T. R. FORM NO. 42
[See T. R. 6.12]
Deposit Repayment Order and Bill Form

Name of the Office ________________
D.D.O. Code ________________ Bill No. ________________ Date __/__/__
Token No. ________________ Date __/__/__ T.V. No. ________________ Date __/__/__
Head of Account Code ________________

Original Challan No. ________________
Date of Deposit ________________
Amount originally deposited Rs. ________________

Under Head of Account

<table>
<thead>
<tr>
<th>Name of Depositor</th>
<th>Amount deposited (Rs.)</th>
<th>Deduction (Rs.)</th>
<th>Net Payable (Rs.)</th>
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Rupees (in words) ________________ only
Balance available (Rs.) ________________

Passed for payment Rs. ________________ Rupees (in words) ________________ only as per approval of Judge, District Magistrate or other officer vide No. ________________ dated __/__/__.

Received as on __/__/__ the sum of Rupees ________________ being the amount payable ________________ on account of the deposit described above as per list enclosed.

Please pay Rs. ________________ Rupees (in words) ________________ only as per beneficiary list enclosed

AND/OR

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

<table>
<thead>
<tr>
<th>Sl No.</th>
<th>Head of Account</th>
<th>Description</th>
<th>BT Type</th>
<th>Amount (Rs.)</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Certified that the amount claimed in this bill was not drawn before.

Bill Clerk ________________ Accountant ________________
Signature & Designation of the D.D.O. ________________
Station ________________ Date ________________ 20__
Pay Rs._________ (Rupees _________) only as per list enclosed.

Examined and entered.

Station
Dated __________ 20__

Admitted for Rs._________ for reasons stated below.

Auditor              S.O./A.A.O./Audit Officer