PROFORMA OF " C.P.S " RECOVERY REGISTER(EMPLOYEE WISE) FINANCIAL YEAR:201 - 1

NAME OF THE EMPLOYEE:	
DESIGNATION:	
OFFICE:	
D.D.O. CODE:	

DATE OF BIRTH:	
DATE OF JOINING:	
EMPLOYEE I.D. NO.	
D.D.O.REGN.NO.	

D.T.O. REGN. NO.:	
SERVICE HEAD:	
PRAN NO.	
PRAN ACK.I.D.NO.	

NOMINEE'S NAMES: 1) 2) 3)

DDO Code	Salary for the month of	Basic Pay	D.A	TOTAL	CPS Subscri-ption (10% of Pay+DA)	PARTICULARS OF ARREARS						Arrears recove-red instal ment	Total recovery (6+10)	Trans.ID & Date	Place of Encash-ment	Gross Amount the Bill	Net Amount the Bill	Bill total Amount Deducted under CPS	Sub Account No.
						Month/ Year	Basic	DA	TOTAL	CPS Subscri-ption	Total Months of Arrears								
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
DDO NAME:																			

Supplied by STU