

T.R. FORM NO. 53
[See Sub-rule (1) of T.R. 6.48]

**Schedule of Recovery of Subscription under West Bengal State Government Employees
Group Insurance-cum-Savings Scheme, 1983
for the month of _____ 20__**

D.D.O. Code _____ Bill No. _____ Date _____
Name of Office _____ Token/T.V. No. _____ Date _____

Sl. No.	Name of the Department / Section of Establishment	Total number of Subscribers under the Scheme	Amount of contribution realised		
			Insurance Fund	Savings Fund	Total Contribution

Head of Account Code (Insurance Fund) _____ Rs.

Head of Account Code (Savings Fund) _____ Rs.

1. Certified that a sum of Rs. 8/- (Rupees Eight only) per month on account of contribution towards the Scheme has been deducted from the salary of each employee and that the total amount so deducted has been shown on the first page of the salary bill.

2. Certified that no deduction has been made from the salary of employees appointed on short-term vacancies, on ad-hoc basis or others excluded from the Scheme [by the exclusion clauses (a) to (h) of para 3 of the scheme].

Signature with date of Drawing Officer

For use at the Treasury

Checked and entered .

Bill Clerk

Accountant/J.A.O.

T.O./A.T.O./P.A.O./A.P.A.O.
