

**Appendix 'T'**

(Refers to Paragraph 47 of AO 23/2002/AGI)

**APPLICABLE FOR ALL RANKS**

(TO BE INITIATED SIX MONTHS PRIOR TO RETIREMENT)

**IN TRIPLICATE**

(Form should be typed on both sides and reach AGIF four months prior to retirement)

**AGI CLAIM-MATURITY AND APPLICATION FOR EXTENDED  
ARMY GROUP INSURANCE SCHEME**

1. Personal No.....  
(IC,SS, MR,MS,SL, SCO,RC,NTR,WS,GC,  
GCL,JC etc)
2. JC/Army No .....  
(SL,RC,SCO,NTR Officers, Cadets and  
JCOs will indicate Army No/JC No also)
1. Rank & Name .....
2. Regiment/Corps.....
3. Unit last served.....  
with address
6. CDA (O) A/C No (Officers only).....
7. **Dates of** :-
  - (a) Birth.....
  - (b) Enrolment/commission.....
  - (c) Retirement/Release/Medical  
Grounds/Discipline.....
  - (d) SOS.....
  - (e) Re-emp, from..... to.....
8. **AGI Membership period** :                      **From**        **To**                      **Years & months**
  - (a) As OR
  - (b) As JCO
  - (c) As Gentleman Cadet  
(From the date of receipt of monthly  
stipend)
  - (d) As Officer
  - (e) On Deputation and Amount paid
  - (f) As AOP/Inf MMG Gunner on  
Flying Duty\*  
  
(In case premium is paid direct to AGIF deposit receipts should be attached)

**FOR AGI USE ONLY**

Mail ID .....

Claim ID .....

Entered on .....

Verified on.....

Approved on.....

PAL No .....

PAL Amount .....

Addl Interest.....

Cheque No & Date.....

EIC No & Date .....

MBS No.....

DID No.....

9. **Bankers.**

Name ..... Branch.....

Bank Code No ..... Account No.....

Address.....

.....State..... Pin..... Tele No .....

**(To avoid delay, Please do NOT change this bank account until you have received amount from**

**AGIF)**

10. Treasury/Bank through which individual will draw his pension.

11. Address after retirement for correspondence:

(Change to be intimated)

S/O (Father's name).....

Address ..... State..... (Pin.....) Tele No

.....

**Permanent Address** : .....

State.....Pin .....Tele No and Nearest contact of Tele

No.....

12. **Loans.**

	<u>Date of Loan</u>	<u>Amount</u>		
		<u>Remarks</u>	<u>Taken</u>	<u>Refunded</u>
(a)	HDFC			
(b)	HBA (AGI)			
(c)	Conveyance Advance (AGI)			
(d)	Computer Advance (AGI)			
(e)	Any other loan			

13. **Family Details :** Name

(a) Father ..... Age.....

(b) Mother..... age.....

(c) Wife/husband..... age .....

(d) Children.

(i)..... age .....

sex .....

(ii)..... age.....

sex.....

(iii)..... age..... sex.....

14. **Name Relationship & Address of**

First Nominee

Contingent Nominee (s)

Name ..... .....

Relationship..... .....

Address..... .....

15. In case my discharge/retirement orders are cancelled, I undertake to refund the maturity benefits disbursed to me within 45 days; failing which I hereby undertake to pay penal interest on the said amount at the rate of 12 per cent per annum till the amount is received back by AGIF.

16. Certified that the particulars given are correct and the claim for these benefits has not been submitted previously.

Countersigned by OC Unit

Signature of the individual

Signature

Date

Rank

(Office Seal)

Name

**Received Payment**

Date

Rs 1/- revenue stamp

Signature.....

No..... Rank.....

Name.....

**Note** : On completion, two copies will be forwarded to CDA (O) Golibar Maidan Pune-1/PAO (OR) and one copy alongwith 3 copies of Passport size joint photographs with spouse and two copies of single photograph of first nominee will be forwarded to AGIF.

**PART-II**

**(To be filled in by CDA (O) Pune/PAO(OR)**

Certified that sum of Rs. (Figures .....)(Rs in words.....

..... has been deducted from the pay of No

.....Rank .....

Name ..... for the period from .....

to.....as monthly subscription towards AGIF.

Date	Office Seal	Signature
		Account Officer
		CDA (O) Pune/PAO (OR)
	On completion the CDA (O) will send one copy to AGIF	

**PART – III**

Certified that the above data is correct as amended and authenticated.

Place : (Office Seal)

Date : (To be verified by DAAG MP 5 & 6 (MP Dte)/MPRS (O) Med Dte/SRO  
Name.....