

MAHARASHTRA STATE ELECTRICITY BOARD

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

STATEMENT SHOWING THE EMPLOYEES WHOSE CPF 612
ACCUMULATION HAS BEEN SETTLED INCLUDING 90% ACCOUNT PAYMENT

DIVISION : _____

MM = MONTH (e.g. for April as 04)

CODE : _____

Month : _____

YY = Year (e.g. 1995 as 95)

CARD CODE 19

Sr No	C.P.F.	NAME	Total CPF Payable		Loan Adjusted	For feited	Net Amount Paid	Cash Voucher		Remarks Head office sanction No. & Date
			Employee	Board				No	MM YY	
	12-19		24 - 31	32 - 39	40 - 45	46 - 53	54 - 61	62 - 65	66 - 69	
	8 digit		6 digit	6 digit	6 digit	6 digit	8 digit	4 digit	4 digit	
		TOTAL								

Total No. Employees whose CPF Accounts are settled _____

P.S. (I) If no payment is made in the month, Nil report may please be given.

D. A. / A. O.

Disbursing Officer