T. R. FORM NO. 43
[See sub-rule (1) of T. R. 6.14]

Transfer Credit Bill Form

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

Sanction No. & Date (Copy enclosed):
Sanctioning Authority: ____________________________
Purpose: ____________________________
Sanctioned Amount (Rs.): ____________________________

<table>
<thead>
<tr>
<th>Operator Code</th>
<th>Operator Name</th>
<th>Scheme ID</th>
<th>Scheme Description</th>
<th>Name of the Grantee Authority</th>
<th>Amount (Rs.)</th>
</tr>
</thead>
<tbody>
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</tr>
</tbody>
</table>

Please pay 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>Amount (Rs.)</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

Bill Clerk ____________________________
Accountant ____________________________
Signature of the D.D.O with Designation ____________________________

Station ____________________________
Date ___________ 20 ____________________________

For use in the Treasury

Please pay 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>

Examined and entered.

Accountant /J.A.O. ____________________________

For use in Accountant General (Audit), West Bengal’s Office

Admitted for Rs. ____________________________
Objected to Rs. ____________________________
Reason of Objection ____________________________

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