ORIGINAL

to be sent by the society to Pension Board

PAY-IN-SLIP

for the Payment of contribution to the KERALA STATE CO-OPERATIVE EMPLOYEE'S PENSION BOARD					
District Co-Operative Bank					
Branch					
No		Date			
Paid in to the credit of Additional Registrar/Secretary Kerala State Co-Operative employee's Pension Board Society Code No.	S.B.A/c No. In the				
Remittance Particular	rs 💗	Amount Rs.			
Pension Fund contribution for	the				
month of	-				
Amount transferred from CPF -					
Others	-				
TO	OTAL				
(Rs) Signature of the remitter					
Name of the Society		Dunah Manas			
Cashier Accou	intant	Branch Manager			

DUPLICATE

to Society

PAY-IN-SLIP

for the Payment of contrib CO-OPERATIVE EMPL		
	District Co-	-Operative Bank
No Paid in to the credit of		Date
Additional Registrar/Secretary Kerala State Co-Operative	S.B.A/c N	
Society Code No.	In theBranch of the District Co-Operative Bank	
Remittance Particulars		Amount Rs.
Pension Fund contribution for	the	
month of		
Amount transferred from CPF -		
Others	_	
	OTAL	
(Rs)
Signature of the remitter		
Name of the Society		
Cashier Accou	ntant	Branch Manager

TRIPLICATE

to Main Branch

PAY-IN-SLIP

for the Payment of contribu CO-OPERATIVE EMPLO		
D	istrict Co-	Operative Bank
I	3ranch	
No		Date
Kerala State Co-Operative employee's Pension Board		
Society Code No.	Branch of District Co	the o-Operative Bank
Remittance Particulars		Amount Rs.
Pension Fund contribution for	the	
month of		
Amount transferred from CPF -		
Others	-	
TC	TAL	W. T. C.
(RsSignature of the remitter)
Name of the Society		
Cashier Accoun	ntant	Branch Manager

QUADRUPLICATE

to receiving Branch

PAY-IN-SLIP

for the Payment of contri CO-OPERATIVE EMPI	LOYEE'S P	ENSION BOARD				
District Co-Operative Bank						
Branch						
No		Date				
Paid in to the credit of Additional Registrar/Secretary Kerala State Co-Operative employee's Pension Board	S.B.A/c No.					
Society Code No.	Branch of District Co	o-Operative Bank				
Remittance Particulars		Amount Rs.				
Pension Fund contribution fo	r the					
month of						
Amount transferred from CPF -						
Others	-					
Т	OTAL					
(Rs)				
Signature of the remitter						
Name of the Society						
Cashier Acco	untant	Branch Manager				