

IDUKKI DISTRICT EXCISE EMPLOYEES CO-OPERATIVE SOCIETY
 Ltd; No. I - 621, VENGALLOOR P.O., THODUPUZHA. Ph: 8281190620, 04862 227668

EMPLOYMENT CERTIFICATE

Certified that Sri./Smt.....
 S/o, D/o. W/o of House
 Town/Desom Village
 Taluk District, now
 residing at House Town/Desom
 Village Taluk District,
 is a permanent / temporary / officiating / acting / provisional(Designation)
 in Office / Department.

Details of his/her Service as under

- 1) Date of entry into service.....
- 2) Date from which continuous service being.....
- 3) Date of retirement.....
- 4) Signature as recorded in the office.....
- 5) Date of Birth.....
- 6) Office Ph. No..... 7) Pen No.....

Details of his/her Salary and Recoveries are as under

A) Salary		B. Recoveries	
1) Basic pay	Rs.....	a) PF A/c. No. & Amount	Rs.....
2) Dearness Allowance	Rs.....	b) L.I.C. Recoveries	Rs.....
3) H.R.A	Rs.....	c) Income tax	Rs.....
4) Compensatory Allowance	Rs.....	d) Loan Recoveries	Rs.....
5) Other allowance	Rs.....	i) NPS	Rs.....
6)	Rs.....	ii)	Rs.....
7)	Rs.....	iii)	Rs.....
		e) Other recoveries	Rs.....
		i)	Rs.....
		ii)	Rs.....
Total Rs..... (A)		Total Rs..... (B)	

Net Salary (A)-(B) = Rs.....

Place: Signature of employee Signature
 Date: [Office Seal] Name and designation
 of the Head of Office / Department

Agreement for Recovery from Salary

I.....
 (Designation and Office/Department) hereby agree that in case of default of
 payment of monthly instalment in connection with the Agreement, entered into by me with the Idukki District
 Excise Employees Co-operative Society Ltd. No. I - 621, Thodupuzha East P.O., monthly recoveries of such
 amounts as may be fixed by the Society from time to time may be made from my salary, gratuity, P.F. and all
 other allowances of source.

Date.....
 Place..... Signature of the Employee

I agree to effect the above recoveries under Section 37 of the Kerala Co-operative Societies Act and
 recovery shall be effected from the salary of the official towards loan or any other dues to the Idukki District Excise
 Employees Co-operative Society Ltd. No. I - 621, Thodupuzha East P.O., on receipt of requisition for making
 recovery.

Place :
 Date..... (Office Seal) Signature of the Head of Office/
 Department