

ANNEXURE-V

**APPLICATION FOR THE GROUP INSURANCE SCHEME TO TEMPLE
EMPLOYEES**

1. Name and Location of the Temple :
2. Name and Designation of the temple Employee
3. Father's/Husband's/Wife's Name :
4. Sex : Male / Female
5. Date of Birth :
6. Date of Joining the Duty :
7. Marital Status :
8. Salary and Amount of Grant-in-Aid : Rs.
9. Date of Retirement :
10. Permanent Address of the Temple Employee:
11. Name and Address of the Legal Heir of the
Temple Employee :
12. If the employee has worked in other temples,
Mention its name and address :

Signature of the Temple Employee

Witnesse's signature with address :

(1)

(2)

UNDERTAKING

I hereby declare that the above said particulars are true, Complete and correct the best of my knowledge and belief.

Place :

Date :

*Special Officer/ Executive
Officer President/ Board of Trustees*