

T.R.FORM NO. 56
[See Sub-rule (1) of T.R. 6.49]

**Register of Receipts of Subscription under West Bengal State Government Employees'
Group Insurance-cum-Savings Scheme, 1987**

Name : Treasury / Pay & Accounts Office _____ for the month of _____

Sl. No.	Name of D.D.O. or Foreign employer	Challan No. & Date Token No./ T.V.No. and Date	Number of employees			
			Group 'A'	Group 'B'	Group 'C'	Group 'D'
(1)	(2)	(3)	(4)	(5)	(6)	(7)

Amount Recovered								Total of Insurance Fund	Total of Savings Fund	Total Contributions
Group 'A'		Group 'B'		Group 'C'		Group 'D'				
Insurance	Savings	Insurance	Savings	Insurance	Savings	Insurance	Savings	(16)	(17)	(19)
(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)			

Dealing Assistant

Accountant

Treasury Officer