

**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