

KOZHIKODE CITY POLICE EMPLOYEES CO-OPERATIVE SOCIETY LTD.
No. F. 963, KOZHIKODE - 673 001

Annexure - 2

[From of Salary Certificate]

(As per GO(P) No:9/2021/Fin Thiruvananthapuram, dtd 13/01/2021)

A. DETAILS OF SERVICE	
1. Name	
2. PEN Number	
3. Date of Birth and Age	
4. Date from which continuous service begins	
5. Date of Retirement	
6. PF Account Number	
7. Whether KSR Part III Pensioner/NPS/ other scheme [if other please specify]	
8. Name and Addrsee of Financial Institution	
9. Whether Loan/Chitty or GDS	
10. Whether Debtor/Surety/Guarantee	
11. If Surety/Guarantee specify the relationship with principal debtor	
12. Loan/Chitty or GDS Principal Amount	
13. Monthly Installment	
All columns must be filled by the employee before submitting it to DDO	

B. DETAILS OF SALARY

Sri/Smt.....

[Name and Full Residential Address] who has signed below is permanent/officiating/acting [Designation]
.....in the (Name of Officer and Official Address)

1. SACLE OF PAY			
2. Earnings :		(3) Deduction / Recoveries	
1. (a) Basic Pay		1. Provident Fund	
(b) Personal Pay		2. Life Insurance Premium	
2. Dearness Allowance		3. Income Tax	
3. H.R.A.		4. House Loan	
4. Compensatory Allowance		5. Festival Advance	
5. Other Allowance (Specify)		6. Other Recoveries	
(i)		(i) GPF Loan	

(ii)		(ii) GIS	
(iii)		(iii) SLI	
(iv)		7. Attachments	
(v)		(I) Co-operative/KSFE/Bank/ Other Financial Institutions	
(vi)			
	Total (2)		Total (3)
4. Net Salary (Total 2 - Total3)			
5. Details of employment certificate issued previously to employee, if Yes/No.			
If Yes Specify details			

Place :

Signature

Date :

Name & Designation of Head
of Office/Drawing officer

(Office Seal)

AGREEMENT FOR RECOVERY FROM SALARY

I.....

[Name Designation, Office & Department] here by agree that in case of default of payment to monthly instalments in Chitty/HP/Loan No.held/ availed by me/Sri/Smt.....
.....in the.....Branch of Kozhikode City Police Employees Co-operative Society Ltd. F. 963, recoveries of such amount as may be fixed by the society from time to time be made from my salary at source.

Signature of the Employee with Date

I agree to effect the above recoveries subject to condition stipulated in GO(P) 9/2021/Fin dtd 13/01/2021 and in the instance monthly payments are stopped for 6 continuous months, Financial Institutions are require to send recovery notice compulsorily to DDO's of all concerned parties [Principal debtor & Sureties] for starting recovery equally from the monthly salary of principal Borrower/Surety. This office shall not take any action on a Recovery Notice received after 12 consecutive months of failed monthly payment. Even after receiving a Recovery notice against an employee, in the instance of Suspension from Service/Removal from Service/Demise of an Employee or Employee going into Unauthorized absence/Leave without allowance, this office is not liable for effecting recovery against her/hem.

Place :

Signature

Date :

Name & Designation of Head
of Office/Drawing officer

(Office Seal)