

MINISTRY OF SOCIAL SECURITY, NATIONAL SOLIDARITY, SENIOR CITIZENS WELFARE & REFORM INSTITUTIONS
NATIONAL PENSIONS SCHEME
Monthly Return of Contributions

CC 19(a)
 SHEET NO.....

(To be submitted with payment)

REGN No. EMPLOYER..... MONTH: YEAR:

ADDRESS: NATURE OF BUSINESS

TEL NO.: CONTACT PERSON:

	No. of Employees	Contributions Rs	Cs
NPF	<input type="text"/>	<input type="text"/>	<input type="text"/>
NSF	<input type="text"/>	<input type="text"/>	<input type="text"/>
LEVY	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL PAYABLE	<input type="text"/>	<input type="text"/>	<input type="text"/>

I certify that to the best of my knowledge the information on this return is correct

Signature & Name:

Position:

Date:

TOTAL BASIC WAGE BILL Rs Cs

For Office use only

Return No. _____

R/Unit No.: _____

Initial.: _____

DETAILS OF CONTRIBUTIONS

(1) SN	(2) National Identity Number of Employees	(3) Surname (IN BLOCK LETTERS) (IN ALPHABETICAL ORDER)	(4) Other Names	(5) Rate Code	(6) Pay Period	(7) Wages/Salary		(8) Conts NPF		(9) Conts NSF	
						Rs	Cs	Rs	Cs	Rs	Cs
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											

Rate: S (3% + 6%) : T (6%) for employees over 60 years
 Pay Period: M : Monthly; F: Fortnightly; H: Half -monthly; W : Weekly