

**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