



**KOLLAM DISTRICT POLICE DEPARTMENT
EMPLOYEES CO-OPERATIVE SOCIETY
LTD. NO. Q. 1179, KOLLAM-1**

Annexure - 2

(Form of Salary Certificate)

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 address of Financial Institution	
9. Whether Loan / Chitty	
10. Whether Debtor / Surety / Guarantee	
11. If Surety / Guarantee specify the relationship with principal debtor	
12. Loan / Chitty Principal Amount	
13. Monthly Installment	
All column 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 Office and Official
 Address).....

(1). SCALE 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)		(ii) Court Attachments	
Total (2)		Total (3)	
(4) Net Salary (Total 2 - Total 3) :			
(5) Details of Employment certificate issued previously to employee, if any Yes/ No			
If Yes Specify details			

Place

Signature

Date

Name & Designation to 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 installments in Chitty / HP / Loan No. held / availed by me / Sri./ Smt..... in the Branch of (Name of Financial Institution), recoveries of such amount as may be fixed by the company from time to time be made from my salary at source.

Signature of 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 required 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/ him.

Place

Signature

Date

Name & Designation to Head
of Office / Drawing Officer

(Office Seal)