

T.R.FORM NO. 58

[See T.R. 6.49]

**Consolidated Schedule of Receipts and Payments of West Bengal State Government
Employees' Group Insurance-cum-Savings Scheme, 1987**

Name of the Treasury _____

Receipts in the month of _____

Group	No. of employees	Insurance Fund	Savings Fund	Remarks
Group 'A'				
Group 'B'				
Group 'C'				
Group 'D'				
Total				

Payments in the month of _____

(A) *In case of death while in service :*

Group	No. of death	Insurance Fund	Savings Fund	Remarks
(1)	(2)	(3)	(4)	(5)
Group 'A'				
Group 'B'				
Group 'C'				
Group 'D'				
Total				

(B) *In case of retirement/resignation etc.*

Group	No. of persons retired / resigned etc.	Savings Fund	Total Payment from Savings Fund (4) + (8)	Remarks
(6)	(7)	(8)	(9)	(10)
Group 'A'				
Group 'B'				
Group 'C'				
Group 'D'				
Total				

Dealing Assistant

Accountant

Signature of Pay & Accounts Officer/
Treasury Officer