

KERALA STATE INSURANCE DEPARTMENT

STATE LIFE INSURANCE

FORM B

Statement showing Deduction towards State Life Insurance Policies for the Month of 20.....

DDO/SDO Code* : Salary Head :

Name of Office :

Department :

Mode of Payment (By Salary Deduction/Demand Draft/Cheque/Challan) :

Details of Demand Draft/Cheque/Challan :

Sl. No.	PEN	Name	Policy No.	Premium	Loan		Total	Remarks
					Amount	Instal. No		
Grand Total				₹				

(Rupees only)

Place : Signature :

Date :/...../20..... Name & Address of DDO/SDO :

(Office Seal)

* DDO/SDO Code – whichever is applicable