ANNEXURE – IV

KERALA STATE CO-OPERATIVE EMPLOYEES WELFARE BOARD

STATEMENT SHOWING THE AMOUNT RECOVERED AND REMITTED IN THE

KERALA STATE CO-OPERATIVE BANK Ltd. ……..…… BRANCH

FOR THE MONTH……...……..……20……..…...

Name and address of the institution : with Phone Number

Code No. of the institution :

Mobile No. (Secretary/ Accountant) :

DETAILS OF RECOVERY

Sl.No.	Full name of the employee	Code No. of the employee	Month to which the recovery related	Gross Pay/ Consolidated Pay/ Commission of the Employee (BP+DA+HRA)	Contribution		
					By the employee	By the employer	Total Contribution
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
				TOTAL			

Signature of the Chief Executive with seal

FOR USE IN THE KERALA STATE CO-OPERATIVE BANK Ltd.

Name of Branch of the Kerala State Co-operative Bank Ltd :

Amount remitted with the details (Chelan No./Transaction ID : ……..…… date: ...…..... amount: ……..……..)

(Seal of the KSCB Ltd) **Signature of Branch Manager, KSCB Ltd.**

(For use in the office of the Kerala State Co-operative Employees Welfare Board)

Date of entry in the ledger **Accountant / Clerk**

ORGINAL
to be sent by the society to Welfare Board

PAY-IN-SLIP

for the Payment of contribution to the
KERALA STATE CO-OPERATIVE EMPLOYEES' WELFARE BOARD
Kerala State Co-operative Bank Ltd.

.....Branch

No..... **Date.....**

Paid into the credit of Additional Registrar/Secretary Kerala State Co-operative Employees Welfare Board	**S.B.A/c No.**
Society/Bank Code No.	**In the ..... Branch of the Kerala State Co-operative Bank Ltd.**

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**

DUPLICATE
to Society / Bank

PAY-IN-SLIP

for the Payment of contribution to the
KERALA STATE CO-OPERATIVE EMPLOYEES' WELFARE BOARD
Kerala State Co-operative Bank Ltd.

.....Branch

No..... **Date.....**

Paid into the credit of Additional Registrar/Secretary Kerala State Co-operative Employees Welfare Board	**S.B.A/c No.**
Society/Bank Code No.	**In the ..... Branch of the Kerala State Co-operative Bank Ltd.**

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**

TRIPLICATE
to Main Branch

PAY-IN-SLIP

for the Payment of contribution to the
KERALA STATE CO-OPERATIVE EMPLOYEES' WELFARE BOARD
Kerala State Co-operative Bank Ltd.

.....Branch

No..... **Date.....**

Paid into the credit of Additional Registrar/Secretary Kerala State Co-operative Employees Welfare Board	**S.B.A/c No.**
Society/Bank Code No.	**In the ..... Branch of the Kerala State Co-operative Bank Ltd.**

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**

QUADRUPLICATE
to receiving Branch

PAY-IN-SLIP

for the Payment of contribution to the
KERALA STATE CO-OPERATIVE EMPLOYEES' WELFARE BOARD
Kerala State Co-operative Bank Ltd.

.....Branch

No..... **Date.....**

Paid into the credit of Additional Registrar/Secretary Kerala State Co-operative Employees Welfare Board	**S.B.A/c No.**
Society/Bank Code No.	**In the ..... Branch of the Kerala State Co-operative Bank Ltd.**

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**