

T.R. FORM NO. 51

[See T. R. 6.46]

Received bill under the Central Government
Employees' Group Insurance Scheme, 1980

Name of the Office: _____
D.D.O. Code _____ Bill No. _____ Date ___/___/___
Token No. _____ Date ___/___/___ T.V No. _____ Date ___/___/___
Head of Account Code _____

Details of Sanction:	
Designation of the Sanctioning Authority:	
Sanction ID:	Sanctioned Amount Rs.:
Sanction Order No.:	Date :

Name of the Employee	
Name of the Cadre/Service	
Unique ID	
Designation	
Joining Information	Group
	Year
Acquiring Higher Group Membership	
Group (A/B/C/D):	Year
Category: (Superannuation/ Retirement/Resignation/Death)	Date

Passed for payment Rs. (in figure) _____ Rupees (in words) _____
only.

Certified that-

1. The amount claimed in this bill was not drawn before.
2. The total of office copy agrees with fair copy of bill.
3. Certified that the particulars of the beneficiary in respect of this bill have been verified and entered correctly in the IFMS Beneficiary Master.

Please pay Rs. (in figure) _____ Rupees (in words) _____
only.

Bill Clerk _____ Accountant _____ Drawing & Disbursing Officer _____
Date _____ 20__
Station _____

For use in the Treasury

Pay Rs. _____ Rupees (in words) _____ only as per beneficiary list.
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