

FORM NO—6

To

The -----

Subject: Application for payment of amount due to late Sri/Smt. -----
under the Sikkim Government Employee's Group Insurance Scheme, 1993.

Sir/Madam,

With reference to your letter No. -----Date-----, I hereby request that the full/-----percent of amount due to late Sri/Smt.....under the Sikkim Government Employee's Group Insurance Scheme, 1993 may be paid to me.

Yours Faithfully

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