

FORM B(1)

KERALA STATE INSURANCE DEPARTMENT

**Schedule of Recoveries towards Group Insurance Scheme
for the month of 20.....**

SDO Code :		Salary Head	
Treasury Code		Treasury	
PEN :		Account No.	Group
Name :			
Name of Office :			
Address :			
Department :			
Amount Deducted :	Rs. _____		
(Rupees		only)	
Mode of Payment :	<input type="checkbox"/> Salary Deduction	<input type="checkbox"/> Demand Draft	<input type="checkbox"/> Challan
<i>(Please put a tick (✓) whichever is applicable)</i>			
Details of DD/Challan :			

Place :

Signature :

Date :

Name :

(For the use of Self Drawing Officers only)