



NATIONAL INSTITUTE OF SCIENCE EDUCATION AND RESEARCH, BHUBANESWAR

Form No. IV

Statement of Provident Fund and Life Insurance Policy on First Appointment as on the 31st December 20....

Insurance Policies				
Sl.No.	Policy No. and Date of Policy	Name of Insurance Company	Sum Insured/date of Maturity	Amount of annual premium
1	2	3	4	5

Provident funds			
Type of provident Funds/GPF/CPF/Account No.	Closing Balance as last reported by the Audit/Accounts Officer along with date of such balance	Contribution made subsequently	Remarks(if there is dispute regarding closing balance, the figures according to the government servant should also be mentioned in this column)
6	7	8	10
		9	

Date.....

Signature.....