T. R. FORM NO. 64
[See Rule 5 of Part I & Part II and Rule 11 of Part I of Appendix 4]

Consolidated Receipt-cum-Schedule of _________________ (division) for the month of _______________ 20__

D.D.O. Code ______________________
Grant No. ___________________________
Head of Account Code ______________________

<table>
<thead>
<tr>
<th>Treasury</th>
<th>From the Division</th>
</tr>
</thead>
<tbody>
<tr>
<td>Received from the Officer-in-Charge of _________________ Division the sum of Rs. ____________ as detailed below for credit to the _________________ Department.</td>
<td>Number of credit item and the date of entry in Divisional Account</td>
</tr>
<tr>
<td>Date of remittances to Bank</td>
<td>Name of Treasury</td>
</tr>
<tr>
<td>___________________________</td>
<td>___________________________</td>
</tr>
</tbody>
</table>

Checked and verified. Signed

Divisional Accountant/ Divisional Accounts Officer

Countersigned


Divisional Officer _______________ Division

Date ________________ 20 __ Date ________________ 20 __