

FORM NO—5

Government of Sikkim
Department/Office. -----

Date:

To

Subject; Payment of the amount due under the Sikkim Government Employee's Group Insurance Scheme, 1993.

Dear Sir/Madam,

I am directed to state that late.----- has nominated you for payment of full/-----percent of amount due under the Sikkim Government Employee's Group Insurance Scheme,1993.You are therefore, requested to submit an application in the enclosed Form No.6 for arranging payment.

Yours Faithfully

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Designation of Head of Office/Department/Any
Other Officer.

