FORM B

KERALA STATE INSURANCE DEPARTMENT

Statement Showing deduction towards Group Insurance Scheme for the month of.....201.....

DDO 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*	*Account No.*	*Amount*	*Remarks*