

**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 of .....20.....

( 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
					₹		₹		
<b>Grand Total</b>									

Grand Total in words : .....

Station :

Signature

Date :

Name

Designation & Address

(Office Seal)

**For Use of Treasury / Bank**

Name of Treasury / Bank .....