

Revised

Annexure-III (Payslip for [REDACTED] retirees)



Oriental Bank of Commerce

PAYSLIP FOR CASH/CHEQUE

Date _____

Branch _____

Account No.

1	2	3	7	2	1	9	1	0	2	3	7	6	8
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FOR THE CREDIT OF MEDICAL INSURANCE SCHEME FOR RETIRED EMPLOYEES

PARTICULARS OF RETIRED EMPLOYEE (DEPOSITOR):	PF No:	Name:	Date of Retirement:
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address:	Phone:	Email:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Drawee Bank	Branch	Cheque No & Date	Cash Notes/coins	Amount (Rs.)
Oriental Bank of Commerce			1000x	
			500x	
			100x	
			50x	
			20x	
			10x	
			5x	
			2x	
			1x	
			Total	

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
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PARTICULARS OF RETIRED EMPLOYEE (DEPOSITOR):	PF No:	Name:	Date of Retirement:
	<input type="text"/>	<input type="text"/>	<input type="text"/>

Details of Cash/Cheque	Amount (Rs.)
<input type="text"/>	<input type="text"/>
Rupees in words:	<input type="text"/>
Cashier	Authorised Signatory