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)

Signature :.....

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

.....

Place : .....

Date : ...../...../20.....

(Office Seal)

** DDO/SDO Code – whichever is applicable*