

# PREMIUM PAID CERTIFICATE FOR THE YEAR 2017-18

## POSTAL LIFE INSURANCE

.....(S.O), .....(M)

This is to certify that the following payments have been made under **POSTAL LIFE INSURANCE** Policies hold by **Sri/Smt.** ..... **HM/S.A/P.E.T/SGT** ..... School, ..... (V), ..... (M), Kurnool (Dist).

S.No	POLICY No	MONTHLY PREMIUM Rs.	PERIOD	TOTAL PREMIUM
1				
2				
3				
Total				

**(Rupees ..... only)**

Signature of the S.P.M

