



FORM M.P.T.C. 61

(See Subsidiary Rule 526)

Schedule of Deductions on account of Subscription to Post Office Insurance Fund
for the month of

.....Office.....Department

No. of Policy	Name of Subscriber	Designation	Period of Pay bill	Amount Recovered		Remarks
				Rs.	P.	
1.	2.	3.	4.	5.		6.

Dated the20

Signature.....

Designation.....