

FORM 12

KERALA STATE INSURANCE DEPARTMENT

POLICY NO : **LOAN NO** :

AMOUNT OF LOAN : **NO OF INSTALLMENTS** :

NAME :

ADDRESS :

PARTICULARS OF REPAYMENT

SL. NO.	DATE OF PAYMENT	TOWARDS PRINCIPAL	TOWARDS INTEREST	TOTAL	REMARKS
		(AMOUNT)	(AMOUNT)	(AMOUNT)	
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**Signature of Drawing & Disbursing Officer
(Designation Seal)**