

G.A.R. 40

[See rule 172 (i)]

**SCHEDULE OF DEDUCTIONS ON ACCOUNT OF SUBSCRIPTION TO POST OFFICE
INSURANCE FUND FOR THE MONTH OF.....MINISTRY/DEPARTMENT/OFFICE
OF.....**

Number of Policy	Name of Subscriber	Designation	Period of Pay Bill	Amount Recovered	Remarks
1	2	3	4	5	6

Date.....

Signature.....
Designation.....