CERTIFICATE OF RECOVERIES EFFECTED FROM SALARY BILLS TOWARDS INSURANCE PREMIUM

Performa as per Finance Department Order No.F.13(106) RRA & A/68 Dated 19.11.1985 (Circular No.49/85) for the recoveries upto and inclusive of the year .....

P A R T 'A'
(To be furnished by the Government servant concerned)

I ---------- S/o ---------- employed in ----------(Name of Office/Deptt.) as ---------- (Designation) certify that the deductions towards State Insurance Premium were made from my Salary for the month/months detailed hereunder at the rate shown against each :

Policy No. .....

S.No.	MONTH/MONTHS	RATE OF PREMIUM RECOVERY

P.T.O.

Further certify :-

(1) that the rate of premium contribution as shown above are correct to the best of my knowledge and belief.

(2) that in the event of the rate of recovery having not been mentioned above, the premium adjusted by the State insurance & P.F. Department on the basis of the last recovery immediately preceding the month of gaps (missing credit) and onward, shall be acceptable to me. If at any time it is found that the rate of recovery was different, the recoveries shall be adjusted by the State Insurance Department at the revised rate on production on conclusive proof by me.

(3) that in case of any excess amount paid to me as a result of adjustment of recoveries as above, I undertake to refund the same to the State Insurance & P.F. Department.

Signature of the
Government Servant.

P A R T 'B'

Certified that the above incumbent was not on extra-ordinary leave/communted leave/placed under suspension or on deputation to other State/Corporation/ Boards etc. During the period mentioned by him in PART `A' as verified from his service Book/ leave File/ Personal File.

Signature of the Drawing & Disbursing
Officer with seal of Designation.