

Life Insurance Corporation of India
Kerala Sate Government Servants Policies

Statement showing deductions on account of Premium towards Life Insurance Corporation of India policies from Pay/
Salary Bill of
for the month of20.....

(This statement in Duplicate should be completed after varifying the Register of Insurance Premiums, vide-Annexure
C, Appendix II of the Kerala Financial Code Vol II maintained in the Office. One copy to be send along with the Pay Bill
and the other to be retained in the Office along with the copy of the Pay Bill)

Name of Treasury

Designation of Drawing Officer

Name and Address of Institution

Code No :

Sl.No	PEN	Name of Policy holder	Policy Nos	Month to which policy relates	Premium (Before Round- ing off)		Amount Deducted		Remarks
					₹		₹		
Grand Total									

Grand Total in words :

Station :

Signature

Date :

Name

Designation & Address

(Office Seal)

For Use of Treasury / Bank

Name of Treasury / Bank