	E Collin Module, KS CEWWF
THE FEDERAL BANK LIMITED Date:	THE FEDERAL BANK LIMITED BRANCH Date:
Please Credit: SB Account	Please Credit: SB Account Name: KERALA SHOPS AND COMMERCIAL ESTABLISHMENTS WORKERS WELFARE FUND BOARD കേരള ഷോപ്സ് 6 കൊമേഴ്സ്വൽ തൊഴിലാളി ക്ഷേമനിധി പദ്ധതി
ESTABLISHMENTS WORKERS WELFARE FUND BOARD	with Br. CHEQUE DETAILS
-കേരള ഫോപ്സ് 6 കൊമേഴ്സ്വൽ തൊഴിലാളി ക്ഷേമനിധി പമാതി	Account No. 1 0 2 1 0 1 0 0 3 5 4 Z 9 2 TRIVANDRUM PALAYAM Name of the Bank Name Date
WITH Br. TRIVANDRUM, PALAYAM Account No. 4 0 2 1 0 1 0 0 3 5 4 2 9 2 1. Name of the	1. Name of the Institution:
Institution: Phone No:	Phone No: 2. Employer
2. Employer Registration No:	Registration No:
3. Amount Rs.	3. Amount Rs.
Rupees	Rupees
Received by:	Transaction ID:
Cheques subject to realisation.	Cashier/Clerk Passing Official Signature of Deposi

COLLECTING BRANCH SHALL INVARIABLY ENTER THE 10 DIGIT EMPLOYER REG. No. AND THE NAME OF THE INSTITUTION

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