## ANNEXURE IV STATEMENT SHOWING THE AMOUNT RECOVERED AND REMITTED IN THE

D.C.B.....FOR THE MONTH .....

:

:

Name and address of the institution

Code No. of the institution

## **DETAILS OF THE RECOVERY**

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

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)

Signature of Branch Manager

(For use in the Office of the Secretary – Treasurer of the Board)

Date of entry in the ledger:

Accountant.