

**T. R. FORM NO. 48**  
[See sub-rule (1) of T. R. 6.39]  
**Schedule of\* Provident Fund Deductions**

Name of the Office: _____	DDO Code: _____
Bill No.: _____ Date: ___/___/___	Token No.: _____ Date: ___/___/___
Pay Bill for the Month of _____, 20___	T.V. No.: _____ Date: ___/___/___
Salary Head of Account: _____	

1. This form should not be used for transactions of General Provident Fund for which Form T. R. 47 has been provided. The Account Numbers should be arranged in serial order.
2. In Column 1 quote Account Numbers unfailingly. The guide letters e.g., Cy (for Contributory Provident Fund), should be invariably prefixed to Account Numbers.
3. In the remarks column, give reasons for discontinuance of subscriptions such as "Proceeded on leave", "Transferred to \_\_\_\_\_ Office \_\_\_\_\_ District", "Quitted Service", "Died" or "Discontinued under Rule 7".
4. In the remarks column write description against every new name such as "New Subscriber", "Came on transfer from \_\_\_\_\_ Office \_\_\_\_\_ District", "Resumed Subscription".
5. Separate schedules should be prepared in respect of persons whose accounts are prefixed by different alphabetical abbreviation.
6. Arrange the Account Numbers in Serial order. If interest is paid on advance mention it in the remarks column.

For Employees:

Payable on: 1<sup>st</sup> of \_\_\_\_\_

Head of Account Code: \_\_\_\_\_

Sl No.	Employee ID No.	Name	P.F Account No.	Pay/ Leave Salary (Rs.)	Monthly Subscription (Rs.)	Arrear (Rs.)& Instalment No.	Recovery (Rs.)& Instalment No.	Total Realisation	Remarks
1	2	3	4	5	6	7	8	9	10

Total: Rupees (in words) \_\_\_\_\_ only

Bill Clerk \_\_\_\_\_

Date \_\_\_\_\_

Accountant \_\_\_\_\_

Signature of D.D.O with Designation \_\_\_\_\_

**\*Please fill in the Name of the Provident fund**

**For use in the Office of the Principal Accountant General (A&E), West Bengal**

Voucher No. \_\_\_\_\_

Date of encashment \_\_\_\_\_

- (1) Certified that the name, amounts of individual deductions and total shown in column 8 have been checked with reference to the bill, as per M.S.O.(A&E).
- (2) Certified that the rates of pay as shown in Column 3 have been verified with the amount actually drawn in the bill.

*Dated initial of the Accountant.*