

**PAY-IN-SLIP**

for the Payment of contribution to the KERALA STATE  
CO-OPERATIVE EMPLOYEES' WELFARE BORD

.....District Co-operative Branch  
.....Branch

No..... Date.....

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

S.B.A/c No.											
In the Branch of the											
.....											
District Co-operative Bank											

Society Code No.	
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Remittance Particulars	Amount Rs
Welfare Board contribution for the month of .....	.....
Others .....	.....
<b>TOTAL</b>	.....

(Rs.....)

Signature of the remitter

Name of the Society

Cashier                      Accountant                      Branch Manager

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Welfare Board contribution for the month of .....	.....
Others .....	.....
<b>TOTAL</b>	.....

(Rs.....)

Signature of the remitter

Name of the Society

Cashier                      Accountant                      Branch Manager

TRIPPLICATE  
to Main Branch

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Remittance Particulars	Amount Rs
Welfare Board contribution for the month of .....	.....
Others .....	.....
<b>TOTAL</b>	.....

(Rs.....)

Signature of the remitter

Name of the Society

Cashier                      Accountant                      Branch Manager

QUADRUPLICATE  
to receiving Branch

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Others .....	.....
<b>TOTAL</b>	.....

(Rs.....)

Signature of the remitter

Name of the Society

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