

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

S.B.A/c No.	<input type="text"/>
In the.....	
Branch of the	
.....	
District Co-Operative Bank	

Society Code No.	<input type="text"/>
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Remittance Particulars	Amount Rs.
Pension Fund contribution for the month of..... -
Amount transferred from CPF -
Others..... -
TOTAL	

(Rs.....)

Signature of the remitter

Name of the Society

Cashier

Accountant

Branch Manager

DUPLICATE

to Society

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for the Payment of contribution to the KERALA STATE
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In the.....	
Branch of the	
.....	
District Co-Operative Bank	

Society Code No.	<input type="text"/>
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Remittance Particulars	Amount Rs.
Pension Fund contribution for the month of..... -
Amount transferred from CPF -
Others..... -
TOTAL	

(Rs.....)

Signature of the remitter

Name of the Society

Cashier

Accountant

Branch Manager

TRIPPLICATE
to Main Branch

PAY-IN-SLIP

for the Payment of contribution to the KERALA STATE
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.....District Co-Operative Bank

.....Branch

No.....

Date.....

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In the.....	
Branch of the	
.....	
District Co-Operative Bank	

Society Code No.	<input type="text"/>
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Remittance Particulars	Amount Rs.
Pension Fund contribution for the month of..... -
Amount transferred from CPF -
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
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No.....

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Society Code No.	<input type="text"/>
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Remittance Particulars	Amount Rs.
Pension Fund contribution for the month of..... -
Amount transferred from CPF -
Others..... -
TOTAL	

(Rs.....)

Signature of the remitter

Name of the Society

Cashier Accountant Branch Manager