

# STATE INSURANCE DEPARTMENT

(Life : Official Branch)

(This form is to be used for State Life Insurance Official Branch Only)

Statement showing deduction on account of premia towards Official Branch Insurance fund in the establishment pay or salary bill of .....  
..... for the month of .....20.....

Policy Nos in serial order	Name of Policy holder	Designation	Month to which premium relates	Amount Deducted				Remarks
				Premium		Loan		
				Rs.	Ps	Rs.	Ps	

Station : .....

Signature

Date : .....

Designation

## For Treasury Use only

Certified that a sum of ₹ ..... has been deducted in establishment or salary bill encashed on .....

Treasury Officer