

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

Name of the Office :	_____				
DDO Code:	_____	Bill No.:	_____	Date:	__/__/__
Token No.:	_____	Date:	__/__/__	T.V. No.:	_____
Pay Bill for the Month of	_____	,	20__	Date:	__/__/__
Salary Head of Account:	_____				

Head of Account _____						
Sl No.	Employee ID No.	Name of the Employee	Policy No.	Rate of Premium	Amount Recovered	Remarks
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Total Rs.						

Rupees (in words) _____) only

Bill Clerk

Accountant

Signature of D.D.O. with Designation

Station _____

Dated _____ 20 ____

