Original

PAY IN SLIP
for the payment of money into the
KERALA STATE CO-OPERATIVE
EMPLOYEES WELFARE BOARD

Kerala State Co-operative Bank Ltd.
..... Branch

No..... **Date : .....**

Paid into the credit of Additional Registrar/ Secretary Kerala State Co-operative Employees Welfare Board, Tvm

S.B. A/c No.
1 0 1 2 1 2 8 0 1 0 0 0 1 7 7
In the Kerala State Co-operative Bank Ltd Over Bridge Br. Trivandrum

Purpose of Remittance	By whom paid and Name & Address of the person on whose behalf money is paid	Amount Rs.
	Total	

Total in words
(Rupees ..... only)
Signature of the remitter
Received Rs:
(Rupees ..... only)
Signature of
Cashier/ Accountant/ Br. Manager
Seal

Duplicate

PAY IN SLIP
for the payment of money into the
KERALA STATE CO-OPERATIVE
EMPLOYEES WELFARE BOARD

Kerala State Co-operative Bank Ltd.
..... Branch

No..... **Date : .....**

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	Total	

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(Rupees ..... only)
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Received Rs:
(Rupees ..... only)
Signature of
Cashier/ Accountant/ Br. Manager
Seal

Triplicate

PAY IN SLIP
for the payment of money into the
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EMPLOYEES WELFARE BOARD

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(Rupees ..... only)
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Received Rs:
(Rupees ..... only)
Signature of
Cashier/ Accountant/ Br. Manager
Seal