PROFORMA

BILL FOR CLAIM OF COMMISSION ED BRANCH

……H.O. ……S.O. ……B.O.

FOR THE MONTH OF.…… **YEAR**……

NAME OF B.P.M…… **DATE**……

DATE OF A/C OPENING	A/C NO	CATEGORY	AMOUNT OF DEPOSIT	RATE OF COMMISSION	COMMISSION CLAIMED

TOTAL AMOUNT (IN FIGURE & WORD) Rs.

COMMISSION CLAIMED Rs. B.O. DATE STAMP Sign. of B.P.M.

VERIFIED TOTAL AMOUNT Rs.

COMMISSION PASSED Rs. **COMMISSION RECEIVED Rs.**

S.O. DATE STAMP Sign. of S.P.M. & Seal B.O. DATE STAMP Sign. of B.P.M.