T. R. FORM NO. 49

[*See* sub-rule (1) of T. R. 6.39]

Schedule of deductions on account of subscription to Post Office Life Insurance Fund for the month of _____20__

D.D.O. Code _____ Bill No._____ Date_____
Grant No. _____ Token/T.V. No. _____ Date_____
Head of Account Code _____

Office _____ Department_____

No. of Policy	Name of Subscriber	Period of pay bill	Salary Head of Account	Rate of Premium	Amount Recovered	Remarks
(1)	(2)	(3)	(4)	(5)	(6)	(7)

Total Rs. _____(Rupees _____) only

Bill Clerk Accountant Signature of D.D.O. _____
Designation _____

Station _____
Dated _____