



**ERNAKULAM DISTRICT POLICE CREDIT CO-OPERATIVE SOCIETY  
LTD. No. E 877, Kaloor Kochi - 17**

**SALARY CERTIFICATE**

<b>A. DETAILS OF SERVICE</b>	
1. Name	
2. PE 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	Ernakulam District Police Credit Co-operative Society Ltd No. E877, Kaloor, Kochi - 17
9. Whether Loan / Chitty	
10. Whether Debtor / Surety / Guarantee	
11. If Surety / Gurantee specify the relationship with principal debtor	
12. Loan / Chitty Principal Amount	
13. Monthly installment	
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) SCLAE OF PAY		
2) Earnings:		3) Deduction / Recoveries
1. (a) Basic Pay		1. Provident Fund
(b) Personal Pay		2. Life Insurance Premium
2. Dearness Allowance		3. Income Tax
3. H.R.A.		4. House Loan
4. Compensatory Allowance		5. Festival Advance
5. 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	
<b>Total (2)</b>		<b>Total (3)</b>	
(4) Net Salary (Total 2 - Total 3) :			
(5) Details of employment certificate issued previously to employee, if any Yes / No			
If Yes Specify details			

Place

Signature

Date

Name & Designation of Head

of Office / Drawing Officer

(Office Seal)

**AGREEMENT FOR RECOVERY FROM SALARY**

I \_\_\_\_\_ (Name)  
(Designation).....(Office & Department)  
.....here by agree  
that in case of default of payment to monthly installments in Chitty / HP / Loan No. ....held  
/ availed by me / Sri. / Smt.....in the Ernakulam  
District Police Credit Co-operative Society Ltd No. E877, recoveries of such amount as may be  
fixed by the society 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 Institutions are required to send recovery notice compulsorily to DDO's of all concerned parties (Principal debtor & Sureties) for starting recovery equally from the monthly salary of Principal Borrower / Surety. This office shall not take any action on a Recovery Notice 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 Employee going into Unauthorized absence / Leave without allowance, this office is not liable for effecting recovery against her / him.

Place

Signature

Date

Name & Designation of Head  
of Office / Drawing Officer

(Office Seal)