Annexure-III (Payslip for retirees)

Oriental Bank of Commerce

PAYSLIP FOR TRANSFER/CHEQUE Date_____

Branch_____

Account No.												
1	2	3	7	2	1	9	1	0	2	3	7	6	8

FOR THE CREDIT OF MEDICAL INSURANCE SCHEME FOR RETIRED EMPLOYEES

PARTICULARS OF RETIRED EMPLOYEE (DEPOSITOR):	PF No:	Name:	**Date of Retirement:**
Address:		Phone:	Email:

Drawee Bank	Branch	Cheque No & Date	Amount (Rs.)
Oriental Bank of Commerce			
			p
Rupees in words:			
			2x
Signature of retired employee (depositor)		Authorised Officer	

Note for Cashier & Authorised officer: Please enter the PF No, Name & date of retirement of the retired employee in Transaction Particulars(PF No : Name) / Transaction Remarks(DOR)

COUNTER FOIL: CASH/CHEQUE

Oriental Bank of Commerce

Branch_____

Account No.												
1	2	3	7	2	1	9	1	0	2	3	7	6	8

PARTICULARS OF RETIRED EMPLOYEE (DEPOSITOR):	PF No:	Name :	Date of Retirement:

Details of Transfer/Cheque	Amount Rs
Rupees in words:	

Authorised Signatory