

Government of West Bengal  
Finance Department  
Audit Branch

No. 965-F(Y)

Dated, 18<sup>th</sup> February, 2015

**NOTIFICATION**

The TR Forms in WBTR, 2005 have been reviewed by a team of experts in Finance Department to check whether the existing forms are amenable to digitization which is essential for e-Pradan (e-Payment) and e-Billing modules of IFMS. The team of experts has recommended some changes in the existing forms, merger of some forms and introduction of some new forms.

In addition to the TR forms, the team of experts of Finance Department has also recommended change in the format of existing Bill Register which is not a TR form and introduction of one Appropriation register. The Bill Register and Appropriation Register will be maintained by the Drawing and Disbursing officers. Hence, these two forms will be included in the WBFR in due course. The state Government has accepted the recommendation of the team of experts and decided to revise some existing TR forms and introduce some new TR forms, as well as Bill Register and Appropriation register.

Therefore, in exercise of the power conferred by clause (2) of Article 283 of Constitution of India, the Governor is pleased to replace the existing TR forms as mentioned under column B in the table below with the new TR forms mentioned under column C of the table for drawal of fund related to the expenditure mentioned under col D of the table. In most of the cases the format has been changed without changing TR form no. Some TR Forms have been merged with other forms and some deleted. New forms have been given new TR form no. Last two are FR forms related to Bill Register and Appropriation register. All these revised and new forms are given in the Annexure of this order.

<b>NON-EMPLOYEE BILL FORMS</b>				
Sl No.	T.R Form No. under WBTR, 2005	T.R Form No. as per e-Billing	Description	Remarks
A	B	C	D	E
1	25	N.A	-	Merged with T.R 26
2	26	26	Bill for drawing charges relating to (a) Wages, (b) Office Expenses, (c) Payment for professional and special services, (d) Rates & Taxes/Royalty, (e) Publications, (f) Advertising, Sales and Publicity Expenses, (g) Hospitality Expenses/Sumptuary allowances etc., (h) Machinery and Equipment/Tools and Plants, (i) Motor Vehicles, (j) Maintenance, (k) Minor works, (l) Materials and Supplies, (m) Other charges, (n) Secret Service Expenditure and o) Recoupment of Permanent Advance etc.	
3	27	27	Bill for drawing advance without supporting Voucher	
4	28	28	Detailed bill for adjustment of advance	

Sl No.	T.R Form No. under WBTR, 2005	T.R Form No. as per e-Billing	Description	Remarks
A	B	C	D	E
5	31	31	Grant-in-aid Bill/Consolidated Grant-in-aid Bill	
6	32	N.A	-	Deleted
7	33	33	Bill for scholarship/stipends payable to College/School	
8	34	34	Bill for Refund of Revenue	
9	35	35	Refund of Revenue deposited in respect of Agricultural Income Tax, Sales & Commercial Tax and Excise Duty	
10	36	36	Bill for drawing charges on account of loans and advances, subsidies, investments, etc. to Co-operative societies, Statutory Corporations and other organisations.	
11	36A	36A	Bill for drawing charges on account of payment/repayment of loans, advances, subsidies, investments, interest on loan, withdrawal from Contingency Fund etc.	
12	42	42	Deposit Repayment Order and Bill Form	
13	43	43	Transfer Credit Bill Form	
14	N.A	69	Bill for drawing of Fund from Suspense Account for Unsuccessful Transaction by P.A.O/ Treasury Officer	New Bill Forms
15	N.A	70	Works Bill (Advance bill, Part bill & Final bill)	New Bill Forms
<b>EMPLOYEE BILL FORMS</b>				
1	18	18	Pay Bill	
2	21	21	Travelling Allowance Bill For Transfer/Leave Travel Concession/Tour	
3	22	N.A	-	Merged with T.R 21
4	23	N.A	-	Merged with T.R 21
5	24	24	Medical charges Reimbursement Bill	
6	37	37	Bill for drawing loans and advances (other than G.P.F. and Festival advances) sanctioned to employees of the Government	
7	38	38	Schedule of recovery of Loans and Advances / Interest on Loans and Advances	
8	50	50	Bill for withdrawal of (a) Commuted Value of Pension, (b) Provisional Gratuity, (c) Final Payment of Gratuity, (d) Death Gratuity, (e) Final Payment of General Provident Fund, (f) Refundable Advance from General Provident Fund, (g) Non-Refundable Advance* from General Provident Fund	
9	60	60	Bill for withdrawal from West Bengal Government Employees' Group Insurance-cum-Savings Scheme, 1983 / 1987- For Savings Fund	
10	61	61	Bill for withdrawal from West Bengal Government Employees' Group Insurance-cum-Savings Scheme, 1983 / 1987	
11	68	68	Medical charges for Advance/Reimbursement Bill under W.B. Health Scheme 2008	

Sl No.	T.R Form No. under WBTR, 2005	T.R Form No. as per e-Billing	Description	Remarks
A	B	C	<b>D</b>	E
12	68A	N.A	-	Merged with T.R 68
<b>SCHEDULES RELATED TO DIFFERENT BILL FORMS</b>				
1	10	10	Schedule of Income Tax Deducted at Source (TDS) for Employee/ Beneficiary/ Pensioner	Schedule to T.R 18 & T.R 26
2	11	11	Schedule of House Rent, etc. Recovery for occupation of Government accommodation, etc.	
3	12	12	Statement of recovery under the West Bengal State Tax on Professions, Trades, Callings and Employments Act, 1979 (West Bengal Act VI of 1979)	
4	-	12A	Schedule of Sales Tax deducted at source from claim of Beneficiary	New schedule to T.R 26
5	13	13	Last Pay Certificate	
6	46	46	Certificate of General Provident Fund Deductions in respect of Group 'D' Employees	
7	47	47	Schedule of General Provident Fund Deductions	
8	48	48	Schedule of* Provident Fund Deductions	
9	49	49	Schedule of deductions on account of subscription to Post Office Life Insurance Fund	
10	53	53	Schedule of Recovery of Subscription under West Bengal State Government Employees Group Insurance-cum-Savings Scheme, 1983	
11	55	55	Schedule of Recovery of Subscription under West Bengal State Government Employees Group Insurance-cum-Savings Scheme, 1987	
12	N.A	71A	Schedule of Recovery from The Pay Bill of IAS/IPS/IFS Officers	NEW
13	N.A	71B	Schedule of Government Contribution under NPS Tier-I For IAS/IPS/IFS Officers	NEW
<b>OTHERS</b>				
1	6	6	Bill Transit Register	Applicable for D.D.O only
<b>FR FORMS</b>				
			Bill Register	Applicable for DDO only
			Appropriation Register	Applicable for DDO only

This order will take effect from 1<sup>st</sup> day of April, 2015.

By order of the Governor,

(H.K. Dwivedi)

Principal Secretary to the  
Government of West Bengal

**Copy forwarded for information and necessary action to :-**

1. The Principal Accountant General(A&E), West Bengal, Treasury Buildings, 2, Govt. Place(West), Kolkata-700001.
2. The Principal Accountant General(Audit), West Bengal, Treasury Buildings, 2, Govt. Place(West), Kolkata-700001.
3. The Accountant General (Receipts, Works and Local Bodies Audit), West Bengal, CGO Complex, MSO Buildings, 5<sup>th</sup> Floor, Block DF, Sector-I, Salt Lake, Kolkata-700064.
4. The Chief Secretary to the Government of West Bengal.
5. The Additional Chief Secretary/Principal Secretary/Secretary, .....  
.....Department, Govt. of West Bengal.
6. Sr. P.A. to the Principal Secretary, Finance Department, Government of West Bengal.
7. Secretary, Finance (Audit) Department, Government of West Bengal.
8. The Joint Secretary, Finance (Budget) Department, Government of West Bengal.
9. The Commissioner, .....Division.
10. The OSD & Ex-Officio Joint Secretary, Finance (Budget) Department, for uploading this order in the Finance Department website.
11. The .....Deptt./Dte.  
.....  
.....
12. The Director of Treasuries & Accounts, West Bengal, The New India Assurance Building, 4, Lyons Range (2<sup>nd</sup> & 3<sup>rd</sup> Floor), Kolkata-700001.
13. Director, .....  
.....
14. The District Magistrate/Judge/Supdt. of Police, .....  
.....
15. The Sub-Divisional Officer, .....  
.....
16. The Pay & Accounts Officer, Kolkata Pay & Accounts Office-I, 81/2/2, Phears Lane, Kolkata-700012.
17. The Pay & Accounts Officer, Kolkata Pay & Accounts Office-II, P-1, Hyde Lane, Kolkata-700012.
18. The Pay & Accounts Officer, Kolkata Pay & Accounts Office-III, IB Market, 1<sup>st</sup> Floor, Salt Lake, Sector-III, Kolkata-700106.
19. The Treasury Officer, .....  
.....
20. The Group...../.....Branch, Finance Department.



**(G. Samanta)**  
**Joint Secretary to the**  
**Government of West Bengal**

Annexure to FD Notification no. 965-F(Y) dt.18.2.2015

(41 TR forms and 2 FR forms)

**T. R. FORM NO. 6**  
 [See sub-rule (1) of T. R. 4.021]  
**Bill Transit Register**

Name of the office: \_\_\_\_\_  
 Designation of the D.D.O. \_\_\_\_\_ D.D.O. Code No. \_\_\_\_\_  
 Sl. No. of authentication allotted by P.A.O/ Treasury \_\_\_\_\_

Sl No.	Bill No. & Date along with Particulars of the Bill	Net Amount (Rs.)	Dated initial of D.D.O	Date of e-Transmission to P.A.O/ Treasury	Token No. & Date allotted by P.A.O/Treasury	Dated initials of the receiving official in the P.A.O/ Treasury	Mode of Payment (ECS/ Cheque, if Cheque, Cheque No. & Date)	T.V No. & Date	Remarks
1	2	3	4	5	6	7	8	9	10

**Notes:**

- (a) This Register shall be authenticated jointly by the P.A.O./A.P.A.O/ Treasury Officer/ Additional Treasury Officer and the Drawing & Disbursing Officer at the beginning of each financial year with a certificate in respect of number of pages.
- (b) Columns 6 and 7: Entries to be made by the receiving officials in the P.A.O/Treasury.
- (d) Columns 1 to 5, 8 to 10: Entries shall be made by the D.D.O.
- (e) Column 10:
  - (i) On receipt of Cheque, the Drawing and Disbursing Officer will make the entry "Payment Received". The register should be reviewed every fortnight by making the entries in Col. 10 to ensure that unauthorised bills are not presented and encashed through the register.
  - (ii) On return of the bill objected by the P.A.O/Treasury, the Drawing and Disbursing Officer shall note the fact against the relevant entry under his dated initials in Column 10. If presented again, the bill should bear a new serial number.

T.R. FORM NO. 10  
[See T. R. 4.072]

SCHEDULE OF INCOME TAX DEDUCTED AT SOURCE (TDS) FOR EMPLOYEE/ BENEFICIARY/ PENSIONER

FOR THE MONTH OF: \_\_\_\_\_

D.D.O. Code \_\_\_\_\_ TAN No. \_\_\_\_\_ Bill No. \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_  
Token No. \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_ T.V. No. \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Head of Account Code : 8658-00-112-001-20

Sl. No.	Employee /Beneficiary/ Pensioner Identification No.	Name of the Employee /Beneficiary/ Pensioner	Designation of the Employee	Gross Claim (Rs.)	Amount Deducted (Rs.)	PAN No.	Remarks
1	2	3	4	5	6	7	
Total Rs. (in words) _____ only					Rs. _____		

BILL CLERK / ACCOUNTANT

SIGNATURE OF D.D.O.

**T.R. FORM NO. 11**

[See sub-rule (2) of T. R. 4.073]

**SCHEDULE OF HOUSE RENT, ETC. RECOVERY FOR OCCUPATION OF GOVERNMENT ACCOMMODATION, ETC.**

Name of the Office: _____	DDO Code: _____				
Bill No.: _____	Date: ___/___/___	Token No.: _____	Date: ___/___/___	T.V. No.: _____	Date: ___/___/___
Pay Bill for the Month of _____, 20___ / Arrear Bill for the period from _____ to _____					
Salary Head of Account: _____					

Head of Account Code:							
Sl No.	Employee Id No	Name	Designation	Basic Pay (Rs.)	Period	Amount (Rs.)	Remarks
1	2	3	4	5	6	8	9
Total (Rs.)							

Total (in words) \_\_\_\_\_ only

BILL CLERK

ACCOUNTANT

SIGNATURE OF D.D.O. WITH DESIGNATION

N.B.:

- In case of Central Government employees on deputation from the office of the Accountant General of this State or any other State the Head of Account may be indicated as "8658 - Suspense Account - 00 - 101 - PAO Suspense - PAO (Audit), Kolkata".
- In case of other Central Government Civil employees on deputation, the Head of Account may be indicated as "8658 - Suspense Account - 00 - 101 - PAO Suspense - (Name of the concerned Ministry)".
- In case of Railway employees on deputation, the Head of Account may be indicated as "8658 - Suspense Account - 00 - 102 - Suspense Account - Civil - (FA & CAO of the concerned Railway)".
- In case of other State Government employees on deputation, the Head of Account may be indicated as "8793 - Inter-State Suspense Account - 00 - 101 - (Name of the concerned State)".



**T. R. FORM NO. 12**  
**(FORM IV of WB State Tax on Professions, etc. Act, 1979)**

[See sub-rule (1) of T.R. 4.080]

Statement of recovery under the West Bengal State Tax on Professions, Trades, Callings and  
 Employments Act, 1979 (West Bengal Act VI of 1979)

Name of the Office : _____			
DDO Code: _____	Bill No.: _____	Date: __/__/__	
Token No.: _____	Date: __/__/__	T.V. No.: _____	Date: __/__/__
Pay Bill for the Month of _____, 20__			
Salary Head of Account: _____			

Head of Account Code : <b>0028-00-107-001-03</b>			
Sl No.	Employee IdNo.	Name	Amount Recovered (Rs.)
1	2	3	4
<b>Total Rs.</b>			

Rupees \_\_\_\_\_ (in words) only

Signature \_\_\_\_\_ Signature \_\_\_\_\_

Bill Clerk / Accountant Drawing & Drawing Officer

T.R. FORM NO. 12A  
[See Sec. 40 of WB VAT Act, 2003]

SCHEDULE OF SALES TAX DEDUCTED AT SOURCE FROM CLAIM OF BENEFICIARY

FOR THE MONTH OF: \_\_\_\_\_

D.D.O. Code \_\_\_\_\_ Bill No. \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_  
Token No. \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_ T.V. No. \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Head of Account Code: 0040-00-111-001-35-TDS						
Sl. No.	Name of the Beneficiary	TIN/ Registration No.	PAN No.	Gross Claim (Rs.)	Amount Deducted (Rs.)	Remarks
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Total Rs. (in words) _____ only					Rs. _____	

BILL CLERK / ACCOUNTANT

SIGNATURE OF D.D.O.

**T.R. FORM NO. 13**  
[See sub-rule (1) of T. R. 4.081]

**LAST PAY CERTIFICATE**

1. Office details:

Name of the Office	
D.D.O Code No.	
Designation of D.D.O	
Employer's TAN No.	

2. Employee details:-

Employee Name	
Employee ID No.	
Designation	
G.P.F Account No.	
PAN No.	
Aadhar Card No.	
Employee's Group	
GISS (1983/ 1987)	
Band Pay (Rs.)	
Grade Pay (Rs.)	
Bank Details	S/B A/c No.
	IFSC
	MICR
Salary paid upto	
Salary Head of Account	
Proceeding on to	

3. Salary details for the month of:- \_\_\_\_\_, 20\_\_\_\_

Earnings		Deductions		Recoveries of Loan			Out /Acct. Ded	
Item	Amount (Rs.)	Item	Amount (Rs.)	Item	Inst. No.	Amount (Rs.)	Item	Amount (Rs.)
Total		Total		Total			Total	
Net Pay: Rs.								
Net Pay (in words):      only								

4. His/Her General Provident Fund Account is maintained by the \_\_\_\_\_ (Drawing and Disbursing Officer / Accountant General (A&E), West Bengal).

5. He/She made over charge of the office of \_\_\_\_\_ on the forenoon/ afternoon of \_\_\_\_\_.

6. He/She has been sanctioned \_\_\_\_\_ leave proceeding joining time for \_\_\_\_\_ days.

7. He/She finances the insurance policies detailed below from the Provident Fund :

No. of Policy	Amount of Premium (Rs.)	Due Date for the Payment of Premium

8. Details of P. L. I. Policy where premium deduction is done from pay bill.

No. of Policy	Amount of Premium (Rs.)	Due Date for the Payment of Premium

9. He/She contributed Rs. \_\_\_\_\_ per month under 1983/ 1987 GISS for the period from \_\_\_\_\_ to \_\_\_\_\_.

10. Whether the employee resides at Government Rented House:  Yes  No

If Yes, a) Address: \_\_\_\_\_

b) House Rent recovered up to: \_\_\_\_\_, Licence Fees (if any) \_\_\_\_\_

11. Summary of salary for the financial Year:

Month & Year	Pay (Rs.)	Allowances (Rs.)	Gross Salary (Rs.)	Deductions (Rs.)		Recovery (Rs.)	Net Salary (Rs.)	Token/ T.V No. & Date
				I.T	Other than I.T			
Total								
Arrear, if any								

12. Details of Recoveries:

Sl No.	Item	Sanctioned Amount (Rs.)	T.V. No. & Date	Total Recovery till date (Rs.)	Current Inst. No.	Outstanding Amount (Rs.)	Inst. left	Rate of Inst. (Rs.)
1.	Pay Advance							
2.	T.A Advance			N.A	N.A		N.A	N.A
3.	Leave Salary Advance			N.A	N.A		N.A	N.A
4.	Cycle/ Motor Cycle/ Motor Car / Computer Loan /Marriage Illness Advance							
5.	H.B Advance							
6.	G.P.F Advance							
7.	Festival Advance							
8.	Health Scheme Advance			N.A	N.A		N.A	N.A
9.	Other, if any (Specify the name)							

Signature of D.D.O \_\_\_\_\_

Designation \_\_\_\_\_

Memo No.: \_\_\_\_\_

Date: \_\_\_\_\_

Copy forwarded for information and necessary action to:

\_\_\_\_\_

Signature of D.D.O \_\_\_\_\_

Designation \_\_\_\_\_

**T.R. FORM NO. 18 PAYBILL**

[See T. R. 4.095]

**Pay Bill of the Permanent/Temporary Establishment of the**

**for the month**

**, year 20**

DDO Code :- DDO Designation Office Address :- Head of A/c  Bill No. :            Date : Token/TV No.      Dae :	Pay & Allowances	Amount: Rs.	[To be adjusted by Accountant General (A&E)]	Passed for payment of Rupees.	
	Pay Less: Festival Recovery (-) Bill Overdrawal (-) 01 - Pay (Total) 02 - D.A. 03 - House Rent Allowance 04 - Ad-hoc Bonus 12-Medical Allowance -Other Pay/Allowances			Part-I Amount: Rs.	(F) Payment Instruction:  Please pay as per Beneficiary List enclosed.  Below Rupees.  D.A.    Acctt.    (Signature of DDO with Seal) Section :            Date :
				8009-01-001-19-GPF other than Gr.-D 8009-01-104-001-19-A.L.S.-G.P.F 7610-00-201-001-26-House Buildin Lan 7610-00-202-001-26-Motor Con. Advance 7610-00-800-001-26-Marriage/Illness Adv. 7610-00-800-003-26-Computer Advance 0049-04-800-017-07-Interest on H.B.Loan 0049-04-800-018-07-Int. on MotorCon. 0049-04-800-020-07-Int. on Computer Adv. 0049-04-800-021-07-Interest on M.I. Adv.	
	(A) Gross Payment			(B) Total Deduction (Part-I)	
				(C) Treasury Gross : (A-B)	
Certified that :- 1. All emoluments included in Bills Drawn within last three months have been disbursed to proper persons. 2. Amount claimed in this bill has not been drawn before.. 3.. House rent allowance has been claimed as per rates approved by the Govt. and half-yearly verification of rent has been made by the Controlling officer. No house rent allowance has been drawn for persons who are in occupation of rent-free government quarters. 4. Dearnes payand/or any other kind of pay, dearness allowance, medical allowance and other allowances have been claimed as per approved rate of the Government. 5. Increment, pay on promotio, leave salary/subsistence allowance have been claimed in the bill as per existing rule & orders and noted in the service books, where necessary. 6. All persons whose names are omitted from but whose pay has been drawn in this bill have actually been employed during the monthand that full details of the  names of the persons concerned and emoluments drawn for them working upto the total included in this bill have been duly shown in the office copy/pay bill Register. 7 The particulars of various deductions/recoveries have been fully noted in the attached schedules and the totals shown in these schedules agree with those given in the bill 8.. Both Pay Bill Register/office copy and fair copy of bill agree in all respect.	Allotment during Fin. Year 20 __ -20 __  Total Allotment till Date (A) Expenditure included in this Bill (B) <u>Balance Amount (A - B)</u>		Part-II (To be adjusted by Treasury) 0028-00-107-001-03-P. Tax  0049-04-800-019-07-Int. on Other Con.Adv. 0216-01-106-001-05-House Rent 7610-00-203-001-26-Other Con. Adv. 8009-01-104-002-19-G.P.F. (Gr.-D) 8011-00-107-001-14-GI-L.F.-1983 8011-00-107-002-14-GI-S.F-1983 8011-00-107-004-14-GI-L.F-1987 8011-00-107-005-14-GI-S.F-1987  8658-00-101-062-08-Adj. with AG. W.B. 8658-00-102-024-08-P.L.I. 8658-00-112-001-08-Income Tax 8658-00-123-001-08-G.I.-A.I.S. -Others	For use of the Treasury Pay Rs. _____ (Rupees _____) _____ only as per beneficiary list enclosed and by Cheque (s) as per (F) and by Transfer Credit to Head of Accounts as mentioned in Part-II (D) Rs.  D.A.                  Acctt.                  Treasury Officer  Cheque Nos.                  Date Voucher No.                  Date	
				(D) Total Deduction (Part-II)	
				(E) Net Payment: (C-D) Rupees (in word)	
			For use of A.G. (Audit) Office  Admitted Rs. _____  Objected Rs.  Auditor                          S.C./A.A.O.		

Department :  
 Head of Account  
 D.D.O. Designation : -  
 Pay Month & Year:

Establishment :  
 D.D.O. Code \_\_\_\_\_  
 Bill No. & Date :

Sl No.	Name, Designation, Employee ID, GPF A/C No.,	Pay Band & Grade Pay	Earnings (Rs.)	Total Earnings (Rs.)	Deductions (Rs.)	Total Deductions (Rs.)	Net Amount (Rs.)	Remarks
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	
			BP Gr.P NPP D.A HRA MA Others		P.T GPF SF 83 IF83 SF87 IF87 IT Others			

Bill Clerk

Accountant

Signature of D.D.O with Designation



8. Particulars of journey(s) performed by road between places connected by rail:

Date		Name of the Place		Class to which entitled	Mode of Conveyance used	Rail Fare (Rs.)
From	To	From	To			
1	2	3	4	5	6	7

9. Particulars of the members of the family as on the date of travel [vide T.R. \_\_\_\_]

(For Transfer and LTC only)

Sl No.	Name	Age	Relationship with the Government employee
1.			
2.			
3.			
4.			

10. For Transfer only

a) Transportation charges of personal effects (Money receipts to be attached):

Date	Mode	Station From To	Weight in Kgs.	Rate	Amount	Remarks

b) Transportation charges of personal conveyance:

(Money receipts to be attached)

(i) Mode of transport and station to which transported:

(ii) Amount: Rs. \_\_\_\_\_

11. For Tour only

A. Mode of Journey:

(i) Air

(a) Exchange voucher arranged by office

Yes/No

(b) Ticket/Exchange voucher arranged by

Yes/No

(ii) Rail

Whether travelled by mail/express/ordinary train

(iii) Road

Mode of conveyance used. i.e., by Government transport/by taking a taxi, a single seat in a bus or other public conveyance/by sharing with another Government employee in a car belonging to him or to a third person to be specified,

B. Dates of absence from place of halt on account of -



**PART B (To be filled in the Bill Section)**

**(Strike out whichever is not applicable)**

The net entitlement on account of travelling allowance works out to Rs. \_\_\_\_\_ as detailed below:

<b>A.</b>	Railway /air/ bus/steamer fare	Rs.
<b>B.</b>	Other Particulars ( <i>for Transfer only</i> )	
	(i) Road mileage for _____ kms @ _____ per km	Rs.
	(ii) Transfer grant & Packing Allowance	Rs.
	(iii) Transfer incidentals (DA for _____ days @ Rs. _____ Per day	Rs.
	(iv) Transportation of personal effects	Rs.
<b>C.</b>	(v) Transportation of private conveyance	Rs.
	Daily Allowance ( <i>for Tour only</i> )	
	(i) _____ days @ Rs. _____ per day	Rs.
	(ii) _____ days @ Rs. _____ per day	Rs.
<b>D.</b>	(iii) _____ days @ Rs. _____ per day	Rs.
	Actual Expenses, if any ( <i>for Tour only</i> )	Rs.
Gross Amount		Rs.
<b>E.</b>	Amount of advance(s) if any, drawn <i>vide</i> voucher(s) No. _____ date _____	Rs.
<b>F.</b>	Net Amount	Rs.

Net Amount (in words) Rupees \_\_\_\_\_ only

Allotment received	Rs.
Progressive Expenditure (including this bill)	Rs.
Balance available	Rs.

Please pay Rs. \_\_\_\_\_ Rupees (in words) \_\_\_\_\_ only as per beneficiary list enclosed.

Bill clerk

Accountant

Signature of Drawing & Disbursing Officer

Countersigned by

Signature of Controlling Officer

Certified that necessary entries have been made in the Service Book of Shri/Shrimati/Miss \_\_\_\_\_ (for LTC only)

Signature of the Drawing & Disbursing Officer

**For use at the Treasury**

Examined and entered.

Please pay Rupees (in words) \_\_\_\_\_ only as per beneficiary list enclosed.

Accountant/J.A.O.

Dated \_\_\_\_\_ 20\_\_

T.O./A.T.O./P.A.O./A.P.A.O.

**For use at the Office of the Accountant General (Audit), West Bengal**

Admitted Rs. \_\_\_\_\_

Objected Rs. \_\_\_\_\_ for reasons stated below.

Dated \_\_\_\_\_ 20\_\_

Auditor S.O./A.A.O./ Audit Officer

- (a) R.H. and C.L.,
- (b) not being actually in camp on Sundays and holidays.
- C. Dates on which free board and/or lodging provided by the State or any organisation financed by State funds:-
- a. Board only.
- b. Lodging only.
- c. Boarding and lodging. (both)
- D. Particulars to be furnished alongwith hotel receipts, etc., in cases where higher rate of D.A. is claimed for stay in hotel/other establishments providing board and/or lodging at scheduled tariffs.

Period of stay		Name of the hotel*	Daily rate of lodging charged	Total amount paid
From	To			
1	2	3	4	5

Certified that-

- (i) Information, as given above, is true to the best of my knowledge and belief.
- (ii) That my husband/wife is not employed in Government service/that my husband/wife is employed in Government service and the concession has not been availed of by him/her separately or himself/ herself or for any of the family members for the concerned block of \_\_\_\_\_ years (for LTC only).

Date \_\_\_\_\_ Signature of the Government employee

**T.R. FORM NO. 24**

[See T.R. 4.107]

**Medical charges Reimbursement Bill**

NAME OF THE OFFICE : _____	
DDO Code: _____	Bill No.: _____ Date: __/__/__
Token No.: _____ Date: __/__/__	T.V. No.: _____ Date: __/__/__
Salary Head of Account: _____	

Sl No.	Employee Id No.	Name of the Employee with Designation	Gross Claim (Rs.)	Recovery of Advance (Rs.)	Net Claim (Rs.)	Remarks
1	2	3	4	5	6	7
Allotment Received		Rs.	1. Certified that I have satisfied myself that the amount drawn previously, with the exception of those detailed below (of which the total amount has been refunded by deduction from this bill), have been disbursed to the Government employee therein named and their receipts taken in the office copies of the bill or in a separate acquaintance roll.			
Progressive expenditure including this bill		Rs.	2. <i>Details of Medical charges Refunded</i> Section of establishment and name of incumbent with designation _____ Period _____ Amount (Rs.) _____			
Balance available		Rs.	3. Certified that Essentiality certificates, receipts etc are appended.			

Please pay Rs. \_\_\_\_\_ Rupees (in words) \_\_\_\_\_ only as per beneficiary list enclosed.

Bill Clerk \_\_\_\_\_ Accountant \_\_\_\_\_  
Station \_\_\_\_\_  
Date \_\_\_\_\_ 20\_\_

Signature of D.D.O with Designation \_\_\_\_\_

**For use at the Treasury**

Examined and entered

Pay Rs. \_\_\_\_\_

Rupees (in words) \_\_\_\_\_ only

Accountant / J.A.O.

T.O. / A.T.O. / P.A.O. / A.P.A.O.

**For use in the Office of the Accountant General (Audit), West Bengal**

Admitted Rs. \_\_\_\_\_

Objected Rs. \_\_\_\_\_ Reasons for objections \_\_\_\_\_

Auditor \_\_\_\_\_

S.O/A.A.O./Audit Officer \_\_\_\_\_

**T. R. FORM NO. 26**

**[T.R. 4.135 Sub-Rule (1) and Explanation 1 and T.R. 4.137]**

D.D.O. Code \_\_\_\_\_

Bill No. \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Token No. \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

T.V. No. \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Head of Account Code \_\_\_\_\_

Sanction No. \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Bill for drawing charges relating to (a) Wages, (b) Office Expenses, (c) Payment for professional and special services, (d) Rates & Taxes/Royalty, (e) Publications, (f) Advertising, Sales and Publicity Expenses, (g) Hospitality Expenses/Sumptuary allowances etc., (h) Machinery and Equipment/Tools and Plants, (i) Motor Vehicles, (j) Maintenance, (k) Minor works, (l) Materials and Supplies, (m) Other charges, (n) Secret Service Expenditure and (o) Recoupment of Permanent Advance etc.

Office of the _____			
For the month of _____ 20____			
Sl. No. of Sub-Vouchers	Description of charge	Authority for drawing charge (Viz. sanctioned under delegated power or sanctioned by the competent authority may be quoted with No. and Date)	Gross Amount (Rs.)
Total (in words)			

Certified that-

- (i) The expenditure charged in this bill could not, with due regard to the interests of the public service, be avoided. It is certified that to the best of my knowledge and belief the payments entered in this bill have been duly made to the parties entitled to receive them with the exceptions noted below, which exceed the balance of the permanent advance and will be paid on receipt of the money drawn on this bill.
- (ii) Vouchers for all sums above Rs. 500/- in amounts are attached to this bill. I have, as far as possible, obtained vouchers for other sums and am responsible that they have been destroyed or so defaced or mutilated that they cannot be used again. All work-bills are annexed.
- (iii) The purchases billed for have been received in good order, that their quantities correct, and their quality good that the rates paid for are not in excess of the accepted rates and that suitable notes of payments have been recorded against the indents and invoices concerned to prevent double payments.
- (iv) a) Expenditure on conveyance hire charged in this bill in terms of Rules 3 of Appendix-11 to the West Bengal Financial Rules, was actually incurred, was unavoidable and is within the scheduled scale of charges for the conveyance used and  
b) The Government employee concerned is not entitled to draw travel expenses under the ordinary rules for the journey, and that he is not granted any compensatory leave and does not and will not otherwise receive any special remuneration for the performance of the duty which necessitated the journey.
- (v) All Government employees whose pay has been charged in this bill were actually entertained in Govt. Service during the period concerned and amount drawn on bills one month previous to this date has been paid to the person concerned.
- (vi) Provisions of WBFR Part-I Rule 47 as amended have been observed properly.

Amount Received Rs. \_\_\_\_\_

Progressive Expenditure including this Bill Rs. \_\_\_\_\_

Balance Available Rs. \_\_\_\_\_

Pay Rs. \_\_\_\_\_ Rupees (in words) \_\_\_\_\_ only  
as per beneficiary list enclosed

AND/OR

By-Transfer Credit Rs. \_\_\_\_\_ Rupees (in words) \_\_\_\_\_ only  
as below-

Sl No.	Head of Account	Description	BT Type	Amount (Rs.)

Bill Clerk

Accountant

Drawing & Disbursing Officer

Date \_\_\_\_\_ 20\_\_

Station \_\_\_\_\_

**For use in the Treasury**

Pay Rs. \_\_\_\_\_ Rupees (in words) \_\_\_\_\_ only  
as per beneficiary list enclosed

AND/OR

By-Transfer Credit Rs. \_\_\_\_\_ Rupees (in words) \_\_\_\_\_ only  
as below-

Sl No.	Head of Account	Description	BT Type	Amount (Rs.)

Examined and Entered.

Accountant/ J.A.O.

T.O./A.T.O./P.A.O./A.P.A.O.

**For use in the Office of the Accountant General (Audit), West Bengal**

Admitted Rs. \_\_\_\_\_

Objected Rs. \_\_\_\_\_ for reasons stated below:-

Dated \_\_\_\_\_ 20\_\_

Auditor

S.O./A.A.O./Audit Officer

Note: The Drawing & Disbursing Officer will be responsible for any excess of expenditure over allotment of fund unless otherwise authorised by the Government and the amount will be recovered from his pay, allowance etc.

**T. R. FORM NO. 27**

[See sub-rule (1) of T.R. 4.136, sub-rules (3) and (4) of T.R. 4.138 and sub-rule (1) of T.R.5.07]

D.D.O. Code \_\_\_\_\_ Bill No. \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_  
 Token No. \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_ T.V No. \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_  
 Head of Account Code \_\_\_\_\_  
 Sanction No \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

**Bill for drawing advance without supporting Voucher**

Detailed bill will be sent for countersignature by _____		
Office of the _____		
Proforma Invoice No., if any	Purpose (with description where necessary) and quotation of authority for drawing advance.	Amount(Rs.)
Total Rs. _____		

Total Rupees (in words) \_\_\_\_\_ only

Allotment Received Rs. \_\_\_\_\_

Progressive Expenditure including this bill Rs. \_\_\_\_\_

Balance Available Rs. \_\_\_\_\_

Deduct-amount disallowed by the Controlling Officer vide detailed bill Rs. \_\_\_\_\_ No. \_\_\_\_\_ dt. \_\_\_\_\_.

Unspent or balance of previous advance drawn under Bill No. \_\_\_\_\_ dt. \_\_\_\_\_/

Token No. \_\_\_\_\_ dt. \_\_\_\_\_ for Rs. \_\_\_\_\_.

Net amount payable Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_) only.

Pay Rs. \_\_\_\_\_ Rupees (in words) \_\_\_\_\_ only  
 as per beneficiary list enclosed

AND/OR

By-Transfer Credit Rs. \_\_\_\_\_ Rupees (in words) \_\_\_\_\_ only  
 as below (Challan enclosed)-

Sl No.	Head of Account	Description	BT Type	Amount (Rs.)

Bill Clerk \_\_\_\_\_ Accountant \_\_\_\_\_  
 Station \_\_\_\_\_  
 Date \_\_\_\_\_ 20\_\_\_\_

Drawing & Disbursing Officer

Note: - The Treasury will make payment only when there is proper authority to draw advance. The drawer should be careful to include in the detailed bill of a month the amount of all bills drawn in advance from the Treasury during that month. The detailed bill shall be submitted to the Treasury from which the advance was drawn. The Drawing & Disbursing Officer will initial the date of each payment in the Expenditure Register and the same along with the detailed bill as also sub-Voucher is to be sent to the Controlling Officer.

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**For use at the Treasury**

Examined and entered.

Pay Rs. \_\_\_\_\_ Rupees (in words) \_\_\_\_\_ only as per beneficiary list enclosed

AND/OR

By-Transfer Credit Rs. \_\_\_\_\_ Rupees (in words) \_\_\_\_\_ only as below (Challan enclosed)-

Sl No.	Head of Account	Description	BT Type	Amount (Rs.)

Accountant/J.A.O.

T.O./A.T.O./P.A.O./A.P.A.O.

Dated \_\_\_\_\_ 20\_\_

---

**For use at the Office of the Accountant General (Audit), West Bengal**

Admitted Rs. \_\_\_\_\_

Objected Rs. \_\_\_\_\_ for reasons stated below.

Dated \_\_\_\_\_ 20\_\_

Auditor

S.O./A.A.O./Audit Officer

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Note – Drawing & Disbursing Officer will be responsible for adjustment of the advance by sending detailed bill.

Any amount drawn in excess of allotment, unless otherwise authorised by Government, may be deducted from his pay, allowance etc.

Second advance will not be paid if first advance has not been adjusted unless the same has been allowed by Government.

**T. R. FORM NO. 28**

[See sub-rule (2) of T.R. 4.135 and sub-rule (6) of T.R. 4.138]

**Not payable at the Treasury**  
**Detailed bill for adjustment of advance**

D.D.O. Code \_\_\_\_\_ Bill No. \_\_\_\_\_ Date   /  /    
 Token No. \_\_\_\_\_ Date   /  /   Token No. \_\_\_\_\_ Date   /  /    
 Head of Account Code \_\_\_\_\_  
 Sanction No. \_\_\_\_\_ Date   /  /   Sanctioned Amount Rs. \_\_\_\_\_  
 Name & Designation of the Sanctioning Authority \_\_\_\_\_

Adjusted against A.C. Bill No. \_\_\_\_\_ dated \_\_\_\_\_ 20\_\_ drawn under  
 T.V./Token No. \_\_\_\_\_ dated \_\_\_\_\_ 20\_\_ .

Office of the _____		
Monthly detailed adjustment bill for the month of _____ 20__		
Details of numbers of sub-Vouchers	Description of charge, number, and date of authority where special sanction is necessary.	Amount Rs. _____
Brought forward Rs. _____		
Total Rs. _____ (Rupees _____)		

I certify that the expenditure included in this bill could not, with due regard to the interests of the public service, be avoided. I have satisfied myself that the charges entered in this bill have been really paid. Vouchers for all items of expenditure above Rs.500/- in amount and all work-bills are attached to the bill. I have as far as possible, obtained vouchers for other sums and am responsible that they have been so defaced or mutilated that they cannot be used again.

2. Certified that all the articles detailed in the vouchers attached to the bill and those retained in my office have been accounted for in the Stock Register.

3. Certified that the purchases billed for have been received in good order, that their quantities are correct and that their qualities are good, that the rates paid are not in excess of the accepted and the market rates and that suitable notes of payment have been recorded against the indents and invoices concerned to prevent double payments.

Advances drawn in Bill No. \_\_\_\_\_ dated \_\_\_\_\_

Ditto \_\_\_\_\_

Ditto \_\_\_\_\_

Ditto \_\_\_\_\_

Add-Amount of disallowance refunded

vide Challan No. \_\_\_\_\_ dated \_\_\_\_\_

Total of this bill \_\_\_\_\_

Allotment Received Rs. \_\_\_\_\_

Advance(s) drawn on date \_\_\_\_\_ and date \_\_\_\_\_ were met out of the above allotment,

Progressive expenditure Rs. \_\_\_\_\_ (including this bill)

Balance available on the date on which last advance mentioned above was

drawn Rs. \_\_\_\_\_

Refund, if any,

Challan No. \_\_\_\_\_ date \_\_\_\_\_



4. Certified that-

- (a) the expenditure on conveyance hire included in this bill was actually incurred was unavoidable and is within the scheduled scale of charges for the conveyance used, and
- (b) the Government employee concerned is not entitled to draw travel expense under the ordinary rules for the journey, and he is not granted any compensatory leave and does not and will not otherwise receive any special remuneration for the performance of the duty, which necessitated the journey.

Bill Clerk

Accountant

Drawing & Disbursing Officer

Station \_\_\_\_\_

Dated \_\_\_\_\_ 20\_\_

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**For use at the Treasury**

Amounts of advances drawn on date \_\_\_\_\_ vide T.V. No. \_\_\_\_\_  
date \_\_\_\_\_ vide T.V. No. \_\_\_\_\_ date \_\_\_\_\_  
vide T.V. No. \_\_\_\_\_ are adjusted by this bill and note of adjustment has been kept in  
the relevant Advance Check Register.

Intimation Card issued to D.D.O. vide No. \_\_\_\_\_ dated \_\_\_\_\_

Accountant/J.A.O.

T.O./A.T.O./P.A.O./A.P.A.O.

Dated \_\_\_\_\_ 20\_\_

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**For use at the Office of the Principal Accountant General (A&E), West Bengal /Accountant  
General (Audit), West Bengal**

Admitted Rs. \_\_\_\_\_

Objected Rs. \_\_\_\_\_

Reasons for objection -

Auditor \_\_\_\_\_

S.O./A.A.O. \_\_\_\_\_

Audit Officer \_\_\_\_\_

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**T. R. FORM NO. 31**

[See sub-rule (1) of T. R. 4.195 &amp; sub-rule (1) 4.197]

**Grant-in-aid Bill/Consolidated Grant-in-aid Bill**

Name of the Office \_\_\_\_\_  
 D.D.O. Code \_\_\_\_\_ Bill No. \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_  
 Token No \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_ T.V. No. \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_  
 Head of Account Code \_\_\_\_\_

Sanctioned by:		Sanction No. & Date:		(Copy enclosed)
Sanctioned Amount: Rs.		Period: From To		Purpose:
Name of the Grantee Institution				Amount (Rs.)
Total Amount Rupees				

Pay Rs. \_\_\_\_\_ Rupees (in words) \_\_\_\_\_ only as per beneficiary list enclosed.

AND/OR

By-Transfer Credit Rs. \_\_\_\_\_ Rupees (in words) \_\_\_\_\_ only as below-

Sl No.	Head of Account	Description	BT Type	Amount (Rs.)

AND/OR

PL Transfer Rs. \_\_\_\_\_ Rupees (in words) \_\_\_\_\_ only as below-

Operator Code	Operator Name	Scheme ID	Scheme Description	Amount (Rs.)

Certified that:

- The amount of this bill was not drawn before and it agrees with that in the office copy of this bill.
- The utilisation report in respect of the previous grant has been furnished and accepted by the sanctioning authority,
- The utilisation report in respect of the present amount will be furnished to the sanctioning authority by Grantee Organisation in due course.

Station \_\_\_\_\_

Dated \_\_\_\_\_ 20 \_\_\_\_\_

Signature of the D.D.O. \_\_\_\_\_

Designation \_\_\_\_\_

**For use in Treasury**

Pay Rs. \_\_\_\_\_ Rupees (in words) \_\_\_\_\_ only as per beneficiary list enclosed

By-Transfer Credit Rs. \_\_\_\_\_ Rupees (in words) \_\_\_\_\_ AND/OR \_\_\_\_\_ only as below-

Sl No.	Head of Account	Description	BT Type	Amount (Rs.)

Examined and Entered.

Accountant /J.A.O.

T.O./A.T.O./P.A.O./A.P.A.O.

For use in the Office of the Accountant General (Audit), West Bengal

Admitted for Rs. \_\_\_\_\_

Objected to Rs. \_\_\_\_\_

Reason of Objection \_\_\_\_\_

Auditor

S.O./A.A.O.

Audit Officer

**T. R. FORM NO. 33**  
[See sub-rule (1) of T. R. 4.196]

**Bill for scholarship/stipends payable to College/School during the month of \_\_\_\_\_ 20\_\_**  
(Primary, Junior High/Secondary/Higher Secondary School, Junior/Senior/Higher Madrasa, Anglo Indian, Primary/Secondary School Scholarship to be drawn in separate bill)

Name of the Office \_\_\_\_\_

D.D.O. Code \_\_\_\_\_

Token no. \_\_\_\_\_ Date \_\_/\_\_/\_\_

Head of Account Code \_\_\_\_\_

Bill No. \_\_\_\_\_ Date \_\_/\_\_/\_\_

T.V. No. \_\_\_\_\_ Date \_\_/\_\_/\_\_

- (1) Name of institution \_\_\_\_\_  
 (2) \_\_\_\_\_ for (month and year)  
 (3) \_\_\_\_\_ Class of scholarship/stipend

No. and date of the order sanctioning the scholarship or stipend	Name of the scholarship or stipend holder	Period of terms		Monthly value of stipend or scholarship	Bill Amount	Deductions			Amount withheld Rs.	Net amount drawn Rs.
		From	To			No. of days absent	Cause	Amount Rs.		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
				Total...			Total...			
Deduct-Balance undisbursed from last month									Balance due ...	

Pay Rupees (in words) \_\_\_\_\_ only as per beneficiary list enclosed.

Certified that the scholarship or stipend holder named in the bill have been regular in attendance and have conformed to the rules under which their scholarships or stipends are payable.

Certified also that the scholarship or stipend drawn on the last bill with the exception of those refunded by deduction have been paid to the proper person and their receipt taken in acquaintance rolls kept in my office.

Certified that the amount claimed in this bill was not drawn before and both office copy and fair copy of the bill agree with each other.

Grant for the year Rs. \_\_\_\_\_  
Expenditure already incurred including the present bill is Rs. \_\_\_\_\_

Balance Available. \_\_\_\_\_

Station \_\_\_\_\_ Signature of D.D.O \_\_\_\_\_

Dated \_\_\_\_\_ Designation \_\_\_\_\_

**For use at the Treasury**

Pay Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_) only  
as per beneficiary list enclosed.

Examined and entered.

Accountant/J.A.O.

T.O./A.T.O./P.A.O./A.P.A.O.

Dated \_\_\_\_\_ 20\_\_

**For use in Accountant General (Audit), West Bengal's Office**

Admitted for Rs. \_\_\_\_\_

Objected to Rs. \_\_\_\_\_  
Reason for objection

Auditor

S.O./A.A.O.

Audit Officer

### T. R. FORM NO. 34

[See sub-rule (4) of T. R. 4.199 sub-rule (1) of T.R.4.201]

### Bill for Refund of Revenue

Name of Office _____	D.D.O. Code _____
Bill No. _____ Date __/__/____	Token No. _____ Date __/__/____
Head of Account Code _____	T.V. No. _____ Date __/__/____
Sanction No. _____ Date __/__/____	Sanctioned Amount (Rs.) _____
Designation of the Sanctioning Authority _____	

(Deduct Refund)

In whose name credited	On what account received	Amount realised /received (Rs.)	Date of Receipt in Treasury	Amount credited			T.O./A.T.O./P.A.O./A.P.A.O.'s signature in token of keeping a note of refund against relevant entry in the subsidiary receipt register	Name of Payee	Amount to be Refunded (Rs.)
				Head of Account	Challan No. & Date	Gross Amount (Rs.)			
1	2	3	4	5	6	7	8	9	10

**Total (in words) Rupees \_\_\_\_\_ only**

Certified that:

- (1) Order of refund has been registered and noted against the original receipt entry in the departmental account under my dated initial.
- (2) Refund of the amount has not been made earlier.

Passed for payment for Rs. \_\_\_\_\_ as per Sanction Order details mentioned above.

Please pay Rs. \_\_\_\_\_ (Rupees in words) \_\_\_\_\_ only as per  
Beneficiaries list enclosed.

Bill Clerk

Accountant

Signature and Designation of the D.D.O.

Station \_\_\_\_\_

Date \_\_\_\_\_ 20 \_\_\_\_

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**For use at the Treasury**

Pay Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_) only as per  
list of Beneficiaries.

Examined and Entered

Accountant/J.A.O.

T.O./A.T.O./P.A.O./A.P.A.O.

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**For use in the Office of the Accountant General (Audit), West Bengal**

Admitted \_\_\_\_\_

Objected \_\_\_\_\_ for reasons stated below:

Auditor

S.O./A.A.O./Audit Officer

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**T. R. FORM NO. 35**  
[See sub-rule (4) of T.R. 4.201]

**Refund of Revenue deposited in respect of Excise Duty, Agricultural Income Tax and Sales & Commercial Tax**  
(Applicable for Excise duty deposited by Superintendent of Excise, Agricultural Income Tax and Sales & Commercial Tax)

D.D.O. Code \_\_\_\_\_  
Token No. \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Head of Account Code \_\_\_\_\_

Bill No. \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
T.V. No. \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Date \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Sanction No. & Date:		Sanctioning Authority:		Sanctioned Amount: Rs.
Head of Account chargeable _____				
a) Refund of Agricultural Income Tax or				
b) Sales & Commercial Tax or				
c) Deposit on account of cost price of liquor, ganja, bhang and others by Superintendent of Excise				
Month in which deposited	Name of Treasury where deposited with Challan No. date and amount	On what account deposited	Name of the depositor to whom the refund is due	Amount (Rs.)

1. Certified that the refund has been noted in the departmental accounts and refund register by the Sanctioning/ Competent Authority and that no previous order of refund has been passed.
2. Also certified that the statement relating to the transactions of the last month showing the un-refunded cost price brought forward, the total amount deposited by vendors, the amount refunded during the month and the closing balance has already been submitted to the Treasury for necessary verification (to be furnished by the Superintendent of Excise).
3. Amount claimed in this bill was not drawn before.

Pay Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_) only as per beneficiary list enclosed.

AND/OR

By-Transfer Credit Rs. \_\_\_\_\_ Rupees (in words) \_\_\_\_\_ only as below-

SI No.	Head of Account	Description	BT Type	Amount (Rs.)

Bill Clerk  
Station \_\_\_\_\_  
Dated \_\_\_\_\_ 20\_\_

Accountant Signature of the D.D.O. \_\_\_\_\_  
Designation \_\_\_\_\_



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**For use in Treasury**

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Pay Rs. \_\_\_\_\_ Rupees (in words) \_\_\_\_\_ only as per beneficiary list enclosed

AND/OR

By-Transfer Credit Rs. \_\_\_\_\_ Rupees (in words) \_\_\_\_\_ only as below-

Sl No.	Head of Account	Description	BT Type	Amount (Rs.)

Certified that-

1. I have recorded the refund amount of Rs. \_\_\_\_\_ in the Refund Repayment Register maintained at P.A.O/Treasury.
2. The deposit of Rs. \_\_\_\_\_ has been debited in Register in Pr. A.G(A&E), W.B's Form No. 107 as Refund of Deposit on account of cost price of liquor, ganja, bhang and others where applicable.

Examined and Entered.

Accountant /J.A.O.

P.A.O./A.P.A.O./T.O./A.T.O.

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**For use in the Office of the Accountant General (Audit), West Bengal**

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Admitted \_\_\_\_\_  
Objected \_\_\_\_\_ for reasons stated below:

*Auditor*

*S.O./A.A.O./Audit Officer*

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**T. R. FORM NO. 36**

[See T.R. 5.03]

**Bill for drawing charges on account of loans and advances, subsidies, investments, etc to Co-operative societies, Statutory Corporations and other organisations.**

Name of the office _____	Bill No. _____ Date ____/____/____
D.D.O. Code _____	T.V. No. _____ Date ____/____/____
Token No. _____ Date ____/____/____	
Head of Account Code _____	

Sanction Order No. _____ Date ____/____/____ (Copy enclosed)
Sanctioned by _____
Sanctioned Amount Rs. _____

Received the sum of Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_) only being the \_\_\_\_\_ in favour of (Name and Designation of the Loanee) \_\_\_\_\_ for the purpose of \_\_\_\_\_.

Certified that:

- (a) Amount claimed in this bill was not drawn before and the total of office copy agrees with fair copy of bill,
- (b) The utilisation report, in respect of the previous loans/advances/subsidies/investments/drawn, has been furnished and accepted by the sanctioning authority,
- (c) Utilisation report in respect of the present amount will be obtained from the loanee by this office and will be furnished to the sanctioning authority / Principal Accountant General (A&E), West Bengal in due course.

Please pay Rs. \_\_\_\_\_ Rupees (in words) \_\_\_\_\_ only as per beneficiary list enclosed

AND/OR

by-transfer credit to the Personal Deposit/L.F. Account Rs. \_\_\_\_\_ Rupees (in words) only (Title of the Deposit Account – Challan enclosed)

Operator Code	Operator Name	Scheme ID	Scheme Description	Amount (Rs.)

The grant/allotment under the Head of Account for the current Financial Year is Rs. \_\_\_\_\_ Amount already spent including this bill is Rs. \_\_\_\_\_.

Bill Clerk \_\_\_\_\_ Accountant \_\_\_\_\_ Signature of the D.D.O with Designation \_\_\_\_\_

Station \_\_\_\_\_  
Date \_\_\_\_\_ 20\_\_\_\_

**For use in the Treasury**

Please pay Rs. \_\_\_\_\_ Rupees (in words) \_\_\_\_\_  
only as per beneficiary list enclosed and/or by-transfer credit to the Deposit/L.F. Account  
\_\_\_\_\_ (Title of the Deposit Account – Challan enclosed).

Examined and entered.

Accountant /J.A.O.

T.O./A.T.O./P.A.O./A.P.A.O.

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**For use in Accountant General (Audit), West Bengal's Office**

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Admitted for Rs. \_\_\_\_\_

Objected to Rs. \_\_\_\_\_

Reason of Objection \_\_\_\_\_

*Auditor*

*S.O./A.A.O./Audit Officer*

Note: This form is mainly intended for payment of loans and advances, investment in share capital/ debenture, subsidies etc. to Municipalities and Municipal Corporations, Panchayati Raj Institutions and other bodies declared as local fund under T. R. 5.05, to companies registered under Indian Companies Act, 1961, Co-operative Societies, Statutory Corporations and other bodies when bill is drawn by the nominated Officer as mentioned in the relevant sanction order.

**T. R. FORM NO. 36(A)**

**Simple Receipt Bill Form**

[See T. R. 5.11]

**Bill for drawing charges on account of payment/repayment of loans, advances, subsidies, investments, interest on loan, withdrawal from Contingency Fund etc.**

D.D.O. Code \_\_\_\_\_

Token No \_\_\_\_\_ Date \_\_/\_\_/\_\_

Head of Account Code \_\_\_\_\_

Bill No. \_\_\_\_\_ Date \_\_/\_\_/\_\_

T.V. No. \_\_\_\_\_ Date \_\_/\_\_/\_\_

Sanctioned by:		Sanction No. & Date:		(Copy enclosed)
Sanctioned Amount: Rs.	Period: From	To	Purpose:	
Name of the Grantee Institution				Amount (Rs.)
Total Amount Rupees				

Certified that:-

- (a) The amount of this bill was not drawn earlier and it agrees with that in the office copy of this bill.
- (b) (i) The utilisation report in respect of the previous loans/ advances/ subsidies/ investments drawn, has been furnished and accepted by the sanctioning authority/Principal Accountant General (A&E), West Bengal,
- (ii) Utilisation Report in respect of the present amount will be furnished to the sanctioning authority/Principal Accountant General (A&E), West Bengal in due course.

OR

Utilisation Certificate not required.

- (c) In respect of withdrawal from Contingency Fund (Major Head 8000)/ Civil Advance (Major Head 8550) this is to certify that the previous withdrawal has been adjusted by issuance of necessary order.

Pay Rs. \_\_\_\_\_ Rupees (in words) \_\_\_\_\_ only as per beneficiary list enclosed

AND/OR

By-Transfer Credit to the Deposit/ L.F Account Rs. \_\_\_\_\_ Rupees (in words) \_\_\_\_\_ only as below (Challan enclosed)-

Sl No.	Head of Account	Description	BT Type	Amount (Rs.)

AND/OR

PL Transfer Rs. \_\_\_\_\_ Rupees (in words) \_\_\_\_\_ only as below-

Operator Code	Operator Name	Scheme ID	Scheme Description	Amount (Rs.)

Bill Clerk

Accountant

Signature of the D.D.O. with Designation \_\_\_\_\_

---

**For use in Treasury**

---

Pay Rs. \_\_\_\_\_ Rupees (in words) \_\_\_\_\_ only as per beneficiary list enclosed

By-Transfer Credit to the Deposit/ L.F Account Rs. \_\_\_\_\_ Rupees (in words) \_\_\_\_\_ only as below (Challan enclosed)-

Sl No.	Head of Account	Description	BT Type	Amount (Rs.)

Examined and Entered.

Accountant /J.A.O.

T.O./A.T.O./P.A.O./A.P.A.O.

---

**For use in the Office of the Accountant General (Audit), West Bengal**

---

Admitted for Rs. \_\_\_\_\_

Objected to Rs. \_\_\_\_\_

Reason of Objection \_\_\_\_\_

Auditor

S.O./A.A.O.

Audit Officer

**T. R. FORM NO.37**

[See T. R. 5.03 and T.R. 5.10]

**Bill for drawing loans and advances (other than G.P.F. and Festival advances) sanctioned to employees of the Government**

Name of the Office \_\_\_\_\_ D.D.O. Code \_\_\_\_\_  
Bill No. \_\_\_\_\_ Date \_\_/\_\_/\_\_\_\_ Token No. \_\_\_\_\_ Date \_\_/\_\_/\_\_\_\_ T.V. No. \_\_\_\_\_ Date \_\_/\_\_/\_\_\_\_  
Head of Account Code \_\_\_\_\_

Sl No.	Name & Designation of the Employee	Employee ID	Nature of Loan/ Advance	Sanction ID	Designation of the Sanctioning Authority	Sanction Order No. and Date	Sanctioned Amount (Rs.)	Remarks
1	2	3	4	5	6	7	8	9

Total Rs. \_\_\_\_\_  
Total Rupees (in words) \_\_\_\_\_ only

Allotment Received Rs. _____ Progressive Expenditure including this bill Rs. _____	Certified that: (a) amount claimed in this bill was not drawn before and the total of offices copy agrees with the fair copy of the bill. (b) the utilisation report in respect of loan/advance will be furnished to the sanctioning authority in due course. (c) the fact has been noted in the Service Book of the employee concerned, (d) the drawal has been noted in the Pay Bill Register.
---	--

Pay Rs. \_\_\_\_\_ Rupees (in words) \_\_\_\_\_ only as per list enclosed.

Bill Clerk \_\_\_\_\_ Accountant \_\_\_\_\_ Signature of the D.D.O. with Designation \_\_\_\_\_

Station \_\_\_\_\_  
Date \_\_\_\_\_ 20 \_\_\_\_\_

Pay Rs. \_\_\_\_\_ Rupees (in words) \_\_\_\_\_ **For use in the Treasury** \_\_\_\_\_ only as per list enclosed.

Examined and entered.

Accountant /J.A.O.

T.O./A.T.O./P.A.O./A.P.A.O.

---

**For use in the Office of the Accountant General (Audit), West Bengal**

---

Admitted for Rs. \_\_\_\_\_ Objected to Rs. \_\_\_\_\_

Reason of Objection \_\_\_\_\_

Auditor

S.O./A.A.O./Audit Officer

**T.R. FORM NO. 38**

[See T.R. 5.04]

**Schedule of recovery of Loans and Advances / Interest on Loans and Advances**

Name of the Office : _____		
DDO Code: _____	Bill No.: _____	Date: ___/___/___
Token No.: _____	Date: ___/___/___	T.V. No.: _____
Pay Bill for the Month of _____, 20__		
Salary Head of Account: _____		

Head of Account:									
Sl No.	Employee ID No.	Name	Designation	Identification No. of Loan	No. of instalments	Amount recovered			Remarks
						Principal	Interest	Total	
1	2	3	4	5	6	7	8	9	10

N.B. : 1. In case of transfer from previous office and if there is any change of salary head of Account, the previous salary head of account may be quoted in the 'Remarks' column.

2. Name of the Accounts Officer who maintains the Loan Account \_\_\_\_\_

3. In case of Central Government employees on deputation from the office of the Accountant General of this State or any other State the Head of Account may be indicated as "8658 - Suspense Account - 00 - 101 - PAO Suspense - PAO (Audit), Kolkata".

4. In case of other Central Government Civil employees on deputation, the Head of Account may be indicated as "8658 - Suspense Account - 00 - 101 - PAO Suspense - (Name of the concerned Ministry)".

5. In case of Railway employees on deputation, the Head of Account may be indicated as "8658 - Suspense Account - 00 - 102 - Suspense Account - Civil - (FA & CAO of the concerned Railway)".

6. In case of other State Government employees on deputation, the Head of Account may be indicated as "8793 - Inter-State Suspense Account - 00 - 101 - (Name of the concerned State)".

Certified that the amount recovered from the salary for the month of \_\_\_\_\_ payable on 1<sup>st</sup> of \_\_\_\_\_ is as terms and conditions of loan.

**Bill Clerk****Accountant****Signature of the D.D.O.**


---

**For use in the office of the Principal Accountant General (A&E), West Bengal**

Noted in the Broadsheet \_\_\_\_\_

Accountant

S.O./A.A.O.



**T. R. FORM NO. 42**

[See T. R. 6.12]

**Deposit Repayment Order and Bill Form**

Name of the Office \_\_\_\_\_  
 D.D.O. Code \_\_\_\_\_ Bill No. \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_  
 Token No. \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_ T.V. No. \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_  
 Head of Account Code \_\_\_\_\_

Original Challan No. \_\_\_\_\_  
 Date of Deposit \_\_\_\_\_  
 Amount originally deposited Rs. \_\_\_\_\_  
 Under Head of Account \_\_\_\_\_

Name of Depositor	Amount deposited (Rs.)	Deduction (Rs.)	Net Payable (Rs.)

Rupees (in words) \_\_\_\_\_ only  
 Balance available (Rs.) \_\_\_\_\_

Passed for payment Rs. \_\_\_\_\_ Rupees (in words) \_\_\_\_\_  
 \_\_\_\_\_ only as per approval of Judge, District Magistrate or  
 other officer vide No. \_\_\_\_\_ dated \_\_\_/\_\_\_/\_\_\_.

Received as on \_\_\_/\_\_\_/\_\_\_ the sum of Rupees \_\_\_\_\_ being the  
 amount payable \_\_\_\_\_ on account of the deposit described above as per list enclosed.

Please pay Rs. \_\_\_\_\_ Rupees (in words) \_\_\_\_\_  
 only as per beneficiary list enclosed

AND/OR

By-Transfer Credit Rs. \_\_\_\_\_ Rupees (in words) \_\_\_\_\_  
 only as below-

Sl No.	Head of Account	Description	BT Type	Amount (Rs.)

Certified that the amount claimed in this bill was not drawn before.

Bill Clerk \_\_\_\_\_ Accountant \_\_\_\_\_ Signature & Designation of the D.D.O. \_\_\_\_\_

Station \_\_\_\_\_  
 Date \_\_\_\_\_ 20\_\_

Pay Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_) only as  
per list enclosed. **For use at the Treasury**

Examined and entered.

Accountant/J.A.O.

Station \_\_\_\_\_

Dated \_\_\_\_\_ 20 \_\_\_\_\_

P.A.O. /T.O. /A.P.A.O. /A. T. O.

**For use in the Office of the A.G.(Audit), West Bengal**

Admitted for Rs. \_\_\_\_\_  
Objected to Rs. \_\_\_\_\_ for reasons stated below.

Auditor

S.O./A.A.O./Audit Officer

**T. R. FORM NO. 43**

[See sub-rule (1) of T. R. 6.14]

**Transfer Credit Bill Form**

Name of the Office \_\_\_\_\_  
 D.D.O. Code \_\_\_\_\_ Bill No. \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_  
 Token No. \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_ T.V. No. \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_  
 Head of Account Code \_\_\_\_\_

Sanction No. & Date (Copy enclosed):					
Sanctioning Authority:					
Purpose:					
Sanctioned Amount (Rs.):			Period: From _____ To _____		
Operator Code	Operator Name	Scheme ID	Scheme Description	Name of the Grantee Authority	Amount (Rs.)

Please pay By-Transfer Credit Rs. \_\_\_\_\_ Rupees (in words) \_\_\_\_\_  
 only as below-

Sl No.	Head of Account	Description	Amount (Rs.)

Bill Clerk \_\_\_\_\_ Accountant \_\_\_\_\_ Signature of the D.D.O with Designation \_\_\_\_\_

Station \_\_\_\_\_

Date \_\_\_\_\_ 20\_\_

**For use in the Treasury**

Please pay By-Transfer Credit Rs. \_\_\_\_\_ Rupees (in words) \_\_\_\_\_  
 only as below-

Sl No.	Head of Account	Description	BT Type	Amount (Rs.)

Examined and entered.

*Accountant /J.A.O.**T.O./A.T.O./P.A.O./A.P.A.O.***For use in Accountant General (Audit), West Bengal's Office**

Admitted for Rs. \_\_\_\_\_

Objected to Rs. \_\_\_\_\_

Reason of Objection \_\_\_\_\_

*Auditor**S.O./A.A.O./Audit Officer*

**T. R. FORM NO.46**

[See sub-rule (2) of T. R. 6.39]

**CERTIFICATE OF GENERAL PROVIDENT FUND DEDUCTIONS  
IN RESPECT OF GROUP 'D' EMPLOYEES**

NAME OF THE OFFICE : _____		
DDO Code: _____	Bill No.: _____	Date: ___/___/___
Token No.: _____	Date: ___/___/___	T.V. No.: _____
Date: ___/___/___		
Pay Bill for the Month of _____, 20__		

Certified that an amount of Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_ only) as per following break-up have been deducted as General Provident Fund Deductions in respect of Group 'D' employees claimed in this bill payable on 1<sup>st</sup> of \_\_\_\_\_ under the head of account \_\_\_\_\_ (Salary Head of Account).

Receipt Head of Account						
Name of the Employee	Employee ID No.	GPF A/C No.	Amount of monthly subscription (Rs.)	Amount of refund of withdrawals (Rs.)	Total Amount (Rs.)	Remarks
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Total Rs.						

Bill Clerk

Accountant

Signature of D.D.O \_\_\_\_\_

Date \_\_\_\_\_

Designation \_\_\_\_\_

**T. R. FORM NO.47**

[See sub-rule (1) of T. R. 6.39]

**SCHEDULE OF GENERAL PROVIDENT FUND DEDUCTIONS**

NAME OF THE OFFICE : _____	Bill No.: _____ Date: ___/___/___
DDO Code: _____	T.V. No.: _____ Date: ___/___/___
Token No.: _____ Date: ___/___/___	
Pay Bill for the Month of _____, 20__	
Salary Head of Account: _____	

*Important Instructions:*

- (1) This form should not be used for transactions of other Provident Funds for which Form No. T. R. 48 has been provided. The Account Numbers should be arranged in serial order.
- (2) In the remarks column, give reasons for discontinuance of subscriptions, such as "Proceeded on leave" "Transferred to \_\_\_\_\_ Office \_\_\_\_\_ Districts" "Quitted Service", "Died" or "Discontinued under Rule 7".
- (3) In the remarks columns write description against every new name, such as "\_\_\_\_\_ subscriber", "came on transfer from \_\_\_\_\_ Office, \_\_\_\_\_ District", "Resumed subscription".
- (4) Separate Schedule should be prepared in respect of persons whose Account Numbers are prefixed by different alphabetical abbreviation.
- (5) In case of Central Government employees on deputation from the office of the Accountant General of this State or any other State the Head of Account may be indicated as "8658 - Suspense Account - 00 - 101 - PAO Suspense - PAO (Audit), Kolkata".
- (6) In case of other Central Government Civil employees on deputation, the Head of Account may be indicated as "8658 - Suspense Account - 00 - 101 - PAO Suspense - (Name of the concerned Ministry)".
- (7) In case of Railway employees on deputation, the Head of Account may be indicated as "8658 - Suspense Account - 00 - 102 - Suspense Account - Civil - (FA & CAO of the concerned Railway)".
- (8) In case of other State Government employees on deputation, the Head of Account may be indicated as "8793 - Inter-State Suspense Account - 00 - 101 - (Name of the concerned State)".
- (9) Arrange the Account Numbers in serial order. If interest is paid in advance mention it in the remarks column.

For Employees: Group-A, B & C									
Payable on: 1 <sup>st</sup> day of _____									
Head of Account Code: _____									
Sl No.	Employee ID No.	Name	G.P.F Account No.	Pay/ Leave Salary (Rs.)	Monthly Subscription (Rs.)	Arrear & Instalment No.	Recovery & Instalment No.	Total Realisation (Rs.)	Remarks
1	2	3	4	5	6	7	8	9	10

Total: Rupees (in words) \_\_\_\_\_ only

Bill Clerk

Accountant

Signature of D.D.O with Designation

Date \_\_\_\_\_

**For use in the Office of the Principal Accountant General (A&E), West Bengal**

Voucher \_\_\_\_\_ Date of encashment \_\_\_\_\_

- (1) Certified that the name, amounts of individual deductions and the total showing Column 8 have been checked with reference to the bill, as per M.S.O. (A&E).
- (2) Certified that the rates of pay as shown in Column 3 have been verified with the amounts actually drawn in the bill.

*Dated initials of the Accountant*

**T. R. FORM NO. 48**  
[See sub-rule (1) of T. R. 6.39]  
**Schedule of\* Provident Fund Deductions**

Name of the Office: \_\_\_\_\_ DDO Code: \_\_\_\_\_  
 Bill No.: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ Token No.: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ T.V. No.: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
 Pay Bill for the Month of \_\_\_\_\_, 20\_\_\_ Salary Head of Account: \_\_\_\_\_

1. This form should not be used for transactions of General Provident Fund for which Form T. R. 47 has been provided. The Account Numbers should be arranged in serial order.
2. In Column 1 quote Account Numbers unfailingly. The guide letters e.g., Cy (for Contributory Provident Fund), should be invariably prefixed to Account Numbers.
3. In the remarks column, give reasons for discontinuance of subscriptions such as "Proceeded on leave", "Transferred to \_\_\_\_\_ Office \_\_\_\_\_ District", "Quitted Service", "Died" or "Discontinued under Rule 7".
4. In the remarks column write description against every new name such as "New Subscriber", "Came on transfer from \_\_\_\_\_ Office \_\_\_\_\_ District", "Resumed Subscription".
5. Separate schedules should be prepared in respect of persons whose accounts are prefixed by different alphabetical abbreviation.
6. Arrange the Account Numbers in Serial order. If interest is paid on advance mention it in the remarks column.

For Employees:

Payable on: 1<sup>st</sup> of \_\_\_\_\_

Head of Account Code: \_\_\_\_\_

Sl No.	Employee ID No.	Name	P.F Account No.	Pay/ Leave Salary (Rs.)	Monthly Subscription (Rs.)	Arrear (Rs.)& Instalment No.	Recovery (Rs.)& Instalment No.	Total Realisation	Remarks
1	2	3	4	5	6	7	8	9	10

Total: Rupees (in words) \_\_\_\_\_ only

Bill Clerk \_\_\_\_\_

Date \_\_\_\_\_

Accountant \_\_\_\_\_

Signature of D.D.O with Designation \_\_\_\_\_

**\*Please fill in the Name of the Provident fund**

**For use in the Office of the Principal Accountant General (A&E), West Bengal**

Voucher No. \_\_\_\_\_

Date of encashment \_\_\_\_\_

- (1) Certified that the name, amounts of individual deductions and total shown in column 8 have been checked with reference to the bill, as per M.S.O.(A&E).
- (2) Certified that the rates of pay as shown in Column 3 have been verified with the amount actually drawn in the bill.

*Dated initial of the Accountant.*

**T. R. FORM NO. 49**

[See sub-rule (1) of T. R. 6.39]

**Schedule of deductions on account of subscription to Post Office Life Insurance Fund**

Name of the Office : _____
DDO Code: _____ Bill No.: _____ Date: ___/___/___
Token No.: _____ Date: ___/___/___ T.V. No.: _____ Date: ___/___/___
Pay Bill for the Month of _____, 20__
Salary Head of Account: _____

Head of Account _____						
Sl No.	Employee ID No.	Name of the Employee	Policy No.	Rate of Premium	Amount Recovered	Remarks
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Total Rs.						

Rupees (in words) \_\_\_\_\_) only

Bill Clerk

Accountant

Signature of D.D.O. with Designation

Station \_\_\_\_\_

Dated \_\_\_\_\_ 20\_\_





**T. R. FORM NO. 50**

[Seesub rule (1) and (3) of T.R. 4.189,sub rule (2) of T.R. 4.190 and sub-rule (1) (a) of T. R. 6.41 and sub-rule (1) of T.R. 6.43]

Bill for withdrawal of (a) Commuted Value of Pension, (b) Provisional Gratuity, (c) Final Payment of Gratuity, (d) Death Gratuity, (e) Final Payment of General Provident Fund, (f) Refundable Advance from General Provident Fund, (g) Non-Refundable Advance\* from General Provident Fund

Name of the Office: \_\_\_\_\_ D.D.O Code: \_\_\_\_\_  
Bill No: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Token No.: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ T.V NO. \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name & Designation of the Employee with Basic Pay	Employee ID	Date of Superannuation/ Death	General Provident Fund Account No.	Sanction ID	Sanction No. & Date	Designation of the Sanctioning Authority	Gross Amount (Rs.)	Net Amount (Rs.)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)

Head of account from which the salary is drawn: \_\_\_\_\_

Certified that the amount claimed in this bill was not drawn before and the total of office copy agrees with fair copy of bill.

Pay Rs. \_\_\_\_\_ Rupees (in words) \_\_\_\_\_ only as per list enclosed

AND/OR

By-Transfer Credit Rs. \_\_\_\_\_ Rupees (in words) \_\_\_\_\_ only as below-

SI No.	Head of Account	Description	BT Type	Amount (Rs.)

Bill Clerk

Accountant

Signature & Designation of the D.D.O

Station \_\_\_\_\_

Dated \_\_\_\_\_ 20

---

**For use at the Treasury**

Pay Rs. \_\_\_\_\_ Rupees (in words) \_\_\_\_\_ only as per list enclosed

AND/OR

By-Transfer Credit Rs. \_\_\_\_\_ Rupees (in words) \_\_\_\_\_ only as below-

Sl No.	Head of Account	Description	BT Type	Amount (Rs.)

Examined and entered.

Accountant/J.A.O

T.O./A.T.O./P.A.O./A.P.A.O.

---

**For use in the Principal Accountant General (A&E), West Bengal**

- (1) Certified that the name, amount of withdrawal have been checked with reference to the bill as per M.S.O.(A&E),.
- (2) Certified that the rate of pay as shown in column (1) has been verified with the amounts actually withdrawn in the bill.

Date \_\_\_\_\_ Accountant

S.O./A.A.O

**T.R. FORM NO. 53**  
[See Sub-rule (1) of T.R. 6.48]

**Schedule of Recovery of Subscription under West Bengal State Government Employees Group Insurance-cum-Savings Scheme, 1983**

NAME OF THE OFFICE : _____					
DDO Code: _____		Bill No.: _____		Date: __/__/__	
Token No.: _____		Date: __/__/__		T.V. No.: _____	
Date: __/__/__		Date: __/__/__			
Pay Bill for the Month of _____, 20__					
Salary Head of Account: _____					

Total No. of Employees under the Group		Contribution towards Insurance Fund (8011-00-107-001-19) Rs.	Contribution towards Savings Fund (8011-00-107-002-19) Rs.	Total Contribution Rs.	Remarks
Subscription to Insurance Fund only	Subscription to Insurance Fund and Savings Fund				
Total Rs.					

**Head of Account Code (Insurance Fund) [8011-00-107-001-19] Rs.** \_\_\_\_\_.

**Head of Account Code (Savings Fund) [8011-00-107-002-19] Rs.** \_\_\_\_\_.

1. Certified that a sum of Rs. 8/- (Rupees Eight only) per month on account of contribution towards the Scheme has been deducted from the salary of each employee and that the total amount so deducted has been shown on the first page of the salary bill.
2. Certified that no deduction has been made from the salary of employees appointed on short-term vacancies, on ad-hoc basis or others excluded from the Scheme [by the exclusion clauses (a) to (h) of Para 3 of the scheme].

*Bill Clerk*

*Accountant*

*Signature of the Drawing & Disbursing Officer*

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**For use at the Treasury**

Checked and entered.

---

*Bill Clerk*

*Accountant/J.A.O.*

*P.A.O./T.O/A.P.A.O./A.T.O*

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**T.R. FORM NO. 55**

[See T.R. 6.49]

**Schedule of Recovery of Subscription under West Bengal State Government Employees Group Insurance-cum-Savings Scheme, 1987**

NAME OF THE OFFICE \_\_\_\_\_

D.D.O. Code \_\_\_\_\_ Bill No. \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Token No. \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_ T.V. No. \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Pay bill for the month of \_\_\_\_\_, 20\_\_\_

Salary Head of Account: \_\_\_\_\_

*Note: (In case the subscription remains arrears the fact should be shown in red ink in the remarks column).*

Sl. No.	G.I.S.S Group	Total No. of Employees under the Group		Contribution towards the Insurance Fund (8011-00-107-005-19) Rs.	Contribution towards Savings Fund (8011-00-107-004-19) Rs.	Total Contributions Rs.	Remarks
		Subscription to Insurance Fund only	Subscribing to Insurance Fund and Savings Fund				
1	A						
2	B						
3	C						
4	D						
	Total Rs. _____						

Bill Clerk

Accountant

Signature of the  
Drawing & Disbursing Officer

- N.B. :** (a) In case of Central Government employees on deputation from the office of the Accountant General of this State or any other State the Head of Account may be indicated as “8658 - Suspense Account – 00 – 101 – PAO Suspense – PAO (Audit), Kolkata”.
- (b) In case of other Central Government Civil employees on deputation, the Head of Account may be indicated as “8658 – Suspense Account – 00 – 101 – PAO Suspense – (Name of the concerned Ministry)”
- (c) In case of Railway employees on deputation, the Head of Account may be indicated as “8658 – Suspense Account – 00 – 102 – Suspense Account – Civil – (FA & CAO of the concerned Railway).
- (d) In case of other State Government employees on deputation, the Head of Account may be indicated as “8793 – Inter-State Suspense Account – 00 – 101 – (Name of the concerned State)”.

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**For use in the Treasury**

Checked and entered in the G.I.S.S. Register

Junior Accountant

Accountant / J.A.O.

Signature of the P.A.O. / A.P.A.O/ T.O. / A.T.O.

Date \_\_\_\_\_

**T.R.FORM NO. 60**  
[See T.R. 6.48 and T.R. 6.49]

**Bill for withdrawal from West Bengal Government Employees' Group Insurance-cum-Savings Scheme, 1983 / 1987- For Savings Fund**

Name of the Office: _____		D.D.O Code: _____		Bill No: _____		Date: ___/___/___		
Token No.: _____		Date: ___/___/___		T.V NO. _____		Date ___/___/___		
G.I.S.S under	1983	1987	Head of Account _____					
Sl No.	Name of the Employee	Employee ID No.	Designation	Date of Cessation of Employment (resignation/ termination/ superannuation/ Death-in-service)	Sanction ID	Sanction Order No. & Date	Designation of the Sanctioning Authority	Amount payable from Savings Fund with Interest (Rs.)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)

Please pay Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_) only as per beneficiary list enclosed.

Bill Clerk \_\_\_\_\_

Accountant \_\_\_\_\_

Signature & Designation of D.D.O. \_\_\_\_\_

Station : \_\_\_\_\_

Date : \_\_\_\_\_ 20 \_\_\_\_\_

**For use at the Treasury**

Pay Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_) only.

Examined and entered.

Accountant/J.A.O. \_\_\_\_\_

T.O./A.T.O./P.A.O./A.P.A.O. \_\_\_\_\_

**For use in the Office of the Accountant General (Audit), WB**

Admitted Rs. \_\_\_\_\_

Objected Rs. \_\_\_\_\_ for reasons stated below.

Auditor \_\_\_\_\_

SO/AAO/Audit Officer \_\_\_\_\_

**T.R.FORM NO. 61**  
[See T.R. 6.48 and T.R. 6.49]

Bill for withdrawal from West Bengal Government Employees' Group Insurance-cum-Savings Scheme, 1983 / 1987

Name of the Office: \_\_\_\_\_ D.D.O Code: \_\_\_\_\_  
 Designation of D.D.O: \_\_\_\_\_ Bill No: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
 Token No.: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ T.V No. \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

G.I.S.S under		1983	1987	Head of Account				
Sl No.	Name of the Employee	Employee ID No.	Designation	Date of Death-in-service	Sanction ID	Sanction Order No. & Date	Designation of the Sanctioning Authority	Amount payable Insurance Fund (Rs.)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)

Pay Rs. \_\_\_\_\_ Rupees (in words) \_\_\_\_\_ only as per beneficiary list enclosed.

Bill Clerk  
Station \_\_\_\_\_  
Date \_\_\_\_\_ 20\_\_

Accountant

Signature & Designation of D.D.O.

Pay Rs. \_\_\_\_\_ Rupees (in words) \_\_\_\_\_ For use at the Treasury \_\_\_\_\_ ) only as per beneficiary list enclosed.

Examined and entered.

Accountant/J.A.O.

T.O./A.T.O./P.A.O./A.P.A.O.

**For use in the Office of the Accountant General (Audit), WB**

Admitted Rs. \_\_\_\_\_  
 Objected Rs. \_\_\_\_\_ for reasons stated below.

Auditor

SO/AAO/Audit Officer

## Medical charges for Advance/Reimbursement Bill under W.B. Health Scheme 2008

Name of the Office: _____		
D.D.O Code: _____ Bill No: _____ Date: ___/___/___		
Token No.: _____ Date: ___/___/___ T.V. No.: _____ Date: ___/___/___		
Head of Account: _____		
Name of the Govt. Employee / Pensioner		
Employee / Pensioner Identification No.		
Whether Employee (E) / Pensioner (P) / AIS Officer (A)		
WBHS, 2008 Identification No. of Employee / Pensioner		
WBHS, 2008 Identification No. of Beneficiary(s)		
Treatment Period: From (dd/mm/yyyy) To (dd/mm/yyyy):		
Disease Code:		
Hospital / Diagnostic Centre's Code	Indoor / Outdoor / Both	Amount (Rs.)
Details of Sanction		
Sanction ID:		
Designation of the Sanctioning Authority:		
Sanction Order No.: _____ Date (dd/mm/yyyy): _____		
Bill for: <b>Advance/ Reimbursement</b>		
<b>FOR ADVANCE</b>		
Estimated Cost of Medical Attendance & Treatment		Rs.
Maximum amount admissible as advance		Rs.
Amount sanctioned as advance		Rs.
<b>FOR REIMBURSEMENT</b>		
Gross Claim : Rs.	<ol style="list-style-type: none"> <li>1. Certified that I have satisfied myself that the amount drawn previously, with the exception of these detailed below (of which the total amount has been refunded by deduction from this bill) have been disbursed to the Government employee therein named and then receipts taken in the office copies of the bill or in a separate acquittance roll.</li> <li>2. <i>Details of Medical charges Refunded</i> Section of establishment and name of incumbent with designation _____ Period _____ Amount (Rs.) _____</li> <li>3. Certified that Essentiality certificates, receipts, etc are appended</li> <li>4. Certified that no claim for the period mentioned in this bill has been preferred earlier.</li> </ol>	
<i>Less Advance, if any</i> (T.V. No. _____ Date ___/___/___) : Rs.		
<i>Less Deduction under Cashless Medical Treatment Scheme, 2014, if any.</i> : Rs.		
Net Amount Payable : Rs.		
In case of Refund (Challan No. _____ Date ___/___/___) : Rs.		
Allotment Received : Rs.		
Progressive expenditure including this bill : Rs.		
Balance available : Rs.		

Please pay Rs. \_\_\_\_\_ Rupees (in words) \_\_\_\_\_ only as per list enclosed.

Bill Clerk \_\_\_\_\_ Accountant \_\_\_\_\_  
Station \_\_\_\_\_  
Dated \_\_\_\_\_ 20 \_\_\_\_\_

Signature of D.D.O with Designation



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**For use at the Treasury**

Examined and entered

Pay Rs. \_\_\_\_\_

Rupees (in words) \_\_\_\_\_ only as  
per beneficiary list enclosed.

Accountant / J.A.O.

T.O. / A.T.O. / P.A.O. / A.P.A.O.

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**For use in the Office of the Accountant General (Audit), West Bengal**

Admitted Rs. \_\_\_\_\_

Objected Rs. \_\_\_\_\_ Reasons for objections

Auditor

S.O/A.A.O./Audit Officer

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**T. R. FORM NO. 69**

[See G.O. No. 4905 – F(Y) dated 17.09.2014 ]

**BILL OF E-PAYMENT FOR UNSUCCESSFUL TRANSACTION  
(TO BE GENERATED IN TREASURY OFFICE)**

D.D.O. Code \_\_\_\_\_

Bill No. \_\_\_\_\_ Date \_\_/\_\_/\_\_

Token No. \_\_\_\_\_ Date \_\_/\_\_/\_\_

T.V. No. \_\_\_\_\_ Date \_\_/\_\_/\_\_

Head of Account Code 8658-00-102-038-21-Payment

**Bill for drawing of Fund from Suspense Account for  
Unsuccessful Transaction by P.A.O/ Treasury Officer**

Treasury Office Name: _____		
Date of Generation of Bill	Total No. of Failed Transaction	Amount (Rs.)
Total (in words) _____		only

Pay Rs. \_\_\_\_\_ Rupees (in words) \_\_\_\_\_ only by  
e-Payment as per list enclosed in Annexure Z to 8658-00-102-038-21-Payment(Head of Account).

Bill Clerk

Accountant

Signature of PAO/APAO /T.O/ATO

Dated \_\_\_\_\_ 20\_\_

Station \_\_\_\_\_

**For use in the Office of the Accountant General (Audit), West Bengal**

Admitted Rs. \_\_\_\_\_

Objected Rs. \_\_\_\_\_ for reasons stated below:-

Dated \_\_\_\_\_ 20\_\_

Auditor S.O./A.A.O./Audit Officer



## TR Form No.70

(See G.O No. 736 – F(Y) dated 10.02.2015)

### [Works Bill (Advance bill, Part bill & Final bill) for Presenting in P.A.O/Treasury]

Office of the \_\_\_\_\_  
 D.D.O. Code \_\_\_\_\_ Bill No. \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_  
 Token No. \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_ T.V. No. \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_  
 Head of Account Code \_\_\_\_\_ Bill for the month of \_\_\_\_\_ 20\_\_\_

Name of Contractor \_\_\_\_\_  
 Name of work \_\_\_\_\_  
 Amount of the sanctioned estimate \_\_\_\_\_  
 Number and date of the order of Administrative Approval \_\_\_\_\_  
 Number and date of the order of Financial Sanction \_\_\_\_\_  
 No. and date of his previous Bill for this work \_\_\_\_\_  
 Number & Date of written order to commence work \_\_\_\_\_  
 Scheduled date of completion of work \_\_\_\_\_

<b>Bill for</b>	<b>A. Mobilisation Advance Bill</b>	<b>B. Account of Work</b>
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#### A. Mobilisation Advance Bill

Sanction Order No. & Date.	Designation of the Sanctioning Authority	Sanctioned Amount (Rs.)	Purpose (with description where necessary) and quotation of authority for drawing advance.	Claimed Amount(Rs.)
<b>Total Rs.</b> _____				

Total Rupees (in words) \_\_\_\_\_ only

Certified that-

- Amount has been drawn as per sanctioned order of \_\_\_\_\_ vide Order No. \_\_\_\_\_ dated \_\_\_\_\_.
- Total Advance amount will be adjusted by the above mentioned work in \_\_\_\_\_ instalments in the next \_\_\_\_\_ bills.

#### B. Account of Work

	Rs.	Rs.	Progress %age
1. Approximate value of work done up to date along with percentage of physical progress. <b>Less:</b> Cost of Materials received from Resource Division			
2. "up-to-date" intermediate payments due for works done			
3. Deduct payments already made for this work as per: i) Mobilisation Advance TV No. .... Dated .....to be deducted (in ___th instalment ii) TV No. .... Dated ..... iii) TV No. .... Dated ..... iv) TV No. .... Dated ..... v) TV No. .... Dated .....			
4. Intermediate payment now to be made (items 2-3) in the manner detailed below-			

**Explanation:**

- A. To Sl. No. 2: It shall be equal to the Progressive amount paid up to the last bill including the amount to be paid in this bill
- B. To Sl. No. 3: It shall be shown in details the TV No. & Date, amount of the bills drawn for this work only.
- C. To Sl. No.4: This is the Gross payment to be released under this bill.
- D. The items for transfer credit shall be shown at reverse and net amount shall be endorsed as per beneficiary list.

**Certified that-**

- \_\_\_\_\_ % of the total work has been completed as on (mention date of inspection) as per project milestone/as per agreement.
- Rs \_\_\_\_\_ (\_\_\_\_\_ % of total cost of work) is hereby sanctioned for the completed work as per payment schedule approved vide order no. \_\_\_\_\_ (mention order no. and date of the parent department)
- Provisions of WBFR Part-I Rule 47 as amended have been observed properly.
- The detailed measurements of the authorized additions mentioned above marked on \_\_\_\_\_ and are recorded at page No. \_\_\_\_\_ of Measurement Book No. \_\_\_\_\_ & Log Book and other documents. I am satisfied that they are correct.

Allotment Received Rs. \_\_\_\_\_  
Progressive Expenditure including this Bill Rs. \_\_\_\_\_  
Balance Available Rs. \_\_\_\_\_

Pay Rs. \_\_\_\_\_ Rupees (in words) \_\_\_\_\_ only  
as per beneficiary list enclosed and by transfer Credit of Rs. \_\_\_\_\_ Rupees (in words) \_\_\_\_\_  
\_\_\_\_\_ only as below-

Sl No.	Head of Account	Description	Amount (Rs.)
1			
2			
	Total Rs.		

Bill Clerk

Accountant

Signature and Designation of D.D.O

Date \_\_\_\_\_ 20\_\_\_\_  
Station \_\_\_\_\_

**For use in the Treasury**

Pay Rs. \_\_\_\_\_ Rupees (in words) \_\_\_\_\_ only  
as per beneficiary list enclosed

AND/OR  
By transfer Credit of Rs. \_\_\_\_\_ Rupees (in words) \_\_\_\_\_ only  
as below-

Sl No.	Head of Account	Description	Amount (Rs.)
1			
2			
	Total Rs.		

Examined and Entered.

P.A.O./A.P.A.O./T.O/A.T.O

Accountant/ J.A.O.

**For use in the Office of the Accountant General (Audit), West Bengal**

Admitted Rs. \_\_\_\_\_  
Objected Rs. \_\_\_\_\_ for reasons stated below:-

Dated \_\_\_\_\_ 20\_\_\_\_ Auditor \_\_\_\_\_ S.O./A.A.O./Audit Officer \_\_\_\_\_

Note: The Drawing & Disbursing Officer will be responsible for any excess of expenditure over allotment of fund unless otherwise authorised by the Government and the amount will be recovered from his pay, allowance etc.

**T.R. FORM NO. 71(A)**

**[See G.O No. 1069 – F(Y) dated 03.02.2012]**

NEW PENSION SCHEME (NPS) TO ALL NDIA SERVICE OFFICERS (WEST BENGAL CADRE)

SCHEDULE OF RECOVERY FROM THE PAY BILL OF IAS/IPS/IFS OFFICERS FOR THE MONTH OF \_\_\_\_\_, 20\_\_\_\_  
TOWARDS AIS OFFICERS' SUBSCRIPTION UNDER NPS TIER-I

D.D.O Code :  
Name & Designation of D.D.O :  
Registration No. :

Name of the P.A.O/ Treasury :  
Registration No. :

Receipt Head of Account: 8342-00-117-002-07													
Sl No.	PRAN No.	Name of the Officer	Employee ID	Designation	Basic Pay (Rs.)	Grade Pay (Rs.)	Dearness Pay (Rs.)	Dearness Allowance (Rs.)	Total (Rs.) (6+7+8+9)	Amount of AIS Officers' Contribution			Remarks
										Current Amount [10% of 10] (Rs.)	Backlog / Arrear (Rs.)	Total Amount (Rs.) (11+12)	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)

Rupees (in figures) \_\_\_\_\_

Rupees (in words) \_\_\_\_\_ only.

Signature of the D.D.O with Designation

Station \_\_\_\_\_  
Date \_\_\_\_\_ 20\_\_\_\_

Certified that the Basic Pay, Grade Pay, Dearness Pay and Dearness Allowance entitled at column 6 to 9 respectively of the schedule have been verified with the entries in the respective Pay Bill and found correct. Rs. \_\_\_\_\_ have been deducted from the salary bill of the D.D.O for the AIS Officers' Contribution for the month of \_\_\_\_\_ and transfer credited to the head of account "8342-00-117-002-07" vide Challan No. \_\_\_\_\_ dated \_\_\_\_\_ against Voucher No. \_\_\_\_\_.

Signature of P.A.O/ T.O with date

Certified that the Basic Pay, Grade Pay, Dearness Pay and Dearness Allowance entitled at column 6 to 9 respectively of the schedule have been verified with the entries in the respective Pay Bill and found correct. Rs. \_\_\_\_\_ have been deducted from the salary bill of the subscriber on \_\_\_\_\_ and remitted in P.A.O/Treasury under the head of account "8342-00-117-002-07".

Signature of the D.D.O with Designation

To  
The State Nodal Officer & Director of Treasuries and accounts, West Bengal,  
NPS Cell, 4, Lyons Range, Kolkata-700001.

**T.R. FORM NO. 71(B)**

**[See G.O No. 1069 – F(Y) dated 03.02.2012]**

**NEW PENSION SCHEME (NPS) TO ALL NDIA SERVICE OFFICERS (WEST BENGAL CADRE)**

**SCHEDULE OF GOVERNMENT CONTRIBUTION UNDER NPS TIER-I FOR IAS/IPS/IFS OFFICERS  
FOR THE MONTH OF \_\_\_\_\_, 20 \_\_\_\_\_**

D.D.O Code :  
Name & Designation of D.D.O :  
Registration No. :

Name of the P.A.O/ Treasury :  
Registration No. :

Receipt Head of Account: 8342-00-117-001-07											
Sl No.	PRAN No.	Name of the Officer	Employee ID	Designation	Basic Pay (Rs.)	Grade Pay (Rs.)	Dearness Pay (Rs.)	Dearness Allowance (Rs.)	Total (Rs.) (6+7+8+9)	Government Contribution [Regular] (10% of 10) (Rs.)	Remarks
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
Rupees (in figures) _____											
Rupees (in words) _____											

Signature of the D.D.O with Designation

Station \_\_\_\_\_  
Date \_\_\_\_\_ 20 \_\_\_\_\_



Certified that the Basic Pay, Grade Pay, Dearness Pay and Dearness Allowance entitled at column 6 to 9 respectively of the schedule have been verified with the entries in the respective Pay Bill and found correct. Rs. \_\_\_\_\_ have been deducted as Govt. Contribution by the D.D.O for the month of \_\_\_\_\_ and transfer credited to the head of account "8342-00-117-001-07" vide Challan No. \_\_\_\_\_ dated \_\_\_\_\_ against Voucher No. \_\_\_\_\_.

Signature of P.A.O/ T.O with date

Certified that the Basic Pay, Grade Pay, Dearness Pay and Dearness Allowance entitled at column 6 to 9 respectively of the schedule have been verified with the entries in the respective Pay Bill and found correct. Rs. \_\_\_\_\_ have been deposited as Govt. Contribution for the month of \_\_\_\_\_, 20\_\_\_\_ and remitted in P.A.O/Treasury under the head of account "8342-00-117-001-07".

Signature of the D.D.O with Designation

To  
The State Nodal Officer & Director of Treasuries and accounts, West Bengal,  
NPS Cell, 4, Lyons Range, Kolkata-700001.