ANNEXURE VI

KERALA STATE CO-OPERATIVE EMPLOYEES WELFARE BOARD

APPLICATION FOR REFUND OF THE AMOUNT REMITTED IN THE BOARD

1.	(a) Name and full address of the Employee (in block letters)	:
	(b) Code Number of the Employee	:
	(c) Phone/ Mobile No. of the Employee	:
2	(a) Name & address of the institution in which he/she was employed at the time of retirement/relief	:
	(b) Phone/Mobile No. of the Institution	:
3.	Date of birth and age of the employee	:
4.	Date of retirement/relief	:
5.	Date of option to come over to the Welfare Board Scheme	:
6.	Whether recovery was effected regularly	:
7.	Total amount of Contribution remitted to the Welfare Board (Employee Contribution+Society Contribution)	:
8.	Amount claimed	:

Place:

Date: **Signature of the applicant (employee)**

I certify that the particulars given above are correct and also certify that the amount claimed is admissible as per rules.

Place: **(Name & Signature)** **(Name & Signature)**
Date: **President of the Institution** **Chief Executive of the Institution**

(Office Seal)

Countersigned
Head of Department/District/Taluk level officer of the concerned administrative department of government.

Place: **Signature**

Date : **(Office Seal)** **(Name and Designation)**