

Indemnity Bond

I, the undersigned _____

_____ Designation _____

do hereby promise to refund on demand, the over payment or wrong payment if any paid to me as salary by Govt. of Gujarat under direct payment of salary scheme.

Place : _____

Signature: _____

Date : _____

Designation: _____

Before me.

Signature of the Head of Insti./College. _____

Annexure No. 5 (Hevised)

College Code No.58.

I hereby authorised the Director of Education, Gujarat State, Gandhinagar to - deduct the Income-tax, Surcharge, Professional tax and instalment of advance etc. as per rules from my monthly salary from salary of August, 81 and onwards.

Place : _____

Signature of Employee _____

Date : _____

Desig.: _____

Attested by

Head of the College

Annexure No. 5. A.

Coll.Code No.58

I hereby acknowledge the receipt of Rs. _____

(Rupees _____ Only)

on account of my salary for the month of _____

and the same will be credited in my saving Bank account No. _____

in your Bank.

Signature of the employee.

Place : _____

Date : _____