FORM B

KERALA STATE INSURANCE DEPARTMENT

Statement showing deduction towards Group Insurance Scheme for the month of ..... 201……

DDO/SDO Code : …….. Salary Head : ……..……..……..

Name of Office : ……..……..

Department : ……..……..……..

Mode of Payment (By Salary Deduction/Demand Draft/Cheque/Challan) : ……..……..

Details of Demand Draft/Cheque/Challan : ……..……..

Sl. No.	PEN	Name	Account No.	Amount	Remarks
	Grand Total				

(Rupees …… only)

Place :
Date :

(Office Seal)

Name & Signature
of Drawing & Disbursing Officer