



THE MALAPPURAM DIST. POLICE CO-OPERATIVE SOCIETY LTD. No. M 438

DPO Road, Malappuram (PO) - 676 505. Phone: 0483 2737758

Annexure - 2

FORM OF SALARY CERTIFICATE

A. DETAILS OF SERVICE

1. Name	
2. PEN Number	
3. Date of Birth and Age	
4. Date from which continuous service begins	
5. Date of Retirement	
6. PF Account Number	
7. Whether KSR Part III Pensioner / NPS / Other Scheme (if other please specify)	
8. Name and Address of Financial institution	
9. Whether Loan / Chitty	
10. Whether Debtor / Surety / Guarantee	
11. If surety / Guarantee specify the relationship with principal debtor	
12. Loan / Chitty Principal Amount	
13. Monthly instalment	

All columns must be filled by the employee before submitting it to DDO

B. DETAILS OF SALARY

Sri./ Smt.....(Name and Full Residential Address)
who has signed below is permanent / officiating / acting (Designation) in the
(Name of Office and Official Address).....

1. SCALE OF PAY			
2. Earnings		(3) Deduction / Recoveries	
I (a) Basic Pay		1. Provident Fund	
(b) Personal Pay		2. Life Insurance Premium	
II. Dearness Allowance		3. Income Tax	
III. H.R.A.		4. House Loan	
IV. Compensatory Allowance		5. Festival Advance	
V. Other Allowance (Specify)		6. Other Recoveries	
(i)		(i) GPF Loan	

(ii)		(ii) GIS	
(iii)		(iii) SLI	
(iv)		7. Attachments	
(v)		(i) Co-operative / KSFE /Bank / Other Financial institutions	
(vi)		(ii) Court Attachments	
3. Total (2)		Total (3)	
4. Net Salary (Total 2 -Total 3)			
5. Details of employment certificate issued previously to employee, if any : Yes / No			
If Yes, please specify details :			

Place :

Date :

Signature

(Office Seal)

Name & Designation of Head of Office /
Drawing officer

AGREEMENT FOR RECOVERY FROM SALARY

I, (Name, Designation, Office & Department)
here by agree that in case of default of payment to monthly instalments in Chitty / HP/ Loan No. held / availed by me /
Sri. / Smt. in the branch of
(Name of Financial Institution), recoveries of such amount as may be fixed by the company from time to time be made from
my salary at source.

Signature of the Employee with date

I agree to effect the above recoveries subject to condition stipulated in GO(P) 9/2021/Fin dtd: 13/01/2021 and in
the instance monthly payments are stopped for 6 continuous months, Financial Institution are required to send recovery
notice compulsorily to DDO's of all concerned parties (Principal debtor & Sureties) for starting recovery equality from the
monthly salary of Principal Borrower / Surety. This office shall not take any action on a Recovery Notices received after 12
consecutive months of failed monthly payment. Even after receiving a Recovery notice against an employee, in the
instance of Suspension from Service / Removal from Service / Demise of an Employee or Employer going in to Unauthorised
absence / Leave without allowance, this office is not liable for effecting recovery against her / him.

Place :

Date :

Signature

(Office Seal)

Name & Designation of Head of Office /
Drawing officer