

Original

Duplicate

Triplicate

**PAY IN SLIP  
(Right To Information Act)**

**for the payment of money into the  
KERALA STATE CO-OPERATIVE  
EMPLOYEES WELFARE BOARD**

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

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**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.
Right To Information Act		
	<b>Total</b>	

Total in words  
(Rupees ..... only)

Signature of the remitter

Received Rs:  
(Rupees ..... only)

Signature of  
Cashier/ Accountant/ Br. Manager

Seal

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

Paid into the credit  
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Kerala State Co-  
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Welfare Board, Tvm

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1	0	1	2	1	2	8	0	1	0	0	0	1	7	7
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