

No Office of the
.....Phone

NON - LIABILITY CERTIFICATE

This is to certify that Sri. / Smt.

(Home address
.....)

Aged & Date of Retirement is and

whose signature is affixed in the space provided below is a permanent / Officiating/ Temporary.....

.....(Designation) or other identification mark if any.....

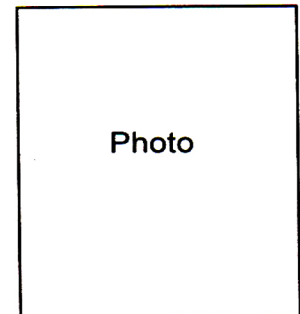
..... of this office. If He/She is a self drawing officer, please note the number and name of

the Treasury from where the Salary is drawn.....

Particulars of Salary

Scale of Pay : ₹

		₹	
Basic pay	:		
D.A.	:		
Varriable DA	:		
H.R.A	:		
Others (i)	:		
(ii)	:		
Total	:		



Particulars of Deduction

		₹	
P.F.	:		
L.I.C. Premium	:		
Society Loan Outstanding	:		
Society Loan Monthly Deduction	:		
Others (i)	:		
(ii)	:		
Total	:		

Net Salary Drawn ₹ (Rupees).....

Details of court attachment and Co-operative recovery if any

I here by certify that the informations given above are correct as per the records of this office. I also agree that on receipt of a request from the Secretary, IHRD Employees Co-operative Society Ltd. No. 4423, Thiruvananthapuram shall effect the recovery from his / her salary as required under section 37 of Act XXI of 1969 of the Co-operative Societies Rule 52 and G.O. (Rt.) No. 1256 / 62 Agri dt. 21-05-1962.

.....
Signature of the Employee
to whom this certificate is issued

.....
Signature and Designation
Head of Office

(Office Seal)

Station

Date

സംഘം ഓഫീസ് ഉപയോഗത്തിന്

1. പേര് :
2. അംഗനമ്പർ :
3. അംഗമായി ചേർന്ന തീയതി :
4. നിലവിലുള്ള ബാധ്യതകൾ :

a) എടുത്തിട്ടുള്ള / ജാമ്യം നിന്നിട്ടുള്ള ചിട്ടി / വായ്പ നമ്പർ

b) ബാക്കി അടയ്ക്കേണ്ട തുക

c) ഇതിൽ കുടിശ്ശിക

i)

ii)

iii)

iv)

v)

vi)

5. മറ്റ് വിവരങ്ങൾ

പരിശോധിക്കുന്ന ആളിന്റെ
പേരും, ഒപ്പും, തീയതിയും