

FORM B

**KERALA STATE INSURANCE DEPARTMENT**

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

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	Account No.	Amount	Remarks
<b>Grand Total</b>					

(Rupees ..... only)

Place :  
Date :

(Office Seal)

**Name & Signature**  
**of Drawing & Disbursing Officer**