

**ANNEXURE – IV**

**STATEMENT SHOWING THE AMOUNT RECOVERED AND REMITTED IN THE  
DCB..... FOR THE MONTH.....**

**Name and address of the institution :**

**Code No. of the institution :**

**DETAILS OF RECOVERY**

Sl.No	Full name of the employee	Designation	Code No. of the employee	Month to which the recovery relates	Rate of contribution	Contribution		
						By the employee	By the employer	Total contribution
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
<b>Total</b>								

**Signature of the Chief Executive with seal**

**FOR USE IN THE DISTRICT CO-OPERATIVE BANK**

**Name of Branch of the District Co-operative Bank:**

**Amount remitted with the details (Chelan No : ..... date: ..... amount: .....)**

**(Seal of the DCB)**

**Signature of Bank Manager**

**(For use in the office of the Secretary – Treasurer of the Board)**

**Date of entry in the ledger**

**Accountant**