

T. R. FORM NO. 1

[See T. R. 2.25]

Certificate of Transfer of Charge

Certified that we have in the fore/after noon of this day respectively made over and received charge of the office of _____
_____ in terms Order/Notification No. _____ dated _____.

Signature of Relieved Government Officer
Designation _____

Station _____
Date _____ 20 _____

Signature of Relieving Government Officer
Designation _____

Memo. of the balance for which responsibility is accepted by the relieving officer.

- (a) Cash Balance
(As per Cash Book)
- (b) Permanent Advance, if any
- (c) Stamps in double lock (May use separate sheets)
- (d) No. of sealed bags said to contain cash and/or other valuables as per register kept in T. R. Form No. 8.
- (e) Packets containing duplicate keys of padlock of Banks and Government Offices
- (f) Cheque Forms
- (g) Computer :-
 - (i) Hardware
 - (ii) Computer Stationery
- (h) Details of outstanding adjustment of Advance drawals, if any.

Station _____

Dated _____ 20 _____

Relieved
Government Officer

Relieving
Government Officer

Note :- This form will also be used by Treasury Officer besides Collector and Sub-divisional Officers-in-Charge of a Treasury.

T. R. FORM NO. 2
[See sub-rule (3) of T. R. 2.31]

Statement of transactions on Government Account at Reserve Bank/State Bank of India at _____ for _____.

Dr.

Cr.

Cash / Receipts				Contra / Payments			
Date	No. of Voucher / Challan	Particulars	Amount	Date	No. of Voucher	Particulars	Amount
			Rs.				Rs.
Total Rs. _____ (Rupees _____)				Total Rs. _____ (Rupees _____)			

Manager

Manager

Verified

T.O./A.T.O.

T. R. FORM NO. 3
[See sub-rule (3) of T.R. 2.41]

Register of valuables lodged for safe custody in _____ Treasury

Sl. No. of packet	Date of Receipt	Office from which received	Condition in which received	Articles said to be contained in the packet	Value (estimated or actual) (in Rs.)	Initials of Treasury Officer Treasurer /Stamp Clerk	When returned	Signature of recipient	Initials of Treasury Officer and Treasurer /Stamp Clerk	Remarks
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)

T.R. FORM NO. 4

[See sub-rule(1) of T.R. 2.43]

Register of Padlocks kept in the custody of _____ Treasury

Date of receipt	Number Borne by Padlocks and keys	Number of duplicate keys received	Initials of Treasury Officer who receives the padlocks and keys	Date of removal of any padlock or key	Number and date of order sanctioning the removal	Initial of Treasury Officer removing a padlock or key	Signature of the Receiver	Remarks
1	2	3	4	5	6	7	8	9

The term 'padlocks' includes also the 'self locks' of iron safes and steel almirahs.

T.R. FORM NO. 5

[See sub-rule(1) of T.R. 3.13]

Accounts for Departmental Receipts of _____ (Name of the Department/Directorate/Office)
for the month of _____

D.D.O. Code _____

Date	Opening Balance	Add Amount Received during the month			Date	Less Payments/Expenditure made during the month			Closing Balance	Remarks Challan No. & date for deposit of excess receipts
		Head of Account	Nature of receipt	Amount		Head of Account	Nature of payment	Amount		

Total :

Total :

Cashier

Accountant

Signature with designation of the D.D.O.

Memo. No. _____ Dated _____

Forwarded to the Principal Accountant General (A&E), West Bengal, Treasury Buildings, Kolkata – 700 001
for information and necessary action.

T. R. FORM NO. 6
 [See sub-rule (1) of T. R. 4.021]
Bill Transit Register

Name of the office: _____
 Designation of the D.D.O. _____ D.D.O. Code No. _____
 Sl. No. of authentication allotted by Treasury _____

Sl. No.	Particulars of the Bill	Net Amount	Dated initials of Drawing & Disbursing Officer	Token No. allotted by the Treasury	Dated initials of the receiving official in the Treasury	Cheque No. & date	T.V. No. & date	Remarks
1	2	3	4	5	6	7	8	9

Notes :

- (a) This Register shall be authenticated jointly by the Treasury Officer/Additional Treasury Officer/P.A.O./A.P.A.O., Kolkata and the Drawing & Disbursing Officer at the beginning of each financial year with a certificate in respect of number of pages.
- (b) Column 2 : Entries should indicate the No. and date of the Bill, and the nature of the claims – viz. Establishment, Salary Bill. T. E. Bill, Office Expense Bill etc.
- (c) Columns 5, 6 and 8 : Entries to be made by the Treasury Officer/A.T.O./P.A.O. / A.P.A.O., Kolkata.
- (d) Columns 1 to 4, 7 and 9 : Entries shall be made by the D.D.O.
- (e) Column 9: (i) On receipt of Cheque, the Drawing and Disbursing Officer will make the entry "Payment Received". The register should be reviewed every fortnight by making the entries in Col. 9 to ensure that unauthorised bills are not presented and encashed through the register.
 (ii) On return of the bill unpassed from the Treasury, the Drawing and Disbursing Officer shall note the fact against the relevant entry under his dated initials. In Column 9, if presented again, the bill should bear a new serial number.

T.R.FORM NO.-7

[See sub-rule (2)(b) of T.R.3.06]

Challan for Deposit of money in the account of GOVERNMENT OF WEST BENGAL

1. Name of the Bank & Branch:

2. (a). Name of the Treasury:

(b). Treasury Code:

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3. Account Code:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(14- Digits must be filled up properly)

4. Detail Head of Account:

5. (a) Amount : Rs.

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(b) In Words: Rupees:

6. By whom tendered – Name & Address:

7. Name / Designation & Address of the Departmental Officer on whose behalf / favour money is paid:

8. (a) Particulars & Authority of Deposit:

¹ * (b) T.V. No. & Date of A.C. Bill:

9. Accounts Officer by whom adjustable: Accountant General (A&E), West Bengal.

Verified

Signature of Departmental / Treasury Officer

Depositor's Signature

Date:

Treasury Receipted Challan No.

Received payment.

Bank Scroll Serial No.

Receipt by Bank / Treasury

Signature with seal of the Bank.

Date:

¹ * In respect of Challan relating to refund of unspent amount of A.C. Bill

Particulars of Amount Deposited :

Cash :

Cheques:

Notes	Amount		Drawee Bank	Cheque No.	Amount	
x 1000=						
x 500=						
x 100=						
x 50=						
x 20=						
x 10=						
x 5=						
Coins	=					
Total				Total		

Note –1. Challans are to be presented to the Bank after the Head of Account upto detailed head and other particulars noted on it have been verified by the Departmental Officer on whose behalf money is credited to the Government Account. If there is no Departmental Officer at the place where the Treasury is situated this verification will be made by the Treasury Officer. Difficulties may arise because of not quoting the Head of Account correctly upto Detailed Head.

Note–2. Particulars of money tendered should be given in the form given above. The Cheques/ Drafts meant for transfer credit should bear the endorsement “Received payment by transfer credit to

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(Head of Account to which creditable)

Note–3. In cases where direct credit at the Bank without verification by Departmental Officer or Treasury Officer is permissible (e.g. fees payable to the Public Service Commission on account of recruitment, etc.), the Head of Account may be written by the Depositors. The Treasury Officer or Pay & Accounts Officer, Kolkata Pay & Accounts Office may check the Head of Account and make correction, where necessary, when the Challan is received with the Bank’s scroll.

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T. R. FORM NO. 8
[See sub-rule (1) of T.R. 4.052]

Letter of Credit

Office of the _____

Letter of Credit No. _____

Dated _____ 20__

To :

Manager, Reserve Bank of India, Kolkata
Manager, State Bank of India
Manager, Central Bank of India, Mathabhanga/Tufanganj/Mekljganj
Manager, United Bank of India, Khatra, Bankura

You are requested to honour the cheques drawn by the Executive Engineer
_____ Division to the
extent of Rs. _____ (Rupees _____)

This letter of credit has effect from _____ to _____
and is within the amount of authorisation obtained from Finance Department Vide Order No.
_____ dated _____ for the period from _____
to _____.

Head of Engineering Directorate/Chief Engineer

Copy forwarded to :

- (1) Pay & Accounts Officer, Kolkata Pay & Accounts Office/Treasury Officer.
- (2) Principal Accountant General (A&E), West Bengal.
- (3) A.G.(Audit)-I/ A.G.(Audit)-II, West Bengal.
- (4) Finance (Budget) Department.
- (5) Executive Engineer _____
- (6) Superintending Engineer _____

Head of Engineering Directorate/Chief Engineer

T.R. FORM NO. 9
[See sub-rule (3) of T.R. 4.052]

Allotment / L.O.C. Register For The Year - _____

Name of the D.D.O.: _____

D.D.O. Code: _____

Nature/Purpose of Expenditure : _____

Grant No.: _____

Head of Account Code: _____

G.O./ L.O.C . No. & Date	Name of the authorit y allotting fund	Amount Receive d (Rs.)	Progressiv e Balance (Rs.)	Signature of T.O./A.T.O./ P.A.O./A.P.A.O . with date	Token/ Chequ e No. & Date	Amoun t of the Bill / Cheque (Rs.)	Progressive Expenditur e (Rs.)	Progressiv e reduced Balance (Rs.)	Signature of T.O./A.T.O./ P.A.O./A.P.A.O . with date
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)

T.R. FORM NO. 10
[See T. R. 4.072]
SCHEDULE OF INCOME TAX DEDUCTED AT SOURCE (TDS)

FOR THE MONTH OF : _____

D.D.O. Code _____ TAN No. _____

Bill No. _____ Date _____

Grant No. _____

Token/T.V. No. _____ Date _____

Head of Account Code : **8658-00-112-001-08**

Sl. No.	Name of the Officer with Designation	Amount Deducted	PAN No.	Remarks

SALARY HEAD CODE : _____

BILL CLERK / ACCOUNTANT

SIGNATURE OF D.D.O. WITH SEAL

T.R. FORM NO. 11

[See sub-rule (2) of T. R. 4.073]

SCHEDULE OF HOUSE RENT, ETC. RECOVERY FOR OCCUPATION OF GOVERNMENT ACCOMMODATION, ETC.

NAME OF THE OFFICE : _____

D.D.O. Code _____

Bill No. _____ Date _____

Grant No. _____

Token/T.V. No. _____ Date _____

Head of Account Code : _____

Roll No.	Name of the Officer with Designation	Basic Pay	Period	Amount	Remarks

SALARY HEAD CODE : _____

BILL CLERK

ACCOUNTANT

SIGNATURE OF D.D.O. WITH DESIGNATION

N.B. : (a) In case of Central Government employees on deputation from the office of the Accountant General of this State or any other State the Head of Account may be indicated as "8658 - Suspense Account - 00 - 101 - PAO Suspense - PAO (Audit), Kolkata".

- (b) In case of other Central Government Civil employees on deputation, the Head of Account may be indicated as “8658 – Suspense Account – 00 – 101 – PAO Suspense – (Name of the concerned Ministry)”
- (c) In case of Railway employees on deputation, the Head of Account may be indicated as “8658 – Suspense Account – 00 – 102 – Suspense Account – Civil – (FA & CAO of the concerned Railway).
- (d) In case of other State Government employees on deputation, the Head of Account may be indicated as “8793 – Inter-State Suspense Account – 00 – 101 – (Name of the concerned State)”.

T. R. FORM NO. 12
(FORM IV of WB State Tax on Professions, etc. Act, 1979)
 [See sub-rule (1) of T.R. 4.080]

**Statement of recovery under the West Bengal State Tax on Professions, Trades,
 Callings and Employments Act, 1979 (West Bengal Act VI of 1979)**

D.D.O. Code _____ Bill No. _____ Date _____
 Grant No. _____ Token/T.V. No. _____ Date _____
 Head of Account Code : **0028-00-107-001-03**

Name of Deptt./ Sec./Estt.	Name of Account under which salaries are drawn	Period of salary bill	Amount recovered	To be credited to – “0028-Other taxes on income and expenditure-00-107- Taxes on Professions, Trades, Callings & Employments”
(1)	(2)	(3)	(4)	(5)

SALARY HEAD CODE : _____

Rs. _____

Rupees _____ (in words)

Signature _____
Bill Clerk / Accountant

Signature _____
Drawing Officer

T.R. FORM NO. 13
[See sub-rule (1) of T. R. 4.081]

LAST PAY CERTIFICATE

Last Pay Certificate of Shri/Shrimati/Kumari _____
_____ of the office of _____
proceeding on to _____.

2. He/She has been paid up to _____ at the following
rates in the scale of Rs. _____ :-

		Particulars
Basic Pay	-	
Special Pay	-	
Personal Pay	-	
Dearness Pay	-	
Leave Salary	-	
Allowances		Rate of Deductions
a) D. A./ A. D. A.		a) G. P. F.
b) H. R. A.		b) Income Tax
c) Medical Allowance		c) Professional Tax
d)		d) Group Insurance
		i) Insurance Fund
		ii) Savings Fund
		e)

3. His/Her General Provident Fund Account No. _____ is maintained by
the Drawing and Disbursing Officer / Principal Accountant General (A&E), West Bengal.

4. He/She made over charge of the office of _____
_____ on the noon of _____.

5. Recoveries are to be made from the emoluments etc. of the Government employee as
detailed below.

6. He/She is entitled to draw the following :

7. He/She has been sanctioned _____ leave proceeding joining time for _____
_____ days.

8. He/She finances the insurance policies detailed below from the Provident Fund :

No. of Policy	Amount of Premium	Due Date for the payment of Premium
---------------	-------------------	--

9. Details of P. L. I. Policy where premium deduction is done from pay bill.

10. The Details of the G.P.F./Income-Tax/Profession Tax deduction made from him/her upto the date from the beginning of current financial year are noted below.

11. He resides at Government Rented House at _____
 _____ . House Rent recovered upto _____
 _____.

Dated _____ **20**__
Signature _____
Designation _____

(Details of Recoveries)

Name of advance involving recovery/adjustment	Total amount of advance sanctioned with date of drawal and T.V. number	Outstanding amount recoverable	Rate of instalments
		Rs.	Rs.

- Pay advance
- T. A. advance
- Leave Salary advance
- Cycle/Motor Cycle/Motor car advance
- H. B. advance
- G. P. F. advance

Names of months	Pay-leave salary and allowances	Fee/Special allowance/Honorarium etc.	Funds & other deductions	Amount of income tax recovered	Remarks
	Rs.	Rs.	Rs.	Rs.	
April, 20__					
May, 20__					
June, 20__					
July, 20__					
August, 20__					
September, 20__					
October, 20__					
November, 20__					
December, 20__					
January, 20__					
February, 20__					
March, 20__					

Signature of the D.D.O. _____
 Designation _____

T. R. FORM NO. 14

[See sub-rule (3) of T. R. 4.084]

Form of Bond of Indemnity for drawing arrears of pay and allowances or pensions of deceased Government employees or pensioners

KNOW ALL MEN by these presents that I/we, _____ (a) _____ resident of _____ (b) _____ the widow/son/daughter of _____ and I/we, _____ (c) _____ sureties on her/his behalf are held and firmly bound to the Governor of the State of West Bengal in the sum of Rs. _____ (Rupees _____) to be paid to the said Governor or his successors or assigns for which payment to be well and truly made, each of us severally bind(s) himself/herself and his/her heirs, executors, administrators and heirs, executors, administrators and assigns firmly by these presents.

As witness our hands this _____ day of _____ 20__.

WHEREAS _____ (d) _____ was at the time of his/her death in the employment of Government of West Bengal (hereinafter referred to as the "Government") was receiving a pension of Rupees _____ from the Government.

AND WHEREAS the said _____ died on the day of _____ 20__ and there was then due to him/her the sum of Rs. _____ (Rupees _____) only (for pay and allowances in respect of his/her said office) or (in respect of his/her said pension).

AND WHEREAS the above bounden, _____ (a) _____ (hereinafter called "the Claimants") claims to be entitled to the said sum as the only heir(s) of the said _____ (d) _____ has/have not obtained Letters of Administration of or a Succession Certificate to the property and effects of the said _____ (d) _____

AND WHEREAS the Claimant(s) has/have satisfied the (e) that he/she/they is/are entitled to the aforesaid sum and that it would cause undue delay and hardship if the Claimant/s were required to produce Letters of Administration of or a Succession Certificate to the property and effects of the said _____ (d) _____

AND WHEREAS the Government desires to pay the said sum to the Claimant/s but under Government Rules and orders it is necessary that the Claimant/s should first execute a bond with one surety/two sureties to indemnify the Government against all claims to the amount so due as aforesaid to the said, _____ (d) _____ before the said sum can be paid to the Claimant(s).

NOW THE CONDITION of this bond is such that if after payment has been made to the Claimant/s, the Claimant/s or the Surety/Sureties shall, in the event of a claim being made by any other person against the Government with respect to the aforesaid sum of Rs._____ (Rupees _____) only, refund to the Government the Sum of Rs._____ (Rupees _____) only and shall otherwise indemnify and keep the Government saved and harmless from all liabilities in respect of the aforesaid sum and all cost incurred in consequence of any claim thereto then the above written bond or obligation shall be void but otherwise the same shall remain in full force and virtue.

IN WITNESS to the above written bond and the condition therefore, we, Shri/Sm._____ and Shri/Sm._____ have hereunto set our hands this day of _____20___. Signed by the said

(claimant/s) in the presence of :-

Signed by the said _____ (Sureties).

Accepted for and on behalf of the Governor of the State of West Bengal.

- (a) Full name of claimant with place or residence.
- (b) State relationship to the deceased.
- (c) Full name or names of sureties.
- (d) Name of the deceased.
- (e) Title of the Officer responsible for the payment. (The Bond should be Governed by Govt. Solicitor) where necessary.

T. R. FORM NO. 15
[See sub-rule (2) of T.R. 4.091]

Register of Power of Attorney, Probates, Succession, Certificates, etc.

Sl. No.	Date of registry	Date of document	Name of principal	To whom granted	Description	Limitation of Power	Dated initial of Accountant/T.O.

1. Separate pages should be reserved for separate initials, and the entries under each initial should have a separate series of numbers.
2. In the case of probates etc., and orders of court, the name of the court, and any number it may have assigned to its order, may, with advantage, be noted in the column of "Date of document".

T.R. FORM NO. 16

[See sub-rule (3) of T.R. 4.091]

The bond of indemnity, which must be stamped maybe of the following form in the case of a firm or bank :-

In consideration of our/their being permitted to draw the pay/leave-salary/pension of..... during his absence from..... we/the (here insert the name of the bank) hereby engage to refund to the Government on demand, any over-payment that may be made to us/them as his agents /agent.

Note : It must be seen that the person signing the bond of indemnity has authority to bind the firm or bank.

T.R.FORM NO. 17
[See T.R. 4.092]

Form of the bond of indemnity for Drawing Pay, Pension, Annuities etc.

THIS INDENTURE made the _____ day of _____ of _____ Two thousand and _____ BETWEEN _____ a Company registered under the Companies Act, 1956 and having' its registered office hereinafter referred to as the Bank, (which expression shall, where the context admits, be deemed to include its successor or successors and assigns) of the ONE PART and the GOVERNOR OF THE STATE OF WEST BENGAL (hereinafter referred to as the Governor, which expression shall, where the context so admits. include his successor in office and assigns) of the OTHER PART.

WHEREAS THE Bank has, in the usual course of business, been receiving on account of its customers' pay, pensions, annuities, allowances or other payments from funds administered by or on behalf of the Governor including pensions payable on behalf of other Governments from the Principal Accountant General (A&E), West Bengal and various officials whose duty it is to disburse such payment upon the production, at the time of such payment, of certificate to the effect that the person, on whose behalf such payment was claimed, was then alive and, in the case of a pensioner also of a certificate of non-employment according to prescribed rules.

AND WHEREAS in order to save time and expenses in obtaining payment of such sums, the Governor has agreed to allow such payments to be made from time to time as and when they fall due without requiring the production of the said certificates save a certificate of non-employment, as aforesaid according to prescribed rules, signed by an authorised representative of the Bank, upon being indemnified by the Bank against any loss by reason of such payments as aforesaid on account of any person, who may, at the date of such payment, be deceased and upon the Bank entering into such an agreement as is hereinafter contained, which the Bank has agreed to do.

NOW THIS INDENTURE WITNESSTH that, in pursuance of the said agreement and in consideration of the premises, the Bank doth hereby covenant with the Governor that .so long as the Governor shall allow such payments, as aforesaid, to be made without requiring the production of the certificates, hereinbefore referred to, subject nevertheless as hereinafter provided, the Bank will within seven days from the time when they shall have received notice of the death of any customer, for the receipt of or on whose behalf the Bank may have received any such payments as aforesaid communicate the date of such death to the Principal Accountant General (A&E), West Bengal, or such Official as may, for the time being, be responsible for the payments to such deceased person and further that the Bank will immediately after the expiration of the said period of seven days, repay and refund to the Governor so much of any money, which may have been received from the Principal Accountant General (A&E), West Bengal, or such official, as aforesaid, on behalf of 'such deceased person, as aforesaid as shall be in excess of the amount of the pay, pension, annuity, allowance or other payments, as the case may be, to which such deceased person was entitled upto the date of his decease.

PROVIDED ALWAYS AND IT HEREBY AGREED and declared that the arrangement hereby made shall not be determined, except by express notice in that behalf given as next hereinafter provided.

PROVIDED ALWAYS AND IT IS HEREBY FURTHER AGREED and declared that either the Bank of the Governor shall be entitled to determine the arrangement hereby made on giving to the other at least fourteen days' notice in writing in that behalf and on the expiration of the period of such notice, this arrangement shall determine and the liability of the Bank under the covenants herein contained shall cease in respect of any such payments, as aforesaid, made after that date but nothing herein contained shall be deemed to exonerate or release the Bank from its liability under the covenant herein contained in respect of any such payment, as aforesaid, made prior to the date of the termination of the arrangement herein provided ;

PROVIDED ALWAYS AND IT IS HEREBY ALSO AGREED and declared that in the case of pension, the Bank will, according to prescribed rules, once in every year, furnish to the Governor or the Principal Accountant General (A&E), West Bengal, or such Official, a certificate by one of the persons prescribed by the said rules of the life of each pensioner whose pension is paid to the Bank and a certificate of non-employment signed by the pensioner himself AND FURTHER that nothing herein contained shall be deemed to preclude the Governor or the Principal Accountant General (A&E), West Bengal or such official from requiring the production of certificate in proof of the life of any particular person or persons entitled to receive such payments, as aforesaid, if the Governor, or the Principal Accountant General (A&E), West Bengal, or such Official shall it necessary nor shall the Bank's arrangement made by these presents be deemed to be thereby terminated.

IN WITNESS WHEREOF the parties to these presents have set and subscribed their respective hands the day, month and year first above written.

Signed for and on behalf of the by its constituted Attorneys _____ _____	(Note to be signed as follows) _____
and _____	by its constituted Attorney.
in the presence of:	(Signature & Designation)
	(Signature & Designation)

(This should be in hand writing)

Signed for and on behalf of the Governor of the State of West Bengal by the Secretary, Finance Department, Government of West Bengal in the present of :-

T.R. FORM NO. 19
[See sub-rule (1) of T.R. 4.099]

ABSENTEE STATEMENT

D.D.O. Code _____

Name of Absentee with designation	Reference to Item No. in the establishment bill	Designation of vacant Post (in case of officiating arrangement)	Nature of Absence				Name of Government employee officiating against the vacancy	Reference to Item No. in the establishment bill
			Kind	Period	From (Fore/Afternoon)	To (Fore/Afternoon)		
1	2	3	4	5	6	7	8	9

Dated _____ 20____ Bill Clerk _____ Accountant _____ Signature and Designation of Drawing Officer _____

Notes:-

1. In Column 4 it should be stated 'Earned/half pay leave', 'Other duty', 'Officiating _____', 'in transit', 'transferred to _____', 'suspended', etc., the date for each being specified as far as possible in Columns 6&7
2. The statement should be divided off into sections corresponding to sections in the bill. Only those arrangements affecting one section being shown together.

T.R. FORM NO. 20

[See T.R. 4.101]

D.D.O. Code _____

Annual Increment Certificate

Certified that the Government employee(s) mentioned below have earned annual increment with effect from date(s) noted against each in Col. 6 and such increments have been allowed by the Head of the Office (or competent authority).

Sl. No.	Name of the incumbent	Whether substantive or officiating	Scale of pay of post	Present pay	Date from which present pay is drawn	Date of present increment	Pay on increment	Reasons for with-holding increments beyond specified date		Remarks
								Suspension (not treated as duty)		
								Leave without pay		
								Other reasons		
								From	To	
1	2	3	4	5	6	7	8	9	10	11

Bill Clerk

Accountant

Signature and Designation of the Drawing Officer

T.R. FORM NO. 21

[See sub-rule (2) of T.R. 4.104]

Travelling Allowance Bill For Transfer

Note – This bill should be prepared in duplicate – one for payment and the other as office copy

D.D.O. Code No. _____ Bill No. _____ Date _____
Grant No. _____ Token/T.V. No. _____ Date _____
Head of Account Code No. _____

PART A (To be filled up by Government employee)

1. Name
2. Designation
3. Pay
4. Headquarters
 - (a) Old
 - (b) New
5. Residential address
 - (a) Old
 - (b) New
6. Particulars of the members of the family as on the date of transfer
[vide T.R. ____]

Serial No.	Name	Age	Relationship with the Government employee
1	2	3	4
1.			
2.			
3.			
4.			
5.			

7. Details of journey(s) performed by the Government employee as well as members of his/her family.

Departure		Arrival		Mode of travel and class of accommodation used	Class to which entitled	No. of fares with Ticket No.	Fare paid	Fare of the entitled class	Distance in kms. by road	Remarks (Difference of column 8 and 9 and whether approved by competent authority with order no. and date)
Date and time	From	Date and time	To							
1	2	3	4	5	6	7	8	9	10	11
							Rs. P.	Rs. P.		

8. Transportation charges of personal effects.

(Money receipts to be attached)

Date	Mode	Station		Weight in Kgs.	Rate		Amount		Remarks
		From	To		Rs.	P.	Rs.	P.	
				Total...					

9. Transportation charges of personal conveyance:

(Money receipts to be attached)

- (a) Mode of transport and station to which transported.
- (b) Amount.

10. Amount of advance, if any, drawn.

11. Details of journey(s) performed by road between places connected by rail.

Date	Names of places		Fare paid	
	From	To	Rs.	P.

Certified that the information, as given above, is true to the best of my knowledge and belief.

(_____)
 Signature of the Government employee
 Date _____

For use at the Office of the Accountant General (Audit), West Bengal

Admitted Rs. _____

Objected Rs. _____ for reasons stated below.

Dated _____ 20__

Auditor

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

T.R. FORM NO. 22)
[See sub-rule (2) of T.R. 4.104]

D.D.O. Code. _____ Bill No. _____ Date _____
Grant No. _____ Token/T.V. No. _____ Date _____
Head of Account Code _____

LEAVE TRAVEL CONCESSION BILL FOR THE YEAR _____/FOR THE BLOCK OF YEAR[†] _____ TO _____

Note – This bill should be prepared in duplicate – one for payment and the other as office copy.

PART A (To be filled up by Government employee)

1. Name
2. Designation
3. Pay
4. Headquarters
5. Nature and period of leave sanctioned
From _____ to _____
6. Particulars of members of family in respect of whom the L.T.C. has been claimed.

Serial No.	Name(s)	Age	Relationship with the Government employee
1.			
2.			
3.			
4.			
5.			

7. Details of journey(s) performed by Government employee and the members of his/her family.

Departure		Arrival		Distance in kms. by road	Mode of travel and class of accommodation used	No. of fares and Ticket No.	Fare paid	Remarks
Date and time	From	Date and time	To					
1	2	3	4	5	6	7	8	9
							Rs.	

[†] Application to Central Govt. employees on deputation and / or All India Service Officers.

8. Amount of advance, if any, drawn Rs. _____
9. Particulars of journey(s) for which higher class of accommodation than the one to which the Government employee is entitled, was used.
(Sanction No. and Date to be given).

Place		Mode of conveyance	Class to which entitled	Class by which actually traveled	No. of fares and Ticket No.	Fare paid	
From	To					Rs.	P.

10. Particulars of journey(s) performed by road between places connected by rail:

Name of Place		Class to which entitled	Rail Fare	
From	To		Rs.	P.

Certified that the –

1. Information, as given above is true to the best of my knowledge and belief; and
2. That my husband/wife is not employed in Government service/that my husband/wife is employed in Government service and the concession has not been availed of by him/her separately or himself/herself or for any of the family members for the concerned block of _____ years.

Signature of the Government employee
Date _____

For use at the Treasury

Examined and entered.

Pay Rs. _____ (Rupees _____) only
(in words)
as per endorsement of the Drawing & Disbursing Officer

Accountant/J.A.O.

T.O./A.T.O./P.A.O./A.P.A.O.

Dated _____ 20__

For use at the Office of the Accountant General (Audit), West Bengal

Admitted Rs. _____

Objected Rs. _____ for reasons stated below.

Dated _____ 20__

Auditor

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

T.R. FORM NO. 23
 [See sub-rule (2) of T.R. 4.104]

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

Bill No. _____ Date _____ 20__
 T.V./Token No. _____ Date _____ 20__

Travelling Allowance Bill For Tour

Note – This bill should be prepared in duplicate – one for payment and the other as office copy

PART A (To be filled up by Government employee)

1. Name
2. Designation
3. Pay
4. Headquarters
5. Details and purpose of journey(s) performed
6. Residential Address

Departure		Arrival		Mode of travel and class of accommodation	Fare paid	Distance in kms. for road mileage	Duration of halt	Purpose of journey and Ticket No.
Date & time	From	Date & time	To					
1	2	3	4	5	6	7	8	9

6. Mode of Journey:

(i) Air

(a) Exchange voucher arranged by office Yes/No .

(b) Ticket/Exchange voucher arranged by Yes/No .

(ii) Rail

Whether travelled by mail/express/ordinary train

(iii) Road

Mode of conveyance used. i.e., by Government transport/by taking a taxi, a single seat in a bus or other public conveyance/by sharing with another Government employee in a car belonging to him or to a third person to be specified,

7. Dates of absence from place of halt on account of -

(a) R.H. and C.L.,

(b) not being actually in camp on Sundays and holidays.

8. Dates on which free board and/or lodging provided by the State or any organisation financed by State funds:-

(a) Board only.

(b) Lodging only.

(c) Board and lodging.

9. Particulars to be furnished alongwith hotel receipts, etc., in cases where higher rate of D.A. is claimed for stay in hotel/other establishments providing board and/or lodging at scheduled tariffs.

Period of stay		Name of the hotel*	Daily rate of lodging charged	Total amount paid
From	To			
1	2	3	4	5
1.				
2.				
3.				
4.				
5.				

10. Particulars of journey(s) for which higher class of accommodation than the one to which the Government employee is entitled was used.

Departure		Arrival		Mode of conveyance and class of accommodation used	Fare paid and Ticket No.	Class to which entitled	Fare of the entitled class	Distance in Km. by road	Remarks
Date & time	From	Date & time	To						
1	2	3	4	5	6	7	8	9	10
							Rs.		

If the journey(s) by higher class of accommodation has been performed with the approval of the competent authority then number and date of the sanction may be quoted in column 10.

* Hotel Receipt has to be furnished.

11. Details of journey(s) performed by road between places connected by rail.

Date and mode of conveyance used	Name of places		Fare paid
	From	To	
1	2	3	4
			Rs. P.

12. Amount of T.A. advance, if any, drawn.

Certified that the information, as given above, is true to the best of my knowledge and belief.

()
Signature of the Government employee
Date _____

PART B – (To be filled in the Bill Section)

The net entitlement on account of traveling allowance works out to Rs. _____ as detailed below:

(a) Railways/air/bus/steamer fair Rs. _____

(b) Road mileage for _____ kms. Rs. _____
@ _____ p/km.

(c) Daily allowance Rs. _____

(i) _____ days @ Rs. _____ per day. _____

(ii) _____ days @ Rs. _____ per day. _____

(iii) _____ days @ Rs. _____ per day. _____

Rs. _____

(d) Actual expenses, if any Rs. _____

Gross amount Rs. _____

(e) Less amount of T.A. advance, if any, drawn *vide* voucher No. _____ Rs. _____

dated _____ Please pay Net Amount Rs. _____

(in words) Rupees _____ only.

Allotment Received Rs. _____ Please pay to self by Order Cheque/Account Payee cheque

Progressive Expenditure including this bill Rs. _____ in favour of _____

Balance Available Rs. _____

Bill Clerk

Accountant

Signature of the Drawing & Disbursing Officer

Countersigned.

Signature of the Controlling Officer

For use at the Treasury

Examined and entered.

Pay Rs. _____ (Rupees _____) only
(in words)

as per endorsement overleaf of the Drawing & Disbursing Officer

Accountant/J.A.O.

T.O./A.T.O./P.A.O./A.P.A.O.

Dated _____ 20__

For use at the Office of the Accountant General (Audit), West Bengal

Admitted Rs. _____

Objected Rs. _____ for reasons stated below.

Dated _____ 20__

Auditor

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

T.R. FORM NO. 24

[See T.R. 4.107]

Medical charges Reimbursement Bill

D.D.O. Code _____ Bill No. _____ Date _____
Grant No. _____ Token/T.V. No. _____ Date _____
Head of Account Code _____

Department/Office of _____

Sl. No.	Section of establishment and name of the incumbent with designation	Gross Claim (Rs.)	Recovery of Advance (Rs.)	Net amount payable (Rs.)	Remarks
1	2	3	4	5	6

Net amount required for payment (in words) Rupees _____

Allotment Received Rs. _____ Progressive expenditure including this bill Rs. _____ Balance available Rs. _____	<ol style="list-style-type: none">1. Certified that I have satisfied myself that the amount drawn previously, with the exception of those detailed below (of which the total amount has been refunded by deduction from this bill), have been disbursed to the Government employee therein named and their receipts taken in the office copies of the bill or in a separate acquittance roll.2. <i>Details of Medical charges Refunded</i> Section of establishment and name of incumbent with designation _____ Period _____ Amount (Rs.) _____3. Certified that Essentiality certificates, receipts, etc., are appended.
--	--

Please pay to self / by order cheque / by Account Payee cheque in favour of _____

Signature _____
Bill Clerk Accountant Designation of the D.D.O. _____
Passed for payment of Rs. _____ (Rupees _____) only

Signature and Designation of the Competent Authority

For use at the Treasury

Examined and entered

Pay Rs. _____

(Rupees _____) only

Accountant/J.A.O.

T.O./A.T.O./P.A.O./A.P.A.O.

For use in the Office of the Accountant General (Audit), West Bengal

Admitted Rs. _____

Objected Rs. _____ Reasons for objection:

Auditor

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

T. R. FORM NO. 25
[See sub-rule (1) of T. R. 4.135]

D.D.O. Code _____ Bill No. _____ Date _____
Grant No. _____ Token/T.V. No. _____ Date _____
Head of Account Code _____

Bill for drawing charges initially met out of Permanent Advance

Office of the _____ _____		For the month of _____ 20__
Serial No. of Sub-voucher	Description of charge and delegated power under which charges incurred	Amount (in Rs.)
Total Rupees _____ (in words)		

I certify that the expenditure charged in this bill could not, with due regard to the interests of the public service, be avoided. I certify that to the best of my knowledge and belief the payments entered in this bill have been duly made to the parties entitled to receive them. Vouchers for all sums above Rs. 500 in amounts are attached to this bill. I have, as far as possible, obtained vouchers for other sums and am responsible that they have been destroyed or so defaced or mutilated that they cannot be used again. All work-bills are annexed.

(2) Certified that the articles detailed in the vouchers attached to the bill and in those retained in my office have been accounted for in the Stock Register.

(3) Certified that the purchases billed for have been received in good order, that their quantities correct, and their quality good that the rates paid for are not in excess of the accepted rates and that suitable notes of payments have been recorded against the indents and invoices concerned to prevent double payments,

(4) Certified that-

- (a) The expenditure on conveyance hire charged in this bill in terms of Rules 3 of Appendix-11 to the West Bengal Financial Rules, was actually incurred, was unavoidable and is within the scheduled scale of charges for the conveyance used and
- (c) The Government employee concerned is not entitled to draw travel express under the ordinary rules for the journey, and that he is not granted any compensatory leave and does not and will not otherwise receive any special remuneration for the performance of the duty which necessitated the journey.

(5) Certified that all Group D employees whose pay has been charged in this bill were actually entertained in Government Service during the period concerned.

Allotment Received Rs. _____
Progressive Expenditure including this Bill Rs. _____
Balance Available Rs. _____

Please pay to self by Order Cheque

Bill Clerk

Accountant

Signature and Designation of
Drawing & Disbursing Officer

Dated _____ 20__

Countersigned

Signature and Designation
(Countersignature will be necessary only
when the sub-Vouchers are not passed
for payment by the competent authority).

For use in the Treasury

Pay Rs. _____ Rupees (in words) _____
_____ only

Examined and entered

Accountant/J.A.O.

T.O./A.T.O./P.A.O./A.P.A.O.

Dated _____ 20__

For use in the Office of the Accountant General (Audit), West Bengal

Admitted Rs. _____

Objected to Rs. _____ for reasons stated below:

Dated _____ 20__

Auditor

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

Note: The Drawing & Disbursing Officer will be responsible for any excess of expenditure over allotment of fund unless otherwise authorised by the Government and the amount will be recovered from his pay, allowance etc.

T. R. FORM NO. 26

[See Explanation I below T.R. 4.135 and T.R. 4.137]

D.D.O. Code _____ Bill No. _____ Date _____
Grant No. _____ Token/T.V. No. _____ Date _____
Head of Account Code _____

Bill for drawing charges relating to (a) Wages, (b) Office Expenses, (c) Payment for professional and special services, (d) Rates & Taxes/Royalty, (e) Publications, (f) Advertising, Sales and Publicity Expenses, (g) Hospitality Expenses/Sumptuary allowances etc., (h) Machinery and Equipment/Tools and Plants, (i) Motor Vehicles, (j) Maintenance, (k) Minor works, (l) Materials and Supplies, (m) Other charges and (n) Secret Service Expenditure, etc.

Name of the Office : _____

Serial No. of Sub-Voucher	Description of charge	Authority for drawing the charge (Viz. sanctioned under delegated power or sanctioned by the competent authority may be quoted with No. and Date)	Amount (in Rs.)

Total Rupees _____
(In words)

I certify that the expenditure charged in this bill could not, with due regard to the interests of the public service, be avoided. I certify that to the best of my knowledge and belief the payments entered in this bill have been duly made to the parties entitled to receive them with the exceptions noted below, which exceed the balance of the permanent advance and will be paid on receipt of the money drawn in this bill. Vouchers for all sums above Rs. 500/- in amount are attached to this bill, I have, as far as possible, obtained vouchers for other sums and am responsible that they have been destroyed or so defaced or mutilated that they cannot be used again. All work bills are annexed. Further certified that undisbursed amounts on bills drawn three months previous this date is being refunded by short drawal.

2. Certified that the articles detailed in the vouchers attached to the bill and in whose retained in my office have been accounted for in the Stock Register.
3. Certified that the purchases billed for have been received in good order, that their quantities correct, and their quality good, that the rates paid for are not in excess of the accepted rates and that suitable notes of payments have been recorded against the indents and invoices concerned to prevent double payments.

4. Certified that-

- (a) The expenditure on conveyance hire charges in this bill in terms of Rule 3 of Appendix II to the Bengal Financial Rules, was actually incurred, was unavoidable, and is within the scheduled scale of charges for the conveyance used, and
- (b) The Government employee concerned is not entitled to draw travel expenses under the ordinary rules for the journey, and does not and will not otherwise receive any special remuneration for the performance of the duty, which necessitated the journey.

5. Certified that all Group D employees whose pay has been charged in this bill were actually entertained in Government Service during the period concerned and amount drawn on bills one month previous to this date has been paid to the person concerned.

Allotment Received Rs. _____
Progressive Expenditure including this Bill Rs. _____
Balance Available Rs. _____

Signature and Designation of
Drawing & Disbursing Officer

Dated _____ 20__

Countersigned

Signature and Designation

(Countersignature will be necessary only when the D.D.O. has not the financial power to incur the charge. The officer countersigning the bill must be sure that he has the required financial power to sanction the expenditure. The countersignature will be treated as financial sanction.)

Pay Rs. _____ Rupees (in words) _____
_____ to _____ by Account Payee Cheque/by
transfer Credit to _____.
(Heads of account)

Bill Clerk

Accountant

Drawing & Disbursing Officer

Date _____ 20__
Station _____

For use in the Treasury

Pay Rs. _____ Rupees (in words) _____
_____ as per above endorsement

Examined and Entered.

Accountant/ J.A.O.

T.O./A.T.O./P.A.O./A.P.A.O.

For use in the Office of the Accountant General (Audit), West Bengal

Admitted Rs. _____
Objected Rs. _____ for reasons stated below:-

Dated _____ 20__ Auditor S.O./A.A.O./Audit Officer

Note: The Drawing & Disbursing Officer will be responsible for any excess of expenditure over allotment of fund unless otherwise authorised by the Government and the amount will be recovered from his pay, allowance etc.

[Pink colour will be used for drawal of advance]
[Yellow colour will be used for transfer credit]

T. R. FORM NO. 27

[See sub-rule (1) of T.R. 4.136, sub-rules (3) and (4) of T.R. 4.138 and sub-rule (1) of T.R.5.07]

D.D.O. Code _____ Bill No. _____ Date _____
Grant No. _____ Token/T.V. No. _____ Date _____
Head of Account Code _____

Bill for drawing advance without supporting Voucher

Detailed bill will be sent for countersignature by _____

Office of the _____		
Proforma invoice No., if any	Purpose (with description where necessary) and quotation of authority for drawing advance.	Amount (in Rs.)

Total Rs. _____

Total Rupees (in words) _____ only

Allotment Received Rs. _____

Progressive Expenditure
including this bill Rs. _____

Balance Available Rs. _____

Please pay Rs. _____
to self by Order Cheque / Accounts
Payee Cheque drawn in favour of

Deduct-amount disallowed by the Controlling
Officer

Vide detailed bill Rs. _____

No. _____ dt. _____

Unspent or, balance of previous advance drawn
under bill No. _____ dt. _____/

Token No. _____ dt. _____
for Rs.

Net amount payable

Rs. _____ (Rupees _____
_____) only/

by transfer credit to _____
(challan enclosed)

Bill Clerk
Date _____ 20__

Accountant

Drawing & Disbursing Officer

Note:- The Treasury will make payment only when there is proper authority to draw advance. The drawer should be careful to include in the detailed bill of a month the amount of all bills drawn in advance from the Treasury during that month. The detailed bill shall be submitted to the Treasury from which the advance was drawn.

The Drawing & Disbursing Officer will initial the date of each payment in the Expenditure Register and the same along with the detailed bill as also sub-Voucher is to be sent to the Controlling Officer.

For use at the Treasury

Examined and entered. Pay Rs. _____ (Rupees _____)
(in words)
as per endorsement of the Drawing & Disbursing Officer/transfer
credited to _____

Accountant/J.A.O.

T.O./A.T.O./P.A.O./A.P.A.O.

Dated _____20__

For use at the Office of the Accountant General (Audit), West Bengal

Admitted Rs. _____
Objected Rs. _____ for reasons stated below.

Dated _____20__ Auditor S.O./A.A.O./Audit Officer

Note – Drawing & Disbursing Officer will be responsible for adjustment of the advance by sending detailed bill.

Any amount drawn in excess of allotment, unless otherwise authorised by Government, may be deducted from his pay, allowance etc.

Second advance will not be paid if first advance has not been adjusted unless the same has been allowed by Government.

T. R. FORM NO. 28

[See sub-rule (2) of T.R. 4.135 and sub-rule (6) of T.R. 4.138]

D.D.O. Code _____ Bill No. _____ Date _____
 Grant No. _____ Token/T.V. No. _____ Date _____
 Head of Account Code _____

Detailed bill for adjustment of advance

Not payable at the Treasury

Adjusted against A.C. Bill No. _____ dated _____ 20__
 drawn under T.V./Token No. _____ dated _____ 20__.

Office of _____ _____	Monthly detailed adjustment bill for the month of _____ 20__	
Details of numbers of sub- Vouchers	Description of charge, number, and date of authority where special sanction is necessary.	Amount Rs. _____
Total Rs. _____ (Rupees _____)	Brought forward Rs. _____	

I certify that the expenditure included in this bill could not, with due regard to the interests of the public service, be avoided. I have satisfied myself that the charges entered in this bill have been really paid. Vouchers for all items of expenditure above Rs.500/- in amount and all work-bills are attached to the bill. I have as far as possible, obtained vouchers for other sums. and am responsible that they have been so defaced or mutilated that they cannot be used again.

Advances drawn in Bill No. _____
 dated _____
 Ditto
 Ditto
 Ditto
 Add-Amount of
 disallowance refunded
 vide Challan No. _____
 dated _____
 Total of this bill _____

2. Certified that all the articles detailed in the vouchers attached to the bill and those retained in my office have been accounted for in the Stock Register.

3. Certified that the purchases billed for have been received in good order, that their

quantities are correct and that their qualities are good, that the rates paid are not in excess of the accepted and the market rates and that suitable notes of payment have been recorded against the indents and invoices concerned to prevent double payments.

4. Certified that-

- (a) the expenditure on conveyance hire included in this bill was actually incurred was unavoidable and *is* within the scheduled scale of charges for the conveyance used, and
- (b) the Government employee concerned is not entitled to draw travel expense under the ordinary rules for the journey, and he is not granted any compensatory leave and does not and will not otherwise receive any special remuneration for the performance of the duty, which necessitated the journey.

_____ Allotment Received Rs. _____

Advance(s) drawn on date _____ and date _____ were met out of the above allotment, Progressive expenditure Rs. _____ (including this bill)

Balance available on the date on which last advance mentioned above was drawn Rs. _____

Bill Clerk _____ *Accountant* _____ *Signature of Drawing & Disbursing Officer* _____
 Dated _____ 20__

Countersigned

Dated _____ 20__ _____ *Signature of the Competent Authority*

For use at the Treasury

Amounts of advances drawn on date _____ vide T.V. No. _____
date _____ vide T.V. No. _____ date _____
vide T.V. No. _____ are adjusted by this bill and note of adjustment has been kept
in the relevant Advance Check Register.

Intimation Card issued to D.D.O. *vide* No. _____ dated _____

Accountant/J.A.O.

T.O./A.T.O./P.A.O./A.P.A.O.

Dated _____ 20__

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

Admitted Rs. _____

Objected Rs. _____

Reasons for objection -

Auditor

S.O./A.A.O.

Audit Officer

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)

T.R. FORM NO. 30

[See sub-rule (3) of T.R. 4.192]

Death Case Register

Sl. No.	Name of the deceased Pensioner /Family Pensioner and P.P.O. No. with Sl. No. of the P.P.O. Register	Name of the paying bank with postal address	Date of death of the Pensioner	Month upto which pension was paid	Amount of total undrawn pension (Rs.)	Memo. No. and date of reference made to the Bank for refund	Amount refunded by bank with Cheque No./ Draft No. and date	Challan No. and date by which the refund amount booked in Govt. A/c.	Signature of T.O./A.T.O.	Remarks
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)

T. R. FORM NO. 31
[See sub-rule (1) of T. R. 4.195]

Grant-in-aid Bill
Simple Receipt Form

D.D.O. Code _____ Bill No. _____ Date _____
Grant No. _____
Head of Account Code _____ Token/T.V. No. _____ Date _____

Office _____

Received the sum of Rs. _____ (Rupees _____
_____) being the grant-in-aid _____
_____ for the period from _____ to _____
for the purpose of _____ sanctioned by
_____ in his Order No. _____ dated
_____ (copy enclosed) by Account Payee Cheque in favour of _____
_____.

Certified that (a) the amount of this bill was not drawn earlier and it agrees with that in the office copy of this bill.
(b) the utilisation report in respect of the previous grant has been furnished and accepted by the sanctioning authority,
(c) the utilisation report in respect of the present amount will be furnished to the sanctioning authority in due course.

Station _____

Dated _____ 20__

Signature of Officer of the grantee organisation _____
Designation _____

Countersigned for Rs. _____ (Rupees _____
_____) / Pay by transfer to _____.

Station _____

Dated _____ 20__

Bill Clerk

Accountant

Signature of the D.D.O. _____
Designation _____

For use in Treasury

Pay Rs. _____ (Rupees _____
_____ _____) / by transfer /credit to _____.

Examined and Entered.

Accountant /J.A.O.

T.O./A.T.O./P.A.O./A.P.A.O.

For use in the Office of the Accountant General (Audit), West Bengal

Admitted for Rs. _____

Objected to Rs. _____

Reason of Objection _____

Auditor

S.O./A.A.O.

Audit Officer

T. R. FORM NO. 32

[See sub-rule (1) of T.R. 4.197]

[To be attached with T.R. Form No. 31]

Consolidated Grants-in-Aid Bill / Cheque Slip

D.D.O. Code _____ Bill No. _____ Date _____

Grant No. _____

Head of Account Code _____ Token/T.V. No. _____ Date _____

Bill for grants-in-aid paid at the _____ Treasury/Kolkata Pay & Accounts Office, for the month of _____ 20__.

Name of School	Address of School	Name of Paying Bank	Account No.	Amount payable and to be drawn /credited	Remarks
1	2	3	4	5	6

Collection Charges _____

Total Rs. _____

(Rupees _____)

Accountant

District Inspector of Schools, _____

/Assistant Inspector of Schools, _____

To

The Manager,

_____ Bank

_____ Branch.

The enclosed cheque for Rs. _____ (Rupees _____) is sent for favour of credit to the Special Single Name Account of Schools mentioned above.

Date of issue of cheques :

Serial number of cheques :

Accountant/J.A.O.

Treasury Officer/ Additional
Treasury Officer/ Pay &
Accounts Officer/ Additional
Pay & Accounts Officer

T. R. FORM NO. 33

[See sub-rule (1) of T. R. 4.196]

Name of the Office _____

Bill for scholarship/stipends payable to College/School during the month of _____ 20__

(Primary, Junior High/Secondary/Higher Secondary School, Junior/Senior/Higher Madrasa, Anglo Indian, Primary/Secondary School
Scholarship to be drawn in separate bill)

D.D.O. Code _____

Bill No. _____ Date _____

Grant No. _____

Token/T.V. No. _____ Date _____

Head of Account Code _____

(1) Name of institution _____ School/College

(2) _____ for (month and year)

(3) _____ Class of scholarship/stipend

No. and date of the order sanctioning the scholarship or stipend	Name of the scholarship or stipend holder	Period of terms		Monthly value of stipend or scholarship	Deductions			Amount withheld	Net amount drawn
		From	To		No. of days absent	Cause	Amount		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	Rs. (8)	Rs. (9)	Rs. (10)
						Total...			
						Deduct- Balance undisbursed from last month			
						Balance due ...			

Rupees (in words) _____

I hereby certify that the scholarship or stipend holder named in the bill have been regular in attendance and have conformed with the rules under which their scholarships or stipends are payable.

Certified also that the scholarship or stipend drawn on the last bill with the exception of those refunded by deduction have been paid to the proper person and their receipt taken in acquittance rolls kept in my office.

Certified that the amount claimed in this bill was not drawn before and both office copy and fair copy of the bill agree with each other.

Dated _____ 20__ *Head of the Institution*

Countersigned for Rs. _____

Grant for the year Rs. _____

Expenditure already incurred including the present bill is Rs. _____

Balance Available Rs. _____

Station _____ Signature of the authorised Officer _____

Dated _____ Designation _____

For use at the Treasury

Pay Rs. _____ (Rupees _____)

Examined and entered.

Accountant/J.A.O.

T.O./A.T.O./P.A.O./A.P.A.O.

Dated _____ 20__

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

Admitted for Rs. _____

Objected to Rs. _____

Reason for objection

Auditor

S.O./A.A.O.

Audit Officer

T. R. FORM NO. 34

[See sub-rule (4) of T. R. 4.199 sub-rule (1) of T.R.4.201]

Bill for Refund of Revenue

D.D.O. Code _____

Bill No. _____ Date _____

Grant No. _____

Token/T. V. No. _____ Date _____

Head of Account Code _____

(Deduct Refund)

		Name of Office _____					
In whose name credited	On what account received	Amount realised /received (in Rs.)	Date of receipt in Treasury	Amount in which included and head of account to which credited	T.O./A.T.O./P.A.O./ A.P.A.O.'s signature in token of keeping a note of refund against relevant entry in the subsidiary receipt register	Name of Payee	Amount to be refunded (in Rs.)
1	2	3	4	5	6	7	8

Total (in words) Rupees _____

Certified that : (1) the order of refund has been registered and noted against the original receipt entry in the departmental account under my dated initial.

(2) refund of the amount has not been made earlier.

Passed for payment by me under sanction issued *vide* Order No. _____ dated _____ by

(Authority sanctioning the refund)

Please, pay by Order cheque/Account payee cheque drawn in favour of _____.

Bill Clerk

Accountant

Signature and Designation of the D.D.O.

Signature of the Officer competent to sanction the refund (or a copy of sanction order of the Government for refund is to be furnished)

Date _____

For use at the Treasury

Pay Rs. _____ (Rupees _____)

Examined and Entered

Accountant/J.A.O.

T.O./A.T.O./P.A.O./A.P.A.O.

For use in the Office of the Accountant General (Audit), West Bengal

Admitted _____

Objected _____ for reasons stated below:

Auditor

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

T. R. FORM NO. 35

[See sub-rule (4) of T.R. 4.201]

Refund of deposit on account of cost price of country spirit, ganja and bhang supplied under contract system

D.D.O. Code _____

Bill No. _____ Date _____

Grant No. _____

Token/T.V. No. _____ Date _____

Head of Account Code _____

			Head of Service chargeable –Deposit on account of cost price of liquor, ganja and bhang				
Month in which deposited	Name of Treasury where deposited with Challan No. date and amount	On what account deposited	Name of the contractor to whom the refund is due	Amount (in Rs.)	Initial of Superintendent of Excise in token that he has noted the refund in the departmental accounts	Certificate of note of payment by Treasury Officer	
					Certified that I have noted these refunds in the departmental accounts and that no previous order of refund has been passed. 2. Also certified that the statement relating to the transactions of the last month showing the un-refunded cost price brought forward. The total amount deposited by vendors, the amount refunded during the	Certified that I have debited the amount of Rs._____ in the Register in Pr. A.G. (A&E), W.B. Form 107 as refund of deposit on account of cost price of liquor, ganja and bhang.	Receive contents (Re. 1 revenue stamp is to be affixed, if amount exceeds Rs. 500/-) Signature of Licensee
						Treasury Officer	

			Total...	month and the closing balance has already been submitted to the Treasury for necessary verification. Superintendent of Excise		
--	--	--	----------	--	--	--

Pay Rs. _____ (Rupees _____) only

Examined and Entered.

Accountant/J.A.O.

T.O./A.T.O./P.A.O./A.P.A.O.

For use in the Office of the Accountant General (Audit), West Bengal

Admitted _____

Objected _____ for reasons stated below:

Auditor

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

T. R. FORM NO. 36

[See T.R. 5.03]

Name of the office _____

Bill for drawing charges on account of loans and advances, subsidies, investments, etc.

D.D.O. Code _____ Bill No. _____ Date _____

Grant No. _____ Token/T.V. No. _____ Date _____

Head of Account Code _____

Received the sum of Rs. _____ (Rupees _____
_____) being the
_____ sanctioned

by _____

Vide Order No. _____ Dated _____ (Copy enclosed) for the
purpose of _____.

Certified that: (a) amount claimed in this bill was not drawn before and the total of office copy agrees with fair copy of bill, (b) the utilisation report, in respect of the previous loans/advances/subsidies/investments/drawn, has been furnished and accepted by the sanctioning authority, (c) utilisation report in respect of the present amount will be furnished to the sanctioning authority / Principal Accountant General (A&E), West Bengal in due course.

Please pay by account payee cheque drawn in favour of me/by transfer credit to the Deposit/L.F. Account _____.

(Title of the Deposit Account – Challan enclosed)

Signature of the Loanee _____

Designation _____

Countersigned for Rs. _____ (Rupees _____
_____). The grant/allotment

under head is Rs. _____. Amount already spent including this bill
is Rs. _____.

Bill Clerk *Accountant* *Signature of the D.D.O.* _____

Designation _____

Place :

Date:

For use in the Treasury

*Pay Rs. _____ (Rupees _____
_____) issue Account Payee cheque in favour of Shri/Smt. _____
Designation _____ / by transfer credit to _____.

Examined and entered.

Accountant /J.A.O.

T.O./A.T.O./P.A.O./A.P.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

Note: This form is mainly intended for payment of loans and advances, investment in share capital/ debenture, subsidies etc. to Municipalities and Municipal Corporations, Panchayati Raj Institutions and other bodies declared as local fund under T. R. 5.05, to companies registered under Indian Companies Act, 1961, Co-operative Societies, Statutory Corporations and other bodies when bill is drawn by the nominated Officer as mentioned in the relevant sanction order.

* Strike out which is not applicable.

T. R. FORM NO. 37

[See T. R. 5.03 and T.R. 5.10]

**Bill for drawing loans and advances (other than G.P.F. and Festival advances)
sanctioned to employees of the Government**

Name of the Office _____

D.D.O. Code _____ Bill No. _____ Date _____

Grant No. _____ Token/T.V. No. _____ Date _____

Head of Account Code _____

Received a sum of Rs. _____

(Rupees _____)

(in words)

on account of loan/advance sanctioned in
favour of Shri/Smt. _____

for the purpose of _____

Designation _____

Vide Order No. _____ dated

_____ issued by _____

(Name of the issuing Authority)

Allotment Received _____

Progressive Expenditure including this bill

Certified that: (a) amount claimed in this bill was not drawn before and the total of offices copy agrees with the fair copy of the bill and (b) the utilisation report in respect of loan/advance will be furnished to the sanctioning authority in due course. (c) the fact has been noted in the Service Book of the employee concerned, (d) the drawal has been noted in the Pay Bill Register.

Bill Clerk

Accountant

Signature of the D.D.O. _____

Designation _____

For use in the Treasury

Pay Rs. _____ (Rupees _____
_____) only by Order Cheque / Account Payee cheque in favour of
Shri/Smt. _____ Designation _____

Examined and entered.

Accountant /J.A.O.

T.O./A.T.O./P.A.O./A.P.A.O.

For use in the Office of the Accountant General (Audit), West Bengal

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

Auditor

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

T.R. FORM NO. 38

[See T.R. 5.04]

Schedule of recovery of Loans and Advances / Interest on Loans and Advances

D.D.O. Code _____ Bill No. _____ Date _____
 Grant No. _____ Token/T.V. No. _____ Date _____
 Head of Account Code _____

Office of the _____

Sl. No.	Name of the employee & designation	Identification Number, if any	Salary head of Account	No. of instalments	Amount recovered		Remarks
					Principal	Interest	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
					Rs.	Rs.	

- N.B. : 1. In case of transfer from previous office and if there is any change of salary head of Account, the previous salary head of account may be quoted in the 'Remarks' column.
2. Name of the Accounts Officer who maintains the Loan Account _____.
3. In case of Central Government employees on deputation from the office of the Accountant General of this State or any other State the Head of Account may be indicated as "8658 - Suspense Account - 00 - 101 - PAO Suspense - PAO (Audit), Kolkata".
4. In case of other Central Government Civil employees on deputation, the Head of Account may be indicated as "8658 - Suspense Account - 00 - 101 - PAO Suspense - (Name of the concerned Ministry)".
5. In case of Railway employees on deputation, the Head of Account may be indicated as "8658 - Suspense Account - 00 - 102 - Suspense Account - Civil - (FA & CAO of the concerned Railway)".
6. In case of other State Government employees on deputation, the Head of Account may be indicated as "8793 - Inter-State Suspense Account - 00 - 101 - (Name of the concerned State)".

Certified that the amount recovered from the salary for the month of _____ payable on 1st of _____ is as terms and conditions of loan.

Bill Clerk

Accountant

Signature of the D.D.O.

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

Noted in the Broadsheet _____.

Accountant

S.O./A.A.O.

T.R. FORM NO. 39
[See sub-rule (6) of T.R. 6.08]

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

Authority No. _____ date _____ of
opening the Account

P. F. Deposit Account Register of _____ (name of operator / Institution)
Name of Account _____ (e.g. Deposit Account for P.F. Deposits of _____ University etc.)

DEPOSITS							WITHDRAWALS								
Date	Opening Balance	Challan No./ Bill No./Token No./T.V. No.	Amount Deposited	Total	Signature of TO/APAO	Leger No. & Folio No. of the Institution/ operator	Cheque No. with date	Amount	Signature of TO/APAO	Date of payment	Date of encashment	Signature of TO/APAO	Closing balance	Leger No. & Folio No. of the Institution/ operator	Remarks
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

* To be maintained by Treasury/Pay & Accounts Office.

Note :

1. As soon as any transfer of payment is made through a Bill, the T.O./A.T.O./P.A.O./A.P.A.O. shall under his dated signature record the amount deposited by Transfer – Credit against Column No. 3 and progressive balance worked out.
2. As and when any cheque is authorised for payment, particulars of payment will be recorded simultaneously with encashment on the cheque with the pay order.

The date of encashment of the cheque will be recorded as and when the cheque is returned by the Bank to Treasury.

T.R. FORM NO. 40

[See sub-rule (2) of T.R. 6.09 and T.R. 6.31,]

Administrator Code _____
Head of Account Code _____

Authority No. _____
Date _____ of Opening the Account

**Ledger of Local Fund Account / Personal Deposit Account / Provident Fund Account
(Consolidated)**

Name of the Administrator _____

**Daily Receipts and Payments from the Deposit Account
for the month of _____ 20__**

Receipts							Payments								
Date	Opening Balance	Cheque No. or Token No.	Particulars	Scheme Code	Amount of deposit / transfer credit	Total	Date of encashment of the Cheque	Advice No. with date & purpose of withdrawal	Particulars	Cheque No. and Date	Scheme Code	Amount	Closing Balance.	Initial of the T.O. / A.T.O. / A.O. / A.P.	Remarks
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)

T.R. FORM NO. 41

[See T.R. 6.31, sub-rule (2) of T.R. 6.09]

Administrator Code _____

Authority No. _____

Head of Account Code _____

Date _____ of Opening the Account

Scheme-wise Ledger of Local Fund Account / Personal Deposit Account / Provident Fund Account

Name of the Administrator _____

Daily Receipts and Payments from the Deposit Account

on Account of _____ (name of the Scheme)

Scheme Code _____

(use separate page for separate Scheme)

for the month of _____ 20__

Receipts						Payments							
Date	Opening Balance	Cheque No. or Token No.	Particulars	Amount of deposit / transfer credit	Total	Date of encashment of the Cheque	Advice No. with date of encashment at Treasury	Particulars	Cheque No. and Date	Amount	Closing Balance.	Initial of the T.O / A.T.O. / P.A.O. / A.P.	Remarks
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)

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 _____

Grant No. _____

Token/T.V. No. _____

Head of Account Code _____

Date _____

Original Challan No. _____ Date of Deposit _____ In this space a translation of the receipt form into the current vernacular should be given	Name of Depositor _____ Amount originally deposited _____ Rupees
Received this ____ day of _____ 20__ the sum of Rupees _____ _____ being the amount payable _____ on account of the deposit described above by order cheque / Account Payee cheque in favour of _____ Certified that the amount claimed in this bill was not drawn before. Bill Clerk Accountant Signature & designation of the D.D.O.	Passed for payment to _____ Rs. _____ (Rupees _____) <i>Judge, Magistrate or Collector or other Officer.</i> Station _____ date _____

For use at the Treasury

Pay Rs. _____ (Rupees _____) only

Examined and entered

Accountant/J.A.O.

T.O./A. T. O./P.A.O./A. P.A.O.

Station _____

Dated _____ 20__

For use in the Office of the A.G.(Audit), West Bengal

Admitted for Rs. _____

Objected to Rs. _____ for reasons stated below.

Auditor

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

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 _____

Grant No. _____

Token/T.V. No. _____ Date _____

Head of Account Code _____

Sl. No.	Particulars	G.O. No. & Date	Amount

Please pay by transfer credit to _____
_____ (head of account)

Bill Clerk _____

Accountant _____

Signature of the D.D.O.
Designation _____

For use in the Treasury

Pay Rs. _____ (Rupees _____
_____) only by transfer credit to _____.

Examined and entered.

Accountant /J.A.O.

T.O./A.T.O./P.A.O./A.P.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

T.R. FORM NO. 44

[See sub-rule (1) (b) of T.R. 6.16]

**Statement of Lapsed Revenue / Civil / Criminal Deposits of
_____ Treasury for the year 20__ to 20__**

Particulars of Deposit			For use in the office of the Principal Accountant General (A&E), West Bengal				
Year	Number	Balance Lapsed (Rs.)	Refund Order		Amount of refund Sanctioned (Rs.)	Initials	Remarks
			Number	Date			

Please pay Rs. _____
by transfer credit to "0075-00-101-Unclaimed Deposits-27-Other Receipts"

Collector/Collector-in-Charge of Treasury

For use at the Treasury

Examined & Entered

Pay Rs. _____ by
transfer credit to "0075-00-101-Unclaimed Deposits-27-Other Receipts"

Accountant/J.A.O.

T.O./A.T.O./P.A.O./A.P.A.O.

For use at the office of the Principal Accountant General (A&E), West Bengal

Adjusted *vide* Transfer Entry No. _____ dated _____

Accountant

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

T. R. FORM NO. 45

[See sub-rule (2) of T.R. 6.14, T.R. 6.18 and 6.19]

Refund of lapsed deposits – Application and Bill Form

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

To
 The Pr. Accountant General (A&E), West Bengal/
 The Pay & Accounts Officer-I, Kolkata/
 The Pay & Accounts Officer-II, Kolkata/
 The Treasury Officer, _____

Sir,

The following refunds of lapsed deposits aggregating Rupees _____
 _____ (in words) have been claimed by _____ about
 whose identity and title to the money I have satisfied myself. I request that the amount may
 be refunded.

Class of Deposits	Particulars of original deposit		Balance credited to Government	Date of lapsed statement	Amount claimed	Remarks
	Challan No.	Date				
			Rs.		Rs.	

Station _____
 Dated _____ 20 _____

*Signature of the
 Competent Authority*

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

Principal Accountant General (A&E), West Bengal's Office No. _____ date
 _____ 20__

Sanctioned Rs. _____ (Rupees _____) only.

Signature of Accounts Officer

(Space for revalidation) _____

Please pay Rs. _____ (Rupees _____) only by order cheque / Account payee cheque in favour of _____.

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

Bill Clerk

Accountant

Signature of the D.D.O.

For use in the Treasury

Pay Rs. _____ (Rupees _____) only by cheque in favour of _____ (party) credit verified and note of refund kept in the Register.

Accountant/ J.A.O.

T.O./A. T.O./P.A.O./A.P.A.O.

Note :- *T.O./A.T.O./P.A.O./A.P.A.O.* are competent to make refund of lapsed deposit in respect of which detailed accounts are maintained and credit can be verified at their end. If credit cannot be verified the refund of lapsed deposit will be made on the order of the Principal Accountant General (A&E), West Bengal.

Received payment
[Stamped Receipt]

Note :- In case Drawing & Disbursing Officer collects the payment from the Treasury, the acknowledgement will be taken from the payee at the time of actual payment made either by cheque or in cash.

For use in the Office of the A.G.(Audit), West Bengal

Admitted for Rs. _____

Objected to Rs. _____ for reasons stated below.

Auditor

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

T. R. FORM NO. 46
[See sub-rule (2) of T. R. 6.39]

**CERTIFICATE OF GENERAL PROVIDENT FUND DEDUCTIONS
IN RESPECT OF GROUP 'D' EMPLOYEES**

D.D.O. Code _____ Bill No. _____ Date _____
Grant No. _____ Token/T.V. No. _____ Date _____
Head of Account Code _____

Certified that an amount of Rs. _____ (Rupees _____) as per following break-up have been deducted as General Provident Fund Deductions in respect of Group 'D' employees claimed in this bill payable on 1st _____ under the head of account _____ (salary head of account).

No. of Group 'D' employees	Amount of monthly subscription	Amount of refund of withdrawals	Total (2)+(3)	Remarks
(1)	(2)	(3)	(4)	(5)

Bill Clerk _____ Accountant _____
Date _____

Signature of D.D.O. _____
Designation _____

T. R. FORM NO. 47

[See sub-rule (1) of T. R. 6.39]

SCHEDULE OF GENERAL PROVIDENT FUND DEDUCTIONS

D.D.O. Code _____ Bill No. _____ Date _____
Grant No. _____ Token/T.V. No. _____ Date _____
Head of Account Code _____

Important Instructions :

- (1) This form should not be used for transactions of other Provident Funds for which Form No. T. R. 48 has been provided. The Account Numbers should be arranged in serial order.
- (2) In the remarks column, give reasons for discontinuance of subscriptions, such as "Proceeded on leave" "Transferred to _____ Office _____ Districts" "Quitted Service", "Died" or "Discontinued under Rule 7".
- (3) In the remarks columns write description against every new name, such as " _____ subscriber", "came on transfer from _____ Office, _____ District", "Resumed subscription".
- (4) Separate Schedule should be prepared in respect of persons whose Account Numbers are prefixed by different alphabetical abbreviation.
- (5) In case of Central Government employees on deputation from the office of the Accountant General of this State or any other State the Head of Account may be indicated as "8658 - Suspense Account – 00 – 101 – PAO Suspense – PAO (Audit), Kolkata".
- (6) In case of other Central Government Civil employees on deputation, the Head of Account may be indicated as "8658 – Suspense Account – 00 – 101 – PAO Suspense – (Name of the concerned Ministry)".
- (7) In case of Railway employees on deputation, the Head of Account may be indicated as "8658 – Suspense Account – 00 – 102 – Suspense Account – Civil – (FA & CAO of the concerned Railway)".
- (8) In case of other State Government employees on deputation, the Head of Account may be indicated as "8793 – Inter-State Suspense Account – 00 – 101 – (Name of the concerned State)".

Arrange the Account Numbers in serial order. If interest is paid in advance mention it in the remarks column.

Office of the _____ (here write the designation of the drawing officer and station).

Deductions made from the salary of _____ payable on 1st _____
_____ Name of Accounts Officer who maintains these
Accounts.

Account No.	Name	Pay or /and leave salary this month	Salary Head of Account	Monthly subscription	Refund of withdrawals		Total realised	Remarks
					Amount	No. of installments		
1	2	3	4	5	6	7	8	9
				Rs.	Rs.		Rs.	

Total : Rs. _____ (Rupees _____)

Bill Clerk _____ Accountant _____ Signature of D.D.O _____
Date _____ Designation _____

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

Voucher _____ Date of encashment _____

- (1) Certified that the name, amounts of individual deductions and the total showing 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 amounts actually drawn in the bill.

Dated initials of the Accountant

T. R. FORM NO. 48

[See sub-rule (1) of T. R. 6.39]

Schedule of* Provident Fund Deductions

D.D.O. Code _____ Bill No. _____ Date _____
 Grant No. _____ Token/T.V. No. _____ Date _____
 Head of Account Code _____

Important Instructions :

(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 unflinching. 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. Office of the _____ (here write the designation of the drawing officer and station).

Arrange the Account Numbers in serial order.

Deductions made from the salary for _____ payable on 1st _____ 20____.
 Name of Account Officer who maintains these accounts _____ (see instructions).

If interest is paid on advance mention it in the remarks column.

Account No.	Name	Pay or/and leave salary this month	Salary Head of Account	Monthly subscription	Refund of withdrawals		Total realised	Remarks
					Amount	Number of instalments		
1	2	3	4	5	6	7	8	9
		Rs.	Rs.	Rs.	Rs.		Rs.	

Total Rs. _____ (Rupees _____) Only
*Please fill in the Name of the Provident Fund

Bill Clerk _____ Accountant _____ Dated signature of D.D.O. _____
Designation _____

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.

T. R. FORM NO. 49
[See sub-rule (1) of T. R. 6.39]

Schedule of deductions on account of subscription to Post Office Life Insurance
Fund for the month of _____ 20__

D.D.O. Code _____ Bill No. _____ Date _____
Grant No. _____ Token/T.V. No. _____ Date _____
Head of Account Code _____

Office _____ Department _____

No. of Policy	Name of Subscriber	Period of pay bill	Salary Head of Account	Rate of Premium	Amount Recovered	Remarks
(1)	(2)	(3)	(4)	(5)	(6)	(7)

Total Rs. _____ (Rupees _____) only

Bill Clerk _____ Accountant _____ Signature of D.D.O. _____
Station _____ Designation _____
Dated _____

T. R. FORM NO. 50

[See sub-rule (1) (a) of T. R. 6.41 and sub-rule (1) of T.R. 6.43]

D.D.O. Code _____ Bill No. _____ Date _____

Grant No. _____ Token/T.V. No. _____ Date _____

Head of Account Code _____

Bill for withdrawing Final Payment / Refundable Advance / Non-Refundable Advance* from General Provident Fund of Shri/Smt. _____ the establishment of the _____ of the month of _____ 20__.

Name and designation of subscriber and pay	General Provident Fund Account No.	No. and date of sanction/ letter authority	Nature of withdrawal Final payment /Refundable Advance/ Non-refundable Advance*	Amount Rs.	Acquittance
(1)	(2)	(3)	(4)	(5)	(6)

Amount required for payment (in words) Rupees _____

Head of account from which the salary is drawn.

(*Strike out whichever is not applicable)

Certified that: (a) amount claimed in this bill was not drawn before and the total of office copy agrees with fair copy of bill.

Pay to self/_____ by order/Account Payee cheque in favour of _____.

Bill Clerk

Accountant

Signature & designation of the D.D.O
Station _____

Dated _____ 20__

Pay Rs. _____

(Rupees _____)

Examined and entered

Accountant/ J.A.O.

T.O./A.T.O./P.A.O./A.P.A.O.

[For use in the Principal Accountant General (A&E), West Bengal]

- (1) Certified that the name, amount of withdrawal have been checked with reference to the bill as per M.S.O.(A&E),.
- (2) Certified that the rate of pay as shown in column (1) has been verified with the amounts actually withdrawn in the bill.

Date _____

Accountant

S.O./A.A.O.

T.R. FORM NO. 51

[See T. R. 6.46]

**RECEIPTED BILL UNDER THE CENTRAL GOVERNMENT EMPLOYEES'
GROUP INSURANCE SCHEME, 1980**

D.D.O. Code _____ Bill No. _____ Date _____
Grant No. _____ Token/T.V. No. _____ Date _____
Head of Account Code _____

Received the sum of Rs. _____ (Rupees _____) being the total of entitlement of Rs. _____ from the Insurance* Fund and/or of Rs. _____ from the Savings Fund, accrued to _____.

Name _____ Designation _____ *Group
A/B/C/D under the Central Government Employees' Group Insurance Scheme, 1980.
Signature(s) of Recipient(s)

Date

(Name in Block Capital)

FOR USE IN OFFICE

(a) *Relevant biodata of the member*

1. Type of group of the member (i.e., lowest group) viz. D/C/B/A on initially joining the scheme on _____ (date)
2. Year of acquiring membership of higher group :-
 - * (i) C - 20__
 - (ii) B - 20__
 - (iii) A - 20__

(b) Countersigned for payment of Rs. _____ (Rupees _____) to claimant(s). Crossed cheque/demand draft to be issued in favour of claimant(s) :

Signature _____
Date _____
Designation of D.D.O. _____

FOR USE IN TREASURY

Passed for payment of Rs. _____ (Rupees _____)
Payment through Cheque(s) No(s). _____ date _____

Examined and Entered.

Accountant / J.A.O.

P.A.O./A.P.A.O./T.O./A.T.O.

* Delete whichever is inapplicable

For use in the Office of the Accountant General (Audit), WB

Admitted Rs. _____

Objected Rs. _____ for reasons stated below.

Auditor

SO/AAO/Audit Officer

T.R. FORM NO. 52

[See T. R. 6.46]

**RECEIPTED BILL UNDER ALL INDIA SERVICE
GROUP INSURANCE RULES, 1981**

PART I

Received the sum of Rs. _____ (in words) under the All India Service Group Insurance Rules, 1981, being the total of entitlement of Rs. _____ from the *Insurance Fund and /or of Rs. _____ from the Savings Fund accrued to – Name _____
_____ Service to which I/he* belonged _____
Designation _____
Name of State on whose cadre borne _____
_____.

Signature(s) of Recipient(s)

Date

(Name in Block Capital)

PART II

Endorsement to be recorded by the Designated Drawing Officer of State/Union Territory or by D.D.O. of concerned Central Ministry / Department in respect of an officer on deputation to Centre.

- (a) Date on which the officer became a member of the Scheme _____
(b) Description of the event (retirement, resignation, death, etc., and date thereof _____)
(c) Countersigned for payment of Rs. _____ (Rupees _____) to claimant(s). Crossed cheque/demand draft to be issued in favour of claimant(s).

Signature _____

Date _____

Designation of D.D.O. _____

Government of _____

PART III

Endorsement to be recorded by the D.D.O. of Department of Personnel and Administrative Reforms.

Certified that the above details (including entitlement under Savings Fund) have been verified and found to be correct.

Signature _____

Date _____

D.D.O., D.P.&A.R. _____

PART IV

* Delete whichever is inapplicable

FOR USE IN TREASURY

Passed for payment of Rs. _____ (Rupees _____)
Payment through Cheque(s) No(s). _____ date _____

Examined and Entered.

Accountant / J.A.O.

P.A.O./A.P.A.O./T.O./A.T.O.

For use in the Office of the Accountant General (Audit), WB

Admitted Rs. _____

Objected Rs. _____ for reasons stated below.

Auditor

SO/AAO/Audit Officer

T.R. FORM NO. 53
[See Sub-rule (1) of T.R. 6.48]

**Schedule of Recovery of Subscription under West Bengal State Government Employees
Group Insurance-cum-Savings Scheme, 1983
for the month of _____ 20__**

D.D.O. Code _____ Bill No. _____ Date _____
Name of Office _____ Token/T.V. No. _____ Date _____

Sl. No.	Name of the Department / Section of Establishment	Total number of Subscribers under the Scheme	Amount of contribution realised		
			Insurance Fund	Savings Fund	Total Contribution

Head of Account Code (Insurance Fund) _____ Rs.

Head of Account Code (Savings Fund) _____ Rs.

1. Certified that a sum of Rs. 8/- (Rupees Eight only) per month on account of contribution towards the Scheme has been deducted from the salary of each employee and that the total amount so deducted has been shown on the first page of the salary bill.

2. Certified that no deduction has been made from the salary of employees appointed on short-term vacancies, on ad-hoc basis or others excluded from the Scheme [by the exclusion clauses (a) to (h) of para 3 of the scheme].

Signature with date of Drawing Officer

For use at the Treasury

Checked and entered .

Bill Clerk

Accountant/J.A.O.

T.O./A.T.O./P.A.O./A.P.A.O.

T.R. FORM NO. 54

[See T.R. 6.48]

**Consolidated Schedule of Deposits of Insurance-cum-Savings Fund 1983 at the Treasury
in the month of _____ 20____**

Name of the Treasury _____

PART – I

Total Number of D.D.Os.	Total Number of employees covered by the Scheme	Amount of Deposit in the Insurance Fund during the month	Amount of Deposit in the Savings Fund during the month	Total amount of Deposit during the month
(i)	(ii)	(iii)	(iv)	(v)

**Schedule of payment of Insurance-cum-Savings Fund 1983 at the _____ Treasury
in the month of _____ 20____**

PART – II

Number of employees to whom payment has been made due to death	Number of persons to whom payment has been made due to reasons other than death	Total amount of payment made due to death		Total amount of payment made due to reasons other than death	Total amount of payment from Savings Fund
		Insurance	Savings with Interest	Savings Fund with Interest	Total of (4) + (5)
(1)	(2)	(3)	(4)	(5)	(6)

Treasury Officer

T.R. FORM NO. 55

[See T.R. 6.49]

D.D.O. Code _____

Bill No. _____ Date _____

Grant No. _____

Token/T.V. No. _____ Date _____

Head of Account Code _____

Name of Office _____

Schedule pertaining to the Credit Head "8011-Insurance and Pension Fund-00-107-West Bengal State Government Employees' Group Insurance Scheme-004-Insurance Fund 1987 and Amount received from State Government Employees under Group Insurance-cum-Savings Scheme 1987-005-Saving Fund 1987

For the month of _____

Note : (In case the subscription remain arrears the fact should be shown in red ink in the remarks column).

Sl. No.	Group	Total No. of Employees under the Group		Contribution towards the Insurance Fund Rs.	Contribution towards Savings Fund Rs.	Total Contributions Rs.	Remarks
		Subscription to Insurance Fund only	Subscribing to Insurance Fund and Savings Fund				
1.	Group 'A'						
2.	Group 'B'						
3.	Group 'C'						
4.	Group 'D'						

*Bill Clerk**Accountant**Signature of the Drawing & Disbursing Officer*

- N.B. :** (a) In case of Central Government employees on deputation from the office of the Accountant General of this State or any other State the Head of Account may be indicated as “8658 - Suspense Account – 00 – 101 – PAO Suspense – PAO (Audit), Kolkata”.
- (b) In case of other Central Government Civil employees on deputation, the Head of Account may be indicated as “8658 – Suspense Account – 00 – 101 – PAO Suspense – (Name of the concerned Ministry)”
- (c) In case of Railway employees on deputation, the Head of Account may be indicated as “8658 – Suspense Account – 00 – 102 – Suspense Account – Civil – (FA & CAO of the concerned Railway).
- (d) In case of other State Government employees on deputation, the Head of Account may be indicated as “8793 – Inter-State Suspense Account – 00 – 101 – (Name of the concerned State)”.
-

For use in the Treasury

Checked and entered in the G.I.S.S. Register

Junior Accountant

Accountant / J.A.O.

*Signature of the T.O. / A.T.O. / P.A.O. /
A.P.A.O.*

Date _____

T.R.FORM NO. 56
[See Sub-rule (1) of T.R. 6.49]

**Register of Receipts of Subscription under West Bengal State Government Employees'
Group Insurance-cum-Savings Scheme, 1987**

Name : Treasury / Pay & Accounts Office _____ for the month of _____

Sl. No.	Name of D.D.O. or Foreign employer	Challan No. & Date Token No./T.V.No. and Date	Number of employees			
			Group 'A'	Group 'B'	Group 'C'	Group 'D'
(1)	(2)	(3)	(4)	(5)	(6)	(7)

Amount Recovered								Total of Insurance Fund	Total of Savings Fund	Total Contributions
Group 'A'		Group 'B'		Group 'C'		Group 'D'				
Insurance	Savings	Insurance	Savings	Insurance	Savings	Insurance	Savings	(16)	(17)	(19)
(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)			

Dealing Assistant

Accountant

Treasury Officer

T.R.FORM NO. 57

[See T.R. 6.49]

**Schedule of Payments in case of death while in service or retirement/resignation under
Group Insurance-cum-Savings Scheme, 1987**

Name of the Treasury / Pay & Accounts Office _____ Payments for the month _____

Date of payment	Voucher No. and Date	Name of D.D.O.	Payments in case of death while in service												
			Group 'A'			Group 'B'			Group 'C'			Group 'D'			
			No. of death	Insur-ance	Sav-ings	No. of death	Insur-ance	Sav-ings	No. of death	Insur-ance	Sav-ings	No. of death	Insur-ance	Sav-ings	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	

Total		Payments in case of retirement/resignation								Total of Savings fund	Rem-arks
Insurance	Savings	Group 'A'		Group 'B'		Group 'C'		Group 'D'			
		No. of persons	Savings Fund	No. of persons	Savings Fund	No. of persons	Savings Fund	No. of persons	Savings Fund	(26)	(27)
(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)

Dealing Assistant

Accountant

Treasury Officer

T.R.FORM NO. 58

[See T.R. 6.49]

**Consolidated Schedule of Receipts and Payments of West Bengal State Government
Employees' Group Insurance-cum-Savings Scheme, 1987**

Name of the Treasury _____

Receipts in the month of _____

Group	No. of employees	Insurance Fund	Savings Fund	Remarks
Group 'A'				
Group 'B'				
Group 'C'				
Group 'D'				
Total				

Payments in the month of _____

(A) *In case of death while in service :*

Group	No. of death	Insurance Fund	Savings Fund	Remarks
(1)	(2)	(3)	(4)	(5)
Group 'A'				
Group 'B'				
Group 'C'				
Group 'D'				
Total				

(B) *In case of retirement/resignation etc.*

Group	No. of persons retired / resigned etc.	Savings Fund	Total Payment from Savings Fund (4) + (8)	Remarks
(6)	(7)	(8)	(9)	(10)
Group 'A'				
Group 'B'				
Group 'C'				
Group 'D'				
Total				

*Dealing Assistant**Accountant**Signature of Pay & Accounts Officer/
Treasury Officer*

T.R.FORM NO. 59

[See T.R. 6.49]

**Plus-Minus Memorandum of West Bengal State Government Employees' Group
Insurance Scheme, 1983 / 1987 ***

Name of the Treasury _____

Memorandum of Savings Fund & Insurance Fund (*Plus-Minus Memorandum*)

Insurance Fund for _____ 20__

Balance from the last month	Additions to balance this month	Total	Deductions from balance	Balance at the end of each month	Remarks
(1)	(2)	(3)	(4)	(5)	(6)

Savings Fund for _____ 20__

Balance from the last month	Additions to balance this month	Total	Deductions from balance	Balance at the end of each month	Remarks
(1)	(2)	(3)	(4)	(5)	(6)

*Dealing Assistant**Accountant**Signature of Pay & Accounts Officer/
Treasury Officer*

* Separate Plus Minus Memo should be used for G.I. 83 & G.I. 87.

T.R.FORM NO. 60
[See T.R. 6.48 and T.R. 6.49]

Bill for withdrawal from West Bengal Government Employees' Group Insurance-cum-Savings Scheme, 1983 / 1987 * – For Savings Fund
For the month of _____ 20__)

D.D.O. Code _____ Bill No. _____ Date _____
Grant No. _____ Token/T.V. No. _____ Date _____
Head of Account Code _____

Name of the Government employee with office designation held on the day before the day of cessation of employment	No. and date of letter sanctioning payment	Amount payable from Savings Fund with interest

#Name of Payee(s) _____ Rs. _____

Net amount for payment Rs. _____ (Rupees _____)

Signed : Bill Clerk Accountant Signature & designation of D.D.O.

Station : _____

Date : _____ 20__

For use at the Treasury

Pay Rs. _____ (Rupees _____)

Examined and entered.

Accountant/J.A.O.

T.O./A.T.O./P.A.O./A.P.A.O.

For use in the Office of the Accountant General (Audit), WB

Admitted Rs. _____

Objected Rs. _____ for reasons stated below.

Auditor _____

SO/AAO/Audit Officer

* Strike out which is not applicable

In case of Death mention the name of each payee with amount payable to each.

T.R.FORM NO. 61
[See T.R. 6.48 and T.R. 6.49]

Bill for withdrawal from West Bengal Government Employees' Group Insurance-cum-Savings Scheme, 1983 / 1987* (Insurance Fund) in respect of subscriber of his demise while in service for the month of _____ 20__

D.D.O. Code No. _____ Bill No. _____ Date _____
Grant No. _____ Token/T.V. No. _____ Date _____
Head of Account Code No. _____

Name and Designation of the Government employee	No. & date of letter sanctioning the amount	Amount payable
		Insurance Fund Total Rs.

#Name of Payee(s) _____ Rs. _____

Net amount for payment Rs. _____ (Rupees _____)

Signed: Bill Clerk Accountant Signature & designation of D.D.O.

Station : _____

Date : _____ 20__

For use at the Treasury

Pay Rs. _____ (Rupees _____)

Examined and entered.

Accountant/J.A.O.

T.O./A.T.O./P.A.O./A.P.A.O.

For use in the Office of the Accountant General (Audit), WB

Admitted Rs. _____

Objected Rs. _____ for reasons stated below.

Auditor _____

SO/AAO/Audit Officer

* Strike out which is not applicable

In case of Death mention the name of each payee with amount payable to each.

T.R.FORM NO. 62

[See T.R. 6.49]

Annual Statement for 20___ showing the number of persons subscribing to the Group Insurance Scheme and the number for whom payments were made.

Year of the Report :

PART I

No. of the employees subscribing to the Group Insurance Scheme at the composite rate:

In April 20___ (Previous year)					In April 20___ (Current year)				
Group A	Group B	Group C	Group D	Total Cols. (1 to 4)	Group A	Group B	Group C	Group D	Total Cols. (6 to 9)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)

PART II

No. of cases in which payments were made during the previous year 20___ because of (i) death and (ii) other cases :

(i) death

Group A	Group B	Group C	Group D	Total (Cols. 11 to 14)
(11)	(12)	(13)	(14)	(15)

PART III

(ii) Other cases

Group A	Group B	Group C	Group D	Total (Cols. 16 to 19)
(16)	(17)	(18)	(19)	(20)

T. R. FORM NO. 63

[See Appendix 4, Part – I, Rule 10 & Rule 11]

**Consolidated Issue-cum-Schedule of _____ (division)
for the month of _____ 20__**

D.D.O. Code _____

Grant No. _____

Head of Account Code _____

Date of payment	Particulars of cheques issued* (to be filled in by the Division)			Particulars of Cheques encashed** (to be filled in by the Treasury)		
	No.	Book	Amount	No.	Book	Amount
(1)	(2)	(3)	(4)	(5)	(6)	(7)

*Cheques which are encashed during the month will be ticked in red ink by the Treasury in columns (2), (3) and (4).

**Cheques which are encashed during the month, but not mentioned in columns (2), (3) and (4) will be detailed in columns (5), (6) and (7).

Encashment of cheques :

Checked and verified.

Signed

Divisional Accountant/
Divisional Accounts Officer

Countersigned

Accountant/J.A.O.

T.O./A.T.O./P.A.O./A.P.A.O.

Divisional Officer

_____ Division

Date _____ 20 __

Date _____ 20 __

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 _____

_____ Treasury					From the Division
Received from the Officer-in-Charge of _____ Division the sum of Rs. _____ as detailed below for credit to the _____ Department.					Number of credit item and the date of entry in Divisional Account
Date of remittances to Bank	Name of Treasury	By whom remitted	Number of Challan	Amount remitted	

Checked and verified.

Signed

Divisional Accountant/
Divisional Accounts Officer

Countersigned

Accountant/J.A.O.

T.O./A.T.O./P.A.O./A.P.A.O.

Divisional Officer

_____ Division

Date _____ 20 __

Date _____ 20 __

T. R. FORM NO. 65
[See Para 5(c) of Appendix 17]
(Adopted from FORM M (8) of West Bengal Estate Acquisition Rules, 1954)

**RECEIPT/BILL FOR ANNUAL INSTALMENT OF THE PRINCIPAL AND
INTEREST ON WEST BENGAL ESTATE ACQUISITION BONDS/INTEREST ON
OTHER GOVERNMENT PROMISSORY NOTES, BONDS**

Grant No.
D.D.O. Code
T.No./T.V. No.
Date

Bill no.....dated..... Receipt no. *

Head of account (code)

Received from the Government Treasury at the annual instalment of the principal with interest due on the West Bengal Estate Acquisition Compensation BONDS /INTEREST ON % west Bengal LOAN BOND/West Bengal PROMISSORY NOTES as noted below :-

No. of bond	Amount of each bond	Amount of yearly instalment#		Number of yearly instalment(s) due	Total amount due#		Date upto which instalment is due	Name and address of the holder of the bond
		Principal	Interest		Principal	Interest		
1	2	3	4	5	6	7	8	9
	Rs.	Rs.	Rs.		Rs.	Rs.		

\$Deduct Income Tax
At %
Surcharge.....
Net amount payable.
Total

Total Received (.....)

Signature
(State whether holder or holder's attorney or administrator)

Received payment

Passed for Payment of Rs.
Date.....

Signature of the DDO.

FOR USE IN TREASURY			
Treasury voucher No. and Date	Classification of charts on account of-		Total
	Principal under head "6003-Internal debt of the state government- 00-106-compensation & other bonds (charged)-56- repayment of loans" @	Interest under head "2049-Interest Payment-60-interest on other obligations- 701-miscellaneous- non-plan-006-interest on West Bengal Estate Acquisition Compensation Bonds-50- othercharges " @	
1	2	3	4
	Rs.	Rs.	Rs.

Pay Rs..... (in figures as well as in words) only as specified above.

.....
Treasury Officer
Treasury

*Herein insert the receipt no. as given in the acknowledgement in GSM 17A by the Treasury.

#SEPARATE RECEIPT/BILL SHOULD BE PREPARED AND SUBMITTED TO THE TREASURY FOR EACH OF PRINCIPAL AND INTEREST PORTION OF INSTALMENT SINCE PRINCIPAL AND INTEREST ARE DEBITBLE TO DISTINCTLY SEPARATE HEADS OF ACCOUNT.

\$INCOME TAX SHOULD NOT BE RECOVERED FROM THE PRINCIPAL PORTION OF THE INSTALMENTS INCOME TAX IS TO BE RECOVERED FROM THE INTEREST PORTION OF THE INSTALMENTS.

@The heads of account as mentioned here are applicable to the payment of principal and interest on West Bengal Estate Acquisition Bonds. For other bonds and promissory notes payment of West Bengal state government the respective payment should be booked under the appropriate heads of account as applicable.

T. R. FORM NO. 66

**[See T.R. 8.17(1)]
ACQUITTANCE ROLL
(Payment of Salary by Cash)**

Acquittance Roll of Permanent (or Temporary) Establishment of
..... for pay or

Item No.	Name	Designation	Net amount payable		Dated signature (with stamp where necessary, unpaid items to be noted as such and attested)
			Rs.	P.	
		Total			Total unpaid Rs..... Rupees

Passed for
Rs.....(Rupees.....) on
the authority of Establishment Bill of

(in figures)

(in words)

.....for

Cashier

Drawing Officer

T.R. FORM NO. 67

NAME OF THE OFFICE

**REGISTER OF UNDISBURSED PAY AND ALLOWANCES, ETC.
[See T.R. 8.17(7)]**

Sl. No.	Bill No. and date	Net amount of the bill		Date of encashment	Total amount remaining undisbursed		Particulars of the amount shown in Col.5		Dated initials of the D.D.O.	Date of disbursement	Dated initials of the DDO	Remarks
							Name	Amount				
1	2	3	4	5	6	7	8	9	10	11		
		Rs.	P.		Rs.	P.		Rs.	P.			

--ACTION POINTS --

- In this Register an account of undisbursed pay and allowance is kept.
- Entries of the total and particular amounts of undisbursed pay and allowances may be made against each bill serially and subsequent payments thereof entered in the appropriate columns of the Register.
- From this Register and abstract of amounts remaining undisbursed for three months should be prepared to ensure their refund, either in cash or by short drawal from the next bill.