

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-

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

Bill Clerk _____ Accountant _____
Station _____
Dated _____ 20

Signature & Designation of the D.D.O

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- (2) Certified that the rate of pay as shown in column (1) has been verified with the amounts actually withdrawn in the bill.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