PAY-IN-SLIP

CO-OPERATIVE EMPLO		WELFAREBORD		
Dis	strict C	o-operative Branch		
Bra	anch			
No		Date		
Paid into the credit of	S.B.	A/c No.		
Additional Registrar/Secretary				
Kerala State Co-operative	Ш			
Employees Welfare Board Society	In the Branch of the			
Code No.	Distr	ict Co-operative Bank		
Remittance Particulars		Amount Rs		
Welfare Board contribution for				
the month of		•••••		
Others		•••••		
TOTAL				
(Rs	•••••			
Signature of the remitter				
Name of the Society				
Cashier Accountant	nt	Branch Manager		
		TRIPLICATE		
		to Main Branch		
PAY-IN	N-SLIP			
for the Payment of contribution to the KERALA STATE				
CO-OPERATIVE EMPLOYEES'WELFARE BORD				
District Co-operative Branch				
Branch				
No		Date		
Paid into the credit of	S.B.A/c No.			
Additional Registrar/Secretary				
Kerala State Co-operative Employees Welfare Board	In th	e Branch of the		
Society]	•••••		
Code No.	Distr	District Co-operative Bank		
Remittance Particulars		Amount Rs		
Welfare Board contribution for				
the month of		••••••		
Others				
TOTAL				
(Rs	•••••			
Signature of the remitter				
Name of the Society				

Accountant

Cashier

PAY-IN-SLIP

for the Payment of contribution to the KERALA STATE CO-OPERATIVE EMPLOYEES'WELFARE BORD				
District Co-operative Branch				
Bra	nch			
No		Date		
Paid into the credit of Additional Registrar/Secretary Kerala State Co-operative Employees Welfare Board		S.B.A/c No. In the Branch of the		
Society Code No.	•••••	ict Co-operative Bank		
Remittance Particulars		Amount Rs		
Welfare Board contribution for				
the month of				
Others		••••••		
TOTAL		••••••••••		
(Rs)				
Signature of the remitter Name of the Society				
Cashier Accountan	t	Branch Manager		
QUADRUPLICATE				
		to receiving Branch		
PAY-IN	-SLIP			
for the Payment of contribution to the KERALA STATE CO-OPERATIVE EMPLOYEES'WELFARE BORDDistrict Co-operative Branch				
Branch				
No		Date		
Paid into the credit of Additional Registrar/Secretary Kerala State Co-operative Employees Welfare Board		A/c No. e Branch of the		
Society	 Dietr	ict Co-operative Bank		
Code No. Remittance Particulars	Disti	Amount Rs		
Welfare Board contribution for		1 mount RS		
the month of				
Others		••••••		
TOTAL		••••••		
(Rs)		
Signature of the remitter				
Name of the Society				

Cashier

Accountant

Branch Manager

Branch Manager