

ANNEXURE – IV  
**STATEMENT SHOWING THE AMOUNT RECOVERED AND REMITTED IN THE  
 KERALA STATE CO-OPERATIVE BANK Ltd .....BRANCH  
 FOR THE MONTH.....**

Name and address of the institution :

Code No. of the institution :

Phone / Mobile No of institution :

**DETAILS OF RECOVERY**

Sl.No	Full name of the employee	Code No. of the employee	Month to which the recovery relates	Basic Pay / Consolidated Pay of the employee	Amount of Contribution		
					By the employee	By the employer	Total contribution
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
<b>TOTAL</b>							

Signature of the Chief Executive with seal

**FOR USE IN THE KERALA STATE CO-OPERATIVE BANK**

Name of Branch of the Kerala State Co-operative Bank Ltd :

Amount remitted with the details (Challan No : ..... date: ..... amount: .....)

(Seal of the KSCB Ltd)

Signature of Branch Manager

(For use in the office of the Secretary – Treasurer of the Board)

Date of entry in the ledger

Accountant