### PAY-IN-SLIP

**ORGINAL**

to be sent by the society to Welfare Board

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 Additional Registrar/Secretary Kerala State Co-operative Employees Welfare Board

Society Code No. ..............................................

S.B.A/c No. ..............................................

In the Branch of the 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
Cashier         Accountant     Branch Manager

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### TRIPPLICATE

to Main Branch

PAY-IN-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 Additional Registrar/Secretary Kerala State Co-operative Employees Welfare Board

Society Code No. ..............................................

S.B.A/c No. ..............................................

In the Branch of the 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
Cashier         Accountant     Branch Manager

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### DUPLICATE

to Society / Bank

PAY-IN-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 Additional Registrar/Secretary Kerala State Co-operative Employees Welfare Board

Society Code No. ..............................................

S.B.A/c No. ..............................................

In the Branch of the 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
Cashier         Accountant     Branch Manager

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### QUADRUPLEPLICATE

to receiving Branch

PAY-IN-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 Additional Registrar/Secretary Kerala State Co-operative Employees Welfare Board

Society Code No. ..............................................

S.B.A/c No. ..............................................

In the Branch of the 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
Cashier         Accountant     Branch Manager