫ್ಡಿ 80 ಎಸ್ ಆರ್ ಸಿ(ಸಿಎಸಸಿ) 81 3.ದಿನಾಂಕ 10-12-1985 ರ ಅಧಿಸೂಚನೆ ಸಂಖ್ಯೆ : ಎಫ್ಡಿ 11 ಎಸ್ ಆರ್ ಸಿ (ಸ-3) 85

ಅದೇಶ ಸಂಖ್ಯೆ 71 ದಿನಾಂಕ 21/6/2022

ಶ್ರೀ / ಶ್ರೀಮತಿ SONIKA (ಪದನಾಮ) ಸಮೂಹ ಇವರು ದಿನಾಂಕ 20/6/2022 ರಂದು ಕ್ಷ() ಇನುವಿ SURINA (ಐದಂಸಲು) ಸರ್ಕಾರದ ಸೇವೆಯಿಂದ ಪಯೇಮಿತಿ : ಕಡ್ಯಾಯ : ಸ್ಮ ಇಚ್ಛಾ : ವರ್ಣ : ರಾಜಿನಾಮ : ನಿನ್ನುತ್ತಿ ಹೊಂದಿದ್ದು, ಇವರು ಸೇವಾ ಅವದಿಯಲ್ಲಿ, ಕರ್ನಾಟಕ ರಾಜ್ಯ ಸೌಕರರ ಕುಟುಂಬ ಕಲ್ಯಾಣ ನಿಧಿ ನಿಯಮಗಳು 1975 ರ ಆಡಿಯಲ್ಲಿ ದಿನಾಂಕ — ದಿಂದ ದಿನಾಂಕ — ದ ವರೆವಿಗೆ ಆದರ ಸದಸ್ಯರು ಮತ್ತು ಚಂದಾವಾರರಾಗಿ ಸಲ್ಲಿಸಿರುವ ಪಂತಿಕೆಗಳ ಮೊತ್ತಕ್ಕೆ ಉಲ್ಲೇಖ 1 ರಲ್ಲಿನ ದುವರಿಕ – ದ ಮುಂದುಗ ಅದುರ ಸದಸ್ಯಾರು ಮತ್ತು ತಂಡುವಾತರಲಾಗ ಸಲ್ಲಿಸಲಾದ ಮಂತಕಗಳ ಮಾತ್ರಿಕ್ಕೆ ಉಲ್ಲಾಮ 1 ರಲ್ಲ.) ಅದಿಕೃತ ಷ್ಯಾಪನ ದಿನಾಂಕ 16-08-1975 ರಲ್ಲಿ ನಿಗಿಡುಡಿಸಿರುವಂತೆ ಸತಾಲಾರದ ಅಂಶವಾನವು ಒಳಗೊಂಡಕ ತರ್ಮಾಟಕ ರಾಜ್ಯ ನೌಕರರ ಸಾಮೂರ್ತಿ ವಿಷಣ ಯೋಜನೆ ನಿಯಮಗಳು 1982 ರ ನಿಯಮ 18.1 ರ ಅಡಿಯಲ್ಲಿ ಸದರಿ ಮಂತರ ಕರ್ಮಾಟಕ ರಾಜ್ಯ ನೌಕರರ 31-12-1987ರಿಂದ ಮುಕ್ತಾಯಗೊಂಡಂತೆ ಬಾವಿಸಿ ಆದೇ ನಿಧಿಯಲ್ಲಿ ಮುಂದುವರಿಸಲಾಗಿದ್ದು, ಸದರಿ ಮೊತ್ತಕ್ಕೆ ದಿನಾಂಕ : 01-12-1987ರಿಂದ 31-05-1985 ರ ವರವೆಗೆ ಕೇ 8.2 ರ ನಿಲು ಗಳಂತೆ ಬಡ್ಡಿಯನ್ನು ನೀಡಲಾಗಿದೆ. ಮತ್ತು ಉಲ್ಲೇಖ ಪರಲ್ಲಿನ ಆಧಿಸೂಚನೆ ದಿನಾಂಕ 10-12-1985ರ ಆನ್ಯಯ ದಿನಾಂಕ 01-06-1985 ರಿಂದ ದಿನಾಂಕ --- ರಂದು ಸದರಿಯವರು ಸರ್ಕಾರಿ ಸೇವೆಯಿಂದ ವಿಮುಕ್ತರಾಗಿರುವ ಅವಧಿಯವರೆಗೆ ಸದರಿ ಮೊತ್ತಕ್ಕೆ ಶೇಕಡ 10.5 ರೂ. ಗಳಂತ ಬಡ್ಡಿಯನ್ನು ಸಹ ನೀಡಲಾಗಿದೆ. ಇವರಿಂದಾಗಿ ಶ್ರೀಮತೆ: ಶ್ರೀ --- ಇವರಿಗೆ ಕುಟುಂಬ ಕಲ್ಯಾಣ ನಿಧಿಯ ಬಾಬ್ರಿನ ಒಟ್ಟು ಮೊತ್ತ ರೂ. --- (ಅಕ್ಷರಗಳಲ್ಲಿ) --- ಗಳನ್ನು ಮರುಪಾವತಿ ಮಾಡಲು ಮಂಜೂರಾತಿ ನೀಡಿದೆ.

ಹಾಗೂ ಕರ್ನಾಟಕ ರಾಜ್ಯ ನೌಕರರ ಸಾಮೂಹಿಕ ವಿಮಾ ಯೋಜನೆ ನಿಯಮಗಳು 1981 ರ ನಿಯಮ 5.1 ಮತ್ತು 5.2 ರ ಅಡಿಯಲ್ಲಿ ಶ್ರೀಮತಿ : ಶ್ರೀ SONIKA ಇವರು ದಿನಾಂಕ 1/1/1989 ದಿಂದ ದಿನಾಂಕ 20/6/2022 ರವರವಿಗೆ ಒಟ್ಟು 409 ತಿಂಗಳು ಸದರಿ ಯೋಜನೆಯ ಸದಸ್ಯರು ಮತ್ತು ಚಂದಾದಾರರಾಗಿ ಈ ಕೆಳಗೆ ಎಡಬದಿಯಲ್ಲಿ ಹೇಳಿರುವ ಗೂಪ್ ಗಳಿಗನುಸಾರವಾಗಿ ವಂತಿಕೆಗಳನ್ನು ಸಲ್ಲಿಸಿದ್ದು, ಸದರಿ ನಿಯಮಗಳ ನಿಯಮ

N.957 'CA'	ದಿನಾಂಕ	
ಗ್ರೂಪ್ 'ಸಿ'	ದಿನಾಂಕ	01-01-1989 to 31-12-2011
ಗ್ರೂಪ್ 'ಬಿ'	ದಿನಾಂಕ	1-1 - 2012 to 31-12 - 2022
ಗ್ರೂಪ್ 'ಎ'	ದಿನಾಂಕ	

ಗಳು 8.1 ಮತ್ತು 10.5ರ ಅನ್ನಯ ಸದರಿಯವರಿಗೆ ಉಳಿತಾಯ ನಿಧಿಯ ಬಾಬ್ರಿನ ಒಟ್ಟು ಮೊತ್ತ ರೂ. 129009.537 (ಅಕ್ಷರಗಳಲ್ಲಿ) One Lakh Twenty Nine Thousand Nine Rupees and Five Three Seven Paisa Only ಗಳನ್ನು ಮರುಪಾವತಿ ಮಾಡಲು ಸಹ ಶೇಕಡ 12ರ ಬಡ್ಡಿಯೊಂದಿಗೆ ಮಂಜೂರಾತಿ ನೀಡಿದೆ.

ಕರ್ನಾಟಕ ರಾಜ್ಯ ನೌಕರರ ಕುಟುಂಬ ಕಲ್ಯಾಣ ನಿಧಿ ಹಣದ ವೆಚ್ಚವನ್ನು ಲೆಕ್ಕಶೀರ್ಷಿಕೆ 8011- ಇನಷ್ಯೂರೆನ್ನ ಮತ್ತು ವೆನಷನ್ ಕರ್ನಾಜಕ ರಿಕ್ಷಾ ೧೯೯೦ರ ಕಾರ್ಯದಿಕರ್ ರಿಯುದ ಕರ್ವಾಟಕ ದಾಜ ವಿಷ್ಯಾನಿಸುವು ಲಿತ್ರರಾರ್ಣಕ ಕರ್ಯಗಳ ನಿಂಡುತ್ತಾರು. ಮತ್ತು ಹುನಕ ಪುಂಡ್ - 105 ರಾಜ್ಯ ಸರ್ಕಾರಿ ಇನಡುಷ್ಠಾರಿನ್ನ - 005 ಕರ್ನಾಟಕ ರಾಜ್ಯ ನೌಕರರ ಕುಟುಂಬ ಕಲ್ಯಾಣ ನಿಧೀಣಪಡಿಗೆ-1. ನಿಷ್ಕತ್ತಿಯ ಸಮಯದಲ್ಲಿ ಪಾಪತಿ ಗೆ ಖರ್ಚು ಹಾಕತಕ್ರದ್ದು, ಹಾಗೂ ಕರ್ನಾಟಕ ರಾಜ್ಯ ನೌಕರರ ಸಾಮೂಹಿಕ ವಿಮಾ ಯೋಜನೆಯ ಹಣದ ವೆಚ್ಚವನ್ನು ಲೆಕ್ಕ ಶೀರ್ಷಿಕೆ 8011- ಇನಷ್ಯೂರೆನ್ನ ಮತ್ತು ವೆನಷನ್ ಪಂಡ್ - 105 ಕರ್ನಾಟಕ ರಾಜ್ಯ ನೌಕರರ ಸಾಮೂಹಿಕ ವಿಮಾ ಯೋಜನೆಯ ಉಳಿತಾಯ ನಿಧಿ – 006 ಬಟವಾಡ್ ಗೆ ಖರ್ಜು ಹಾಕತಕ್ರದ್ದು

ಹಾಗೂ ಕರ್ನಾಟಕ ರಾಜ್ಯ ನೌಕರರ ಸಾಮೂಹಿಕ ವಿಮಾ ಯೋಜನೆಯ ಹಣದ ವೆಚ್ಚವನ್ನು, ಲೆಕ್ಕ ಶೀರ್ಷಿಕೆ '80**ಕಣಾರಿತುಕ ಕುಟ್ಟಾ** ನೌಕರರ ಸಾಮೂಹಿಕ ವಿಮಾ ಯೋಜನೆಯ ಉಳಿತಾಯ ನಿಧಿ ಬಟವಾಡೆಗೆ ಖರ್ಚು ಹಾಕತಕ್ಕದ್ದು.

ಸಹಿ ಮತ್ತು ಪದನಾಮ

rt,

1. ಮಹಾಲೇಭಾಪಾಲರು (ಲೆಕ್ಕ ಪತ್ರ) ಬೆಂಗಳೂರು. ಸಿರ್ದೇಶಕರು, ಕರ್ನಾಟಕ ಸರ್ಕಾರಿ ವಿಮಾ ಇಲಾಖೆ, ಬೆಂಗಳೂರು.
 ಆಡಳಿತಾಧಿಕಾರಿ, ಕರ್ನಾಟಕ ರಾಜ್ಯ ನೌಕರರ ಸಾಮೂಹಿಕ ವಿಮಾ ಯೋಜನೆ ಮತ್ತು ಸಣ್ಣ ಉಳಿತಾಯ Statestaneous idonistado 4. ಇಲಾಖೆಯ ಲೆಕ್ಕಪತ್ರಗಳ ವಿಭಾಗ.

ಸಂಬಂಧಪಟ್ಟ ಸೌಕರರು : ಅಧಿಕಾರಿಗಳು.

Signature of DDO



48. Select Download forms.



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49. DDO can download any GIS Forms(1 to 5) in Download Forms.

