

T.R. FORM NO.31A

[See G.O No.2336-F(Y) Dated. 11.08.2021]

(To be used for the sanction order generated from WBHS portal)

**Medical charges for Reimbursement / Advance/Adjustment against Advance Bill for the Medical Treatment under "West Bengal Health Scheme for the Beneficiaries of Grant-in-aid Colleges and Universities"**

D.R. No:

<b>Name of the Office/Institution:</b>	<b>Bill No:</b>	<b>Date:</b>
<b>D.D.O Code:</b>	<b>T.V.No.:</b>	<b>Date:</b>
<b>Token No.:</b>	<b>Date:</b>	
<b>Head of Account:</b>		

Sl. No.	Claim Id	Sanction No.	Date	Authority	Name of Employee / Pensioner	Name of Beneficiary	Nature of Treatment	HCO Name and Address	Gross Amount (Rs)	Deduction (Rs)	Net Amount (Rs)
									Total (Rs.)		

Allotment Details	
Allotment Received	Rs.
Progressive expenditure including this bill	Rs.
Balance available	Rs.

Certified that:

- (a) The amount of this bill was not drawn before and it agrees with that in the office copy of this bill.
- (b) The particulars of the beneficiary in respect of this bill have been verified and entered correctly in the IFMS Beneficiary Master.
- (c) All the original sub-vouchers have been kept at the office for audit purposes.
- (d) Over-payment, if any, detected later on shall be recovered in next bill or from the pay bill.



Please Pay Rs. ( Rupees. ) only as per beneficiary details available in digitized form.

And / Or

Please pay By-Transfer Credit Rs..... (In words) as below

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

And/Or

PL Transfer Rs. \_\_\_\_\_ Rupees (in words) \_\_\_\_\_ only as below

Sl. No.	Treasury Code	Treasury Name	Operator Code	Operator Name	Scheme ID	Scheme Description	Amount (Rs.)

Bill Clerk

Accountant

Signature of D.D.O with Designation Station

Dated : \_\_\_\_\_

**For use at the Treasury**

Pay Rs. \_\_\_\_\_ Rupees (in words) \_\_\_\_\_ only as per beneficiary details available online.

By-Transfer Credit Rs. \_\_\_\_\_ Rupees (in words) \_\_\_\_\_ only as below-

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

And/Or

PL Transfer Rs. \_\_\_\_\_ Rupees (in words) \_\_\_\_\_ only as below

Sl. No.	Treasury Code	Treasury Name	Operator Code	Operator Name	Scheme ID	Scheme Description	Amount (Rs.)

Examined and Entered.



Accountant / J.A.O.  
P.A.O. / A.P.A.O.

T.O. / A.T.O. /

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**For use in the Office of the Accountant General (Audit), West Bengal**

Admitted Rs. \_\_\_\_\_

Objected Rs. \_\_\_\_\_

Reasons for objections \_\_\_\_\_

Auditor  
Audit Officer

S.O / A.A.O. /

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