

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 _____