

T.R. FORM NO. 29
[See sub-rule (4) of T.R. 4.138]

D.D.O. Code _____
Grant No. _____
Head of Account Code _____

Advance Check Register for Contingency

Name of Office _____

Serial No.	Bill No. & date	Token No. & date	Amount	Head of account code	Purpose of the advance	Detailed bill No. & date	Date of adjustment	Amount adjusted	Date of receipt of the D.C. Bill	Whether full amount adjusted	Amount not adjusted	Challan No. & date of unadjusted amount refunded	Remarks	Signature of Accountant / J.A. O.	Signature of T.O. / A.T.O. / P.A.O. / A.P.A.O.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)