MAHARASTRA STATE ELECTRICITY BOARD

FORM NO: 3:4 (R-2-A)

Statement Showing the employees to whom Non-Refundable advance from Employees and Board's Share both together has been paid as per CPF Rule No. 17(1) A-2

MM = MONTH e.g. for April as 04
YY = Year e.g. 1995 as 95

CARD CODE : 19
(10 - 11)

DIVISION :_____
CODE :_____

MONTH_____

Sr. No.	C.P.F. A/C No.	NAME	Month & Year Of Payment	C.P.F. Paid: Employees	C.P.F. Paid: Board	Total Amount Paid	Cash Voucher: No.	Cash Voucher: Month	Cash Voucher: Year	Payment Code	Remarks ✓/Sanction No. & Date
	12 - 19		20 - 23	24 - 31	32 - 39	54 - 61	62 - 65	66 - 69		70	
	8 digit		4 digit	8 digit	8 digit	8 digit	4 digit	4 digit			
										3	
										3	
										3	
										3	
										3	
										3	
										3	
										3	
										3	
		Total									

TOTAL NUMBER OF EMPLOYEES WHOM NON-REFUNDABLE ADVANCE FROM EMPLOYEES AND BORD'S SHARE BOTH TOGETHER HAS BEEN PAID

P.S. (1) If no payment is made in the month, Nil report may please be given,
(2) For payment of CPF advance under existing rule use Form 3.14 (R-1) as usual,
(3) For settlement of CPF accumulation use Form 3.4(R-2).

D. A. / A. O.

Disbursing Officer.