(For Contribution Remittance)	(KNRKWB'S Copy- Through Remitter)	(For Contribution (KNRKWB'S Copy Remittance) Remitter)		
Pay-in-Slip for		Pay-in-Slip for		
KERALA NON-RESIDENT KERALITES' WELFARE			KERALA NON-RESIDENT KERALITES' WELFARE	
BOARD		BOARD		
(Money can be remitted into any branch of CANARA BANK)		(Money can be remitted into any branch of CANARA	(Money can be remitted into any branch of CANARA BANK)	
		ar cn - ivi D l-		
Name of Depositing Branch:		Name of Depositing Branch:		
Depositing Branch Code No:		Depositing Branch Code No:		
Transaction ID: Date:		Transaction ID: Date:		
Paid into the credit of Kerala Non-Resident		Paid into the credit of Kerala Non-Resident Keralites' Welfare Board's CONTRIBUTION A/C:		
Keralites' Welfare Board's CONTRIBUTION A/C: No: 5842101002032 maintained with CANARA		No: 5842101002032 maintained with CANARA		
BANK, SPECIALISED GOVT BUSINESS BRANCH,		BANK, SPECIALISED GOVT BUSINESS BRANCH,		
Code -5842, Thiruvananthapuram, Kerala			Code -5842, Thiruvananthapuram, Kerala	
		Instruction For cashier		
Instruction For cashier 1. Use OPTION 14400 Only		1. Use OPTION 14400 Only		
2. Mandatorily enter the Membership No in		2. Mandatorily enter the Membership No in	2. Mandatorily enter the Membership No in	
CHALAN NO:/ REGISTRATION COLUMN in CBS		CHALAN NO:/ REGISTRATION COLUMN in CBS		
		Name of Applicant (Character).		
Name of Applicant (Character):		Name of Applicant (Character):		
		T 11 (C)		
Initials (Character):		Initials (Character):		
Registration No: (MANDATORY)		Registration No: (MANDATORY)		
Momborchin		Membership		
Membership Category:		Category:		
1A Rs. 360 x =		1A Rs. 300 x =		
1B/2A Rs. 200 x		1B/2A Rs. $200 x = 1$		
Total	Rs.	Total Rs.		
Signature of Remitter:		Signature of Remitter:		
Name & Address:		Name & Address:		
Land/ Mobile Phone No:		Land/ Mobile Phone No:	Land/ Mobile Phone No:	
Cashier/SWO	Officer	Cashier/SWO Office	er	