

T.R. FORM NO. 54

[See T.R. 6.48]

**Consolidated Schedule of Deposits of Insurance-cum-Savings Fund 1983 at the Treasury
in the month of _____ 20__**

Name of the Treasury _____

PART – I

Total Number of D.D.Os.	Total Number of employees covered by the Scheme	Amount of Deposit in the Insurance Fund during the month	Amount of Deposit in the Savings Fund during the month	Total amount of Deposit during the month
(i)	(ii)	(iii)	(iv)	(v)

**Schedule of payment of Insurance-cum-Savings Fund 1983 at the _____ Treasury
in the month of _____ 20__**

PART – II

Number of employees to whom payment has been made due to death	Number of persons to whom payment has been made due to reasons other than death	Total amount of payment made due to death		Total amount of payment made due to reasons other than death	Total amount of payment from Savings Fund
		Insurance	Savings with Interest	Savings Fund with Interest	Total of (4) + (5)
(1)	(2)	(3)	(4)	(5)	(6)

Treasury Officer