

**SCHEDULE OF MONTHLY CONTRIBUTIONS EXPECTED**

**AS AT DATE(DD-MON-YYYY):** .....

**PFA NAME:** .....

**STATE NAME:** .....

S/N	Employee Name	PIN	Expected Monthly Contributions (₹)			
			Employer	Employee		Total
				Statutory	Voluntary	
1						
2						
3						
4						
<b>TOTAL</b>			-	-	-	-