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 ____________________________.

<table>
<thead>
<tr>
<th>Dr.</th>
<th>Cash / Receipts</th>
<th>Cr.</th>
<th>Contra / Payments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>No. of Voucher / Challan</td>
<td>Particulars</td>
<td>Amount</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Rs.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Sl. No. of packet</th>
<th>Date of Receipt</th>
<th>Office from which received</th>
<th>Condition in which received</th>
<th>Articles said to be contained in the packet</th>
<th>Value (estimated or actual)</th>
<th>(in Rs.)</th>
<th>Initials of Treasury Officer Treasurer/Stamp Clerk</th>
<th>When returned</th>
<th>Signature of recipient</th>
<th>Initials of Treasury Officer and Treasurer/Stamp Clerk</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
<td>(4)</td>
<td>(5)</td>
<td>(6)</td>
<td>(7)</td>
<td>(8)</td>
<td>(9)</td>
<td>(10)</td>
<td>(11)</td>
<td></td>
</tr>
</tbody>
</table>
T.R. FORM NO. 4  
[See sub-rule(1) of T.R. 2.43]

Register of Padlocks kept in the custody of ________________________ Treasury

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

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 ______________________________

<table>
<thead>
<tr>
<th>Date</th>
<th>Opening Balance</th>
<th>Add Amount Received during the month</th>
<th>Date</th>
<th>Less Payments/Expenditure made during the month</th>
<th>Closing Balance</th>
<th>Remarks Challan No. &amp; date for deposit of excess receipts</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Head of Account</td>
<td>Nature of receipt</td>
<td>Amount</td>
<td>Head of Account</td>
<td>Nature of payment</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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_______

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Particulars of the Bill</th>
<th>Net Amount</th>
<th>Dated initials of Drawing &amp; Disbursing Officer</th>
<th>Token No. allotted by the Treasury</th>
<th>Dated initials of the receiving official in the Treasury</th>
<th>Cheque No. &amp; date</th>
<th>T.V. No. &amp; date</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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:

3. Account Code: ________________________________
   (14- Digits must be filled up properly)

4. Detail Head of Account:

5. (a) Amount : Rs. ________________________________
   (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:


Verified

Signature of Departmental / Treasury Officer

Depositor’s Signature

Date: Treasury Receipted Challan No.

Received payment. Bank Scroll Serial No.

Receipt by Bank / Treasury Date: Signature with seal of the Bank.

1 * In respect of Challan relating to refund of unspent amount of A.C. Bill
<table>
<thead>
<tr>
<th>Notes</th>
<th>Amount</th>
<th>Drawee Bank</th>
<th>Cheque No.</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>x 1000=</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>x 500=</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>x 100=</td>
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<td></td>
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<tr>
<td>x 50=</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>x 20=</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>x 10=</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>x 5=</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

**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

(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.

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

8
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.
(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: ____________________________

Grant No.: ____________________________

Head of Account Code: ____________________

<table>
<thead>
<tr>
<th>G.O./L.O.C. No. &amp; Date</th>
<th>Name of the authority allotting fund</th>
<th>Amount Received (Rs.)</th>
<th>Progressive Balance (Rs.)</th>
<th>Signature of T.O./A.T.O./P.A.O./A.P.A.O. with date</th>
<th>Token/ Cheque No. &amp; Date</th>
<th>Amount of the Bill / Cheque (Rs.)</th>
<th>Progressive Expenditure (Rs.)</th>
<th>Progressive reduced Balance (Rs.)</th>
<th>Signature of T.O./A.T.O./P.A.O./A.P.A.O. with date</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
<td>(4)</td>
<td>(5)</td>
<td>(6)</td>
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<td></td>
</tr>
</tbody>
</table>
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. ____________________
Grant No. ___________________________ Head of Account Code: 8658-00-112-001-08
Bill No. ________ Date ________  
Token/T.V. No. ________ Date ________

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Name of the Officer with Designation</th>
<th>Amount Deducted</th>
<th>PAN No.</th>
<th>Remarks</th>
</tr>
</thead>
</table>

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 : ________________________________

<table>
<thead>
<tr>
<th>D.D.O. Code</th>
<th>Bill No.</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Grant No.</th>
<th>Token/T.V. No.</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Head of Account Code</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Roll No.</th>
<th>Name of the Officer with Designation</th>
<th>Basic Pay</th>
<th>Period</th>
<th>Amount</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

SALARY HEAD CODE : ________________________________________________________________

BILL CLERK ACOUNTANT 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**

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

**SALARY HEAD CODE :** ________________________________________________________________

Rs. ____________________
Rupees ____________________ (in words)

Signature ____________________ Signature ____________________
_Bill Clerk / Accountant_  _Drawing Officer_
LAST PAY CERTIFICATE

Last Pay Certificate of Shri/Shrimati/Kumari ________________________________
proceeding on to _____________________________.

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

<table>
<thead>
<tr>
<th>Particulars</th>
<th>Basic Pay</th>
<th>Special Pay</th>
<th>Personal Pay</th>
<th>Dearness Pay</th>
<th>Leave Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate of Deductions</td>
<td>a) G. P. F.</td>
<td>b) Income Tax</td>
<td>c) Professional Tax</td>
<td>d) Group Insurance</td>
<td></td>
</tr>
<tr>
<td>a) D. A./ A. D. A.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) H. R. A.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) Medical Allowance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 :

<table>
<thead>
<tr>
<th>No. of Policy</th>
<th>Amount of Premium</th>
<th>Due Date for the payment of Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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)

<table>
<thead>
<tr>
<th>Name of advance involving recovery/adjustment</th>
<th>Total amount of advance sanctioned with date of drawal and T.V. number</th>
<th>Outstanding amount recoverable</th>
<th>Rate of instalments Rs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay advance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>T. A. advance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leave Salary advance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cycle/Motor Cycle/Motor car advance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>H. B. advance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>G. P. F. advance</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Signature of the D.D.O. ____________________________
Designation ____________________________________
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) _________ the widow/son/daughter of ________________ ______(b) ________________ and I/we, 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 ________________ (Rupees ______________________) only (for pay and allowances in respect of his/her said office) or (in respect of his/her said pension).

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 ___________________ (Sureties).

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.**

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Date of registry</th>
<th>Date of document</th>
<th>Name of principal</th>
<th>To whom granted</th>
<th>Description</th>
<th>Limitation of Power</th>
<th>Dated initial of Accountant/T.O.</th>
</tr>
</thead>
</table>

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”.  

---

19
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 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 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 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 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 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.
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)

by its constituted Attorney.

(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 :-

22
T.R. FORM NO. 19  
[See sub-rule (1) of T.R. 4.099]

ABSENTEE STATEMENT

<table>
<thead>
<tr>
<th>D.D.O. Code</th>
<th>Name of Absentee with designation</th>
<th>Reference to Item No. in the establishment bill</th>
<th>Designation of vacant Post (in case of officiating arrangement)</th>
<th>Kind</th>
<th>Period</th>
<th>From (Fore/Afternoon)</th>
<th>To (Fore/Afternoon)</th>
<th>Name of Government employee officiating against the vacancy</th>
<th>Reference to Item No. in the establishment bill</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.
**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).

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Name of the incumbent</th>
<th>Whether substantive or officiating</th>
<th>Scale of pay of post</th>
<th>Present pay</th>
<th>Date from which present pay is drawn</th>
<th>Date of present increment</th>
<th>Pay on increment</th>
<th>Reasons for with-holding increments beyond specified date</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Suspension (not treated as duty)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Leave without pay</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Other reasons</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>From To</td>
<td></td>
</tr>
</tbody>
</table>

*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

<table>
<thead>
<tr>
<th>D.D.O. Code No.</th>
<th>Bill No.</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant No.</td>
<td>Token/T.V. No.</td>
<td>Date</td>
</tr>
<tr>
<td>Head of Account Code No.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.____

<table>
<thead>
<tr>
<th>Serial No.</th>
<th>Name</th>
<th>Age</th>
<th>Relationship with the Government employee</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>1.</td>
<td>2.</td>
<td>3.</td>
<td>4.</td>
</tr>
<tr>
<td>4.</td>
<td>5.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Departure Date and time</th>
<th>From Date and time</th>
<th>Mode of travel and class of accommodation used</th>
<th>Class to which entitled</th>
<th>No. of fares with Ticket No.</th>
<th>Fare paid</th>
<th>Fare of the entitled class</th>
<th>Distance in kms. by road</th>
<th>Remarks (Difference of column 8 and 9 and whether approved by competent authority with order no. and date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10</th>
<th>11</th>
</tr>
</thead>
</table>
8. Transportation charges of personal effects.
(Money receipts to be attached)

<table>
<thead>
<tr>
<th>Date</th>
<th>Mode</th>
<th>Station From</th>
<th>Station To</th>
<th>Weight in Kgs.</th>
<th>Rate</th>
<th>Amount</th>
<th>Remarks</th>
</tr>
</thead>
</table>

| Total... |

| Rs. | P. |

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.

<table>
<thead>
<tr>
<th>Date</th>
<th>Names of places From</th>
<th>Names of places To</th>
<th>Fare paid Rs.</th>
<th>P.</th>
</tr>
</thead>
</table>

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:

Rs.                    P.

(a) Railway/air bus/steamer fare
(b) Road mileage for _____kms @ ___ p.km
(c) Transfer grant
(d) Transfer incidentals (DA for _____ days @ Rs. ____ per day)
(e) Transportation of personal effects
(f) Transportation of private conveyance
   Gross amount … … … … …
(g) Less amount of advance(s) if any, drawn
   vide voucher(s) No. ______________
   date __________________________

Please pay Net amount … … Rs. 

 …

(in words) Rupees __________________________ only.

2. Allotment received Rs. ________
   Progressive Expenditure Rs. ________
   (including this bill)
   Balance available Rs. ________
   Please pay to self by open cheque /
Account Payee cheque in favour of ______________

Bill clerk                        Accountant Signature of Drawing & Disbursing Officer

Countersigned

Signature of Controlling Officer

For use at the Treasury

Examined and entered. Pay Rs. ________ (Rupees __________________________) only 

(in words)

as per endorsement of the Drawing & Disbursing Officer


Dated ______________ 20__
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.

<table>
<thead>
<tr>
<th>Serial No.</th>
<th>Name(s)</th>
<th>Age</th>
<th>Relationship with the Government employee</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Departure Date and time</th>
<th>Arrival Date and time</th>
<th>Distance in kms. by road</th>
<th>Mode of travel and class of accommodation used</th>
<th>No. of fares and Ticket No.</th>
<th>Fare paid</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>

† 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).

<table>
<thead>
<tr>
<th>Place</th>
<th>Mode of conveyance</th>
<th>Class to which entitled</th>
<th>Class by which actually traveled</th>
<th>No. of fares and Ticket No.</th>
<th>Fare paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>From</td>
<td>To</td>
<td></td>
<td></td>
<td></td>
<td>Rs.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>P.</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Place</th>
<th>Class to which entitled</th>
<th>Rail Fare</th>
</tr>
</thead>
<tbody>
<tr>
<td>From</td>
<td>To</td>
<td></td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Railway/air/bus/steamer fare</td>
<td>Rs. P.</td>
</tr>
<tr>
<td>(b) Less amount of advance(s) if any, drawn vide voucher(s) No.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>date</td>
<td></td>
</tr>
</tbody>
</table>

Net amount … … … Rs. (in words) Rupees __________________________ only.

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allotment received</td>
<td>Rs.</td>
</tr>
<tr>
<td>Progressive Expenditure (including this bill)</td>
<td>Rs.</td>
</tr>
<tr>
<td>Balance available</td>
<td>Rs.</td>
</tr>
</tbody>
</table>

Please pay to self by open cheque / Account Payee cheque in favour of __________________________

Bill clerk Accountant Signature of Drawing & Disbursing Officer

Countersigned

Signature of Controlling Officer

Certified that necessary entries have been made in the Service Book of Shri/Shrimati/Miss __________________________

Signature of the Drawing & Disbursing Officer
For use at the Treasury

Examined and entered.
Pay Rs. ________ (Rupees ___________________________) only
(in words)
as per endorsement of the Drawing & Disbursing Officer

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

33
T.R. FORM NO. 23
[See sub-rule (2) of T.R. 4.104]

D. D. O. Code _________________________ Bill No. __________ Date ________ 20__
Grant No. _______________________________ T.V./Token No. ______ Date ________ 20__
Head of Account Code _____________________

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

<table>
<thead>
<tr>
<th>Departure</th>
<th>Arrival</th>
<th>Mode of travel and class of accommodation</th>
<th>Fare paid</th>
<th>Distance in kms. for road mileage</th>
<th>Duration of halt</th>
<th>Purpose of journey and Ticket No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date &amp; time</td>
<td>From Date &amp; time</td>
<td>To</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>
6. Mode of Journey:

(i) Air

(a) Exchange voucher arranged by office  
(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.

<table>
<thead>
<tr>
<th>Period of stay</th>
<th>Name of the hotel</th>
<th>Daily rate of lodging charged</th>
<th>Total amount paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>From</td>
<td>To</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>1.</td>
<td>2.</td>
<td>3.</td>
<td>4.</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Departure</th>
<th>Arrival</th>
<th>Mode of conveyance and class of accommodation used</th>
<th>Fare paid and Ticket No.</th>
<th>Class to which entitled</th>
<th>Fare of the entitled class</th>
<th>Distance in Km. by road</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date &amp; time</td>
<td>From Date &amp; time</td>
<td>To</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Date and mode of conveyance used</th>
<th>Name of places</th>
<th>Fare paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>From 1</td>
<td>To 2</td>
<td>Rs. 4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>P.</td>
</tr>
</tbody>
</table>

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
Gross amount Rs._______________

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


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
## 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 ____________________________________________________________

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Section of establishment and name of the incumbent with designation</th>
<th>Gross Claim (Rs.)</th>
<th>Recovery of Advance (Rs.)</th>
<th>Net amount payable (Rs.)</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Net amount required for payment (in words) Rupees ________________________________

<table>
<thead>
<tr>
<th>Allotment Received Rs._________</th>
<th>Progressive expenditure including this bill Rs._________</th>
<th>Balance available Rs._________</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Details of Medical charges Refunded Section of establishment and name of incumbent with designation _________________________ Period ________________ Amount (Rs.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Certified that Essentiality certificates, receipts, etc., are appended.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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


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

<table>
<thead>
<tr>
<th>Office of the ___________________</th>
<th>For the month of _____ 20__</th>
</tr>
</thead>
<tbody>
<tr>
<td>________________</td>
<td>________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Serial No. of Sub-voucher</th>
<th>Description of charge and delegated power under which charges incurred</th>
<th>Amount (in Rs.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>_________________________</td>
<td>-------------</td>
<td>-----------------</td>
</tr>
</tbody>
</table>

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

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


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 : _______________________________________________________

<table>
<thead>
<tr>
<th>Serial No. of Sub-Voucher</th>
<th>Description of charge</th>
<th>Authority for drawing the charge (Viz. sanctioned under delegated power or sanctioned by the competent authority may be quoted with No. and Date)</th>
<th>Amount (in Rs.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 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 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

   (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. ________________________ to ________________________ by Account Payee Cheque/by

   transfer 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.


---

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]

<table>
<thead>
<tr>
<th>D.D.O. Code</th>
<th>Bill No.</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant No.</td>
<td>Token/T.V. No.</td>
<td>Date</td>
</tr>
<tr>
<td>Head of Account Code</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Bill for drawing advance without supporting Voucher**

Detailed bill will be sent for countersignature by _______________________

<table>
<thead>
<tr>
<th>Proforma invoice No., if any</th>
<th>Purpose (with description where necessary) and quotation of authority for drawing advance.</th>
<th>Amount (in Rs.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Total Rs. ________</td>
</tr>
</tbody>
</table>

Total Rupees (in words) ______________________ only

Allotment Received Rs. ________________
Progressive Expenditure including this bill Rs. ________________
Balance Available Rs. ________________

Deduct-amount disallowed by the Controlling Officer
Vide detailed bill Rs. ________________

Unspent or, balance of previous advance drawn under bill No. ________________
Token No. ________________
for Rs. ________________

Net amount payable Rs. ______________________ (Rupees ________________)
by transfer credit to ______________________
(challan enclosed)

Bill Clerk | Accountant | Drawing & Disbursing Officer
Date __________ 20__

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 ______________________________


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__

<table>
<thead>
<tr>
<th>Details of numbers of sub- Vouchers</th>
<th>Description of charge, number, and date of authority where special sanction is necessary</th>
<th>Amount Rs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brought forward</td>
<td></td>
<td>Rs. ________</td>
</tr>
<tr>
<td>Total Rs. _________________________</td>
<td></td>
<td>(Rupees ________ )</td>
</tr>
</tbody>
</table>

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 ____________

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

Total of this bill ____________________________
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 ________________


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

<table>
<thead>
<tr>
<th>Serial No.</th>
<th>Bill No. &amp; date</th>
<th>Token No. &amp; date</th>
<th>Amount</th>
<th>Head of account code</th>
<th>Purpose of the advance</th>
<th>Detailed bill No. &amp; date</th>
<th>Date of adjustment</th>
<th>Amount adjusted</th>
<th>Date of receipt of the D.C. Bill</th>
<th>Whether full amount adjusted</th>
<th>Amount not adjusted</th>
<th>Challan No. &amp; date of unadjusted amount refunded</th>
<th>Remarks</th>
<th>Signature of Accountant / J.A. O.</th>
<th>Signature of T.O. / A.T.O. / P.A.O. / A.P.A.O.</th>
</tr>
</thead>
</table>
**T.R. FORM NO. 30**  
[See sub-rule (3) of T.R. 4.192]

**Death Case Register**

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

Received the sum of Rs. ________________ (Rupees ___________ _____________)
being the grant-in-aid ____________________
for the period from __________________ to __________________
for the purpose of _____________________ __________________________ sanctioned by
__________________________________ (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 ______________________

54
Pay Rs. __________________ (Rupees ____________________________) / by transfer / credit to ____________________________.

Examined and Entered.


---

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

<table>
<thead>
<tr>
<th>D.D.O. Code</th>
<th>Bill No.</th>
<th>Date</th>
</tr>
</thead>
</table>

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___.

<table>
<thead>
<tr>
<th>Name of School</th>
<th>Address of School</th>
<th>Name of Paying Bank</th>
<th>Account No.</th>
<th>Amount payable and to be drawn /credited</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

Collection Charges _______________________
Total Rs. _______________________________
(Rupees _____________________________________________________)

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

<table>
<thead>
<tr>
<th>No. and date of the order sanctioning the scholarship or stipend</th>
<th>Name of the scholarship or stipend holder</th>
<th>Period of terms</th>
<th>Monthly value of stipend or scholarship</th>
<th>No. of days absent</th>
<th>Cause</th>
<th>Amount withheld</th>
<th>Amount drawn</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
<td>(4)</td>
<td>(5)</td>
<td>(6)</td>
<td>(7)</td>
<td>(8)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Deductions</th>
<th>Amount withheld</th>
<th>Net amount drawn</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total…</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deduct-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Balance undischursed from last month</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Balance due…</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Rupees (in words) __________________________________

57
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.

<table>
<thead>
<tr>
<th>Dated _______________ 20__</th>
<th>Head of the Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Countersigned for Rs. __________________________</td>
<td></td>
</tr>
<tr>
<td>Grant for the year Rs. __________________________</td>
<td></td>
</tr>
<tr>
<td>Expenditure already incurred including the present bill is Rs. __________________________</td>
<td></td>
</tr>
<tr>
<td>Balance Available Rs. __________________________</td>
<td></td>
</tr>
<tr>
<td>Station ________________ Signature of the authorised Officer __________________________</td>
<td></td>
</tr>
<tr>
<td>Dated ________________ Designation __________________________</td>
<td></td>
</tr>
</tbody>
</table>

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

For use at the Treasury

Pay Rs. __________________________ (Rupees ________________)
Examined and entered.

Dated _______________ 20__
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**

<table>
<thead>
<tr>
<th>D.D.O. Code</th>
<th>Grant No.</th>
<th>Head of Account Code</th>
</tr>
</thead>
</table>

Bill No. ___________________ Date __________

Token/T.V. No. ___________ Date __________

(Deduct Refund)

<table>
<thead>
<tr>
<th>In whose name credited</th>
<th>On what account received</th>
<th>Amount realised /received (in Rs.)</th>
<th>Date of receipt in Treasury</th>
<th>Amount in which included and head of account to which credited</th>
<th>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</th>
<th>Name of Payee</th>
<th>Amount to be refunded (in Rs.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
</tr>
</tbody>
</table>

**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.


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

<table>
<thead>
<tr>
<th>Month in which deposited</th>
<th>Name of Treasury where deposited with Challan No. date and amount</th>
<th>On what account deposited</th>
<th>Name of the contractor to whom the refund is due</th>
<th>Amount (in Rs.)</th>
<th>Initial of Superintendent of Excise in token that he has noted the refund in the departmental accounts</th>
<th>Certificate of note of payment by Treasury Officer</th>
<th>Receive contents (Re. 1 revenue stamp is to be affixed, if amount exceeds Rs. 500/-)</th>
<th>Signature of Licensee</th>
<th>Treasury Officer</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>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</td>
<td>Certified that I have debited the amount of Rs.____ in the Register in Pr. A.G. (A&amp;E), W.B. Form 107 as refund of deposit on account of cost price of liquor, ganja and bhang.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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.


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

62
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 _________________________

____________________________

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. ______________________________

Signature of the D.D.O. ____________________________

Designation ____________________________

Bill Clerk          Accountant

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.


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.


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**

<table>
<thead>
<tr>
<th>D.D.O. Code</th>
<th>Bill No.</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Grant No.</th>
<th>Token/T.V. No.</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Head of Account Code</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Office of the ____________________________________________________________

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Name of the employee &amp; designation</th>
<th>Identification Number, if any</th>
<th>Salary head of Account</th>
<th>No. of instalments</th>
<th>Amount recovered</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Principal</td>
<td>Interest</td>
</tr>
<tr>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
<td>(4)</td>
<td>(5)</td>
<td>(6)</td>
<td>(7)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Rs.</td>
<td>Rs.</td>
</tr>
</tbody>
</table>

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. ________________________________ Authority No. ____________________________ date ______________ of opening the Account

Head of Account Code ____________________________

P. F. Deposit Account Register of ___________________________ (name of operator / Institution)

Name of Account ____________________ (e.g. Deposit Account for P.F. Deposits of _________________ University etc.)

<table>
<thead>
<tr>
<th>Date</th>
<th>Opening Balance</th>
<th>Challan No./Bill No./T.V. No.</th>
<th>Amount Deposited</th>
<th>Total</th>
<th>Signature of TO/APAO</th>
<th>Leger No. &amp; Folio No. of the Institution/operator</th>
<th>Cheque No. with date</th>
<th>Amount</th>
<th>Signature of TO/APAO</th>
<th>Date of payment</th>
<th>Date of encashment</th>
<th>Signature of TO/APAO</th>
<th>Closing balance</th>
<th>Leger No. &amp; Folio No. of the Institution/operator</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
<td>11</td>
<td>12</td>
<td>13</td>
<td>14</td>
<td>15</td>
<td>16</td>
</tr>
</tbody>
</table>

* 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 encasement 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 _____________________  Authority No. __________________
Head of Account Code ___________________  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__

<table>
<thead>
<tr>
<th>Date</th>
<th>Opening Balance</th>
<th>Challan No. or Token No.</th>
<th>Particulars</th>
<th>Scheme Code</th>
<th>Amount of deposit / transfer credit</th>
<th>Total</th>
<th>Date of encashment of the Cheque</th>
<th>Advice No. with date &amp; purpose of withdrawal</th>
<th>Particulars</th>
<th>Cheque No. and Date</th>
<th>Scheme Code</th>
<th>Amount</th>
<th>Closing Balance.</th>
<th>Initial of the T.O./A.T.O./P.A./A.P./A.O.</th>
<th>Remarks</th>
</tr>
</thead>
</table>
**T.R. FORM NO. 41**
[See T.R. 6.31, sub-rule (2) of T.R. 6.09]

Administrator Code _____________________  Head of Account Code _________________  Authority No. _________________  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)

<table>
<thead>
<tr>
<th>Scheme Code ________________________________________</th>
<th>(use separate page for separate Scheme )</th>
</tr>
</thead>
<tbody>
<tr>
<td>for the month of ___________________________ 20_</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Receipts</th>
<th>Payments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>Opening Balance</td>
</tr>
<tr>
<td>(1)</td>
<td>(2)</td>
</tr>
</tbody>
</table>
T. R. FORM NO. 42  
[See T. R. 6.12]

Deposit Repayment Order and Bill Form  
Name of the Office ___________________________

<table>
<thead>
<tr>
<th>D.D.O. Code</th>
<th>Bill No.</th>
<th>Date</th>
<th>Grant No.</th>
<th>Token/T.V. No.</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Head of Account Code</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Original Challan No. ___________________________
Date of Deposit ___________________________

In this space a translation of the receipt form into the current vernacular should be given

<table>
<thead>
<tr>
<th>Name of Depositor</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Judge, Magistrate or Collector or other Officer.

For use at the Treasury

Pay Rs. __________________________ (Rupees __________________________) only

Examined and entered


Station  Dated _________ 20__

Accepted

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 ___________________________

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Particulars</th>
<th>G.O. No. &amp; Date</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.  

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__**

<table>
<thead>
<tr>
<th>Particulars of Deposit</th>
<th>For use in the office of the Principal Accountant General (A&amp;E), West Bengal</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Year</strong></td>
<td><strong>Number</strong></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.  

---

**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

Refund of lapsed deposits – Application and Bill Form

D.D.O. Code ________________________  Bill No. __________  Date ________
Grant No. __________________________  Token/T.V. No. __________  Date ________
Head of Account Code ________________  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.

<table>
<thead>
<tr>
<th>Class of Deposits</th>
<th>Particulars of original deposit</th>
<th>Balance credited to Government</th>
<th>Date of lapsed statement</th>
<th>Amount claimed</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Station ________________________  Signature of the Competent Authority
Dated ________________________ 20 ______

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.


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
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).

<table>
<thead>
<tr>
<th>No. of Group ‘D’ employees</th>
<th>Amount of monthly subscription</th>
<th>Amount of refund of withdrawals</th>
<th>Total (2)+(3)</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
<td>(4)</td>
<td>(5)</td>
</tr>
</tbody>
</table>

Bill Clerk            Accountant                    Signature of D.D.O__________________________
Date_____________                                             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.

79
<table>
<thead>
<tr>
<th>Account No.</th>
<th>Name</th>
<th>Pay or /and leave salary this month</th>
<th>Salary Head of Account</th>
<th>Monthly subscription</th>
<th>Refund of withdrawals</th>
<th>Total realised</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Rs.</td>
<td>Rs.</td>
<td>Rs.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 unfailingly. The guide letters e.g., Cy (for Contributory Provident Fund), should be invariably prefixed to Account Numbers.
(3) In the remarks column, give reasons for discontinuance of subscriptions such as “Proceeded on leave”, “Transferred to Office District”, “Quitted Service”, “Died” or “Discontinued under Rule 7”.
(4) In the remarks column write description against every new name such as “New Subscriber”, “Came on transfer form Office District”, “Resumed Subscription”.
(5) Separate schedules should be prepared in respect of persons whose accounts are prefixed by different alphabetical abbreviation. 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.

<table>
<thead>
<tr>
<th>Account No.</th>
<th>Name</th>
<th>Pay or/and leave salary this month</th>
<th>Salary Head of Account</th>
<th>Monthly subscription</th>
<th>Refund of withdrawals</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Rs.</td>
<td>Rs.</td>
<td>Rs.</td>
<td>Rs.</td>
<td>Rs.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

81
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 ________________

<table>
<thead>
<tr>
<th>Office</th>
<th>Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of Policy</td>
<td>Name of Subscriber</td>
</tr>
<tr>
<td>(1)</td>
<td>(2)</td>
</tr>
</tbody>
</table>

Total Rs. ______________ (Rupees ________________________________) only

Bill Clerk                      Accountant                    Signature of D.D.O. __________________
Designation _________________________
Station ______________
Dated ______________

83
**T. R. FORM NO. 50**

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

<table>
<thead>
<tr>
<th>D.D.O. Code</th>
<th>Grant No.</th>
<th>Head of Account Code</th>
</tr>
</thead>
</table>

**Bill No.** _________ **Date** ________

**Token/T.V. No.** _________ **Date** ________

**Bill for withdrawing Final Payment / Refundable Advance / Non-Refundable Advance**

*from General Provident Fund of Shri/Smt. ________ ________ of the establishment of the ________ of the month of ________ 20__.

<table>
<thead>
<tr>
<th>Name and designation of subscriber and pay</th>
<th>General Provident Fund Account No.</th>
<th>No. and date of sanction/letter authority</th>
<th>Nature of withdrawal</th>
<th>Amount</th>
<th>Acquittance</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
<td>(4)</td>
<td>(5)</td>
<td>(6)</td>
</tr>
</tbody>
</table>

**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**


---

[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.


* Delete whichever is inapplicable

85
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 Rs. _________ from the Savings Fund accrued to – Name ___________________  
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.


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___

<table>
<thead>
<tr>
<th>D.D.O. Code</th>
<th>Bill No.</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Office</td>
<td>Token/T.V. No.</td>
<td>Date</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Name of the Department / Section of Establishment</th>
<th>Total number of Subscribers under the Scheme</th>
<th>Amount of contribution realised</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Insurance Fund</td>
</tr>
</tbody>
</table>

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.

|------------|-------------------|-----------------------------|
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

<table>
<thead>
<tr>
<th>Total Number of D.D.Os.</th>
<th>Total Number of employees covered by the Scheme</th>
<th>Amount of Deposit in the Insurance Fund during the month</th>
<th>Amount of Deposit in the Savings Fund during the month</th>
<th>Total amount of Deposit during the month</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i)</td>
<td>(ii)</td>
<td>(iii)</td>
<td>(iv)</td>
<td>(v)</td>
</tr>
</tbody>
</table>

Schedule of payment of Insurance-cum-Savings Fund 1983 at the ________________ Treasury
in the month of ________________20____

PART – II

<table>
<thead>
<tr>
<th>Number of employees to whom payment has been made due to death</th>
<th>Number of persons to whom payment has been made due to reasons other than death</th>
<th>Total amount of payment made due to death</th>
<th>Total amount of payment made due to reasons other than death</th>
<th>Total amount of payment from Savings Fund</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
<td>(4)</td>
<td>(5)</td>
</tr>
</tbody>
</table>

Treasury Officer

91
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).

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Group</th>
<th>Total No. of Employees under the Group</th>
<th>Subscription to Insurance Fund only</th>
<th>Subscribing to Insurance Fund and Savings Fund</th>
<th>Contribution towards the Insurance Fund Rs.</th>
<th>Contribution towards Savings Fund Rs.</th>
<th>Total Contributions Rs.</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Group ‘A’</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Group ‘B’</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Group ‘C’</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Group ‘D’</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Bill Clerk                                   Accountant                                   Signature of the Drawing & Disbursing Officer

92
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


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

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Name of D.D.O. or Foreign employer</th>
<th>Challan No. &amp; Date</th>
<th>Number of employees</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Token No./ T.V.No. and Date</td>
<td>Group ‘A’</td>
</tr>
<tr>
<td>(1)</td>
<td></td>
<td>(2) (3)</td>
<td>(4)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount Recovered</th>
<th>Group ‘A’</th>
<th>Group ‘B’</th>
<th>Group ‘C’</th>
<th>Group ‘D’</th>
<th>Total of Insurance Fund</th>
<th>Total of Savings Fund</th>
<th>Total Contributions</th>
</tr>
</thead>
</table>

**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
--- | ---

<table>
<thead>
<tr>
<th>Date of payment</th>
<th>Voucher No. and Date</th>
<th>Name of D.D.O.</th>
<th>Payments in case of death while in service</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Group ‘A’</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>No. of death</td>
</tr>
<tr>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
<td>(4)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total</th>
<th>Payments in case of retirement/resignation</th>
<th>Total of Savings fund</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insurance</td>
<td>Savings</td>
<td>Group ‘A’</td>
<td>Group ‘B’</td>
</tr>
<tr>
<td>No. of persons</td>
<td>Savings Fund</td>
<td>No. of persons</td>
<td>Savings Fund</td>
</tr>
</tbody>
</table>

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:**

<table>
<thead>
<tr>
<th>Group</th>
<th>No. of employees</th>
<th>Insurance Fund</th>
<th>Savings Fund</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group ‘A’</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group ‘B’</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group ‘C’</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group ‘D’</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Receipts in the month of ________________________**

**Payments in the month of ________________________**

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

<table>
<thead>
<tr>
<th>Group</th>
<th>No. of death</th>
<th>Insurance Fund</th>
<th>Savings Fund</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
<td>(4)</td>
<td>(5)</td>
</tr>
<tr>
<td>Group ‘A’</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group ‘B’</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group ‘C’</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group ‘D’</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Group</th>
<th>No. of persons retired / resigned etc.</th>
<th>Savings Fund</th>
<th>Total Payment from Savings Fund (4 + (8))</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>(6)</td>
<td>(7)</td>
<td>(8)</td>
<td>(9)</td>
<td>(10)</td>
</tr>
<tr>
<td>Group ‘A’</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group ‘B’</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group ‘C’</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group ‘D’</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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)

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Insurance Fund for ____________</td>
<td>20 ________________</td>
<td>Balance from the last month</td>
<td>Additions to balance this month</td>
<td>Total</td>
<td>Deductions from balance</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
<td>(4)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>平衡 in the last month</td>
<td>Additions to balance this month</td>
<td>Total</td>
<td>Deductions from balance</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
<td>(4)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Balance from the last month</td>
<td>Additions to balance this month</td>
<td>Total</td>
<td>Deductions from balance</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
<td>(4)</td>
</tr>
</tbody>
</table>

| Savings Fund for ______________| 20 ________________                               | Balance from the last month     | Additions to balance this month | Total                           | Deductions from balance         |
|                                |                                                | (1)                             | (2)                             | (3)                             | (4)                             |
|                                |                                                | Balance from the last month     | Additions to balance this month | Total                           | Deductions from balance         |
|                                |                                                | (1)                             | (2)                             | (3)                             | (4)                             |
|                                |                                                | Balance from the last month     | Additions to balance this month | Total                           | Deductions from balance         |
|                                |                                                | (1)                             | (2)                             | (3)                             | (4)                             |

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

Bill for withdrawal from West Bengal Government Employees’ Group Insurance-cum-
Savings Scheme, 1983 / 1987 – For Savings Fund
For the month of __________________20__

<table>
<thead>
<tr>
<th>D.D.O. Code</th>
<th>Bill No.</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant No.</td>
<td>Token/T.V. No.</td>
<td>Date</td>
</tr>
<tr>
<td>Head of Account Code</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of the Government employee with office designation held on the day before the day of cessation of employment</th>
<th>No. and date of letter sanctioning payment</th>
<th>Amount payable from Savings Fund with interest</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*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.


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.
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 ________________

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Insurance Fund Total Rs.</td>
</tr>
</tbody>
</table>

*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.


---

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:

<table>
<thead>
<tr>
<th></th>
<th>In April 20___ (Previous year)</th>
<th>In April 20___ (Current year)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Group A</td>
<td>Group B</td>
</tr>
<tr>
<td></td>
<td>(1)</td>
<td>(2)</td>
</tr>
</tbody>
</table>

**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

<table>
<thead>
<tr>
<th></th>
<th>Group A</th>
<th>Group B</th>
<th>Group C</th>
<th>Group D</th>
<th>TotalCols. (11 to 14)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(11)</td>
<td>(12)</td>
<td>(13)</td>
<td>(14)</td>
<td>(15)</td>
</tr>
</tbody>
</table>

(ii) Other cases

<table>
<thead>
<tr>
<th></th>
<th>Group A</th>
<th>Group B</th>
<th>Group C</th>
<th>Group D</th>
<th>TotalCols. (16 to 19)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(16)</td>
<td>(17)</td>
<td>(18)</td>
<td>(19)</td>
<td>(20)</td>
</tr>
</tbody>
</table>
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 _______________

<table>
<thead>
<tr>
<th>Date of payment</th>
<th>Particulars of cheques issued* (to be filled in by the Division)</th>
<th>Particulars of Cheques encashed** (to be filled in by the Treasury)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>Book</td>
</tr>
<tr>
<td>(1)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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


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__

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

Checked and verified. Signed

Divisional Accountant/ Divisional Accounts Officer

Countersigned


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**

<table>
<thead>
<tr>
<th>Amount of yearly instalment#</th>
<th>Total amount due#</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of bond</td>
<td>Amount of each bond</td>
</tr>
<tr>
<td>----------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>1</td>
<td>Rs.</td>
</tr>
</tbody>
</table>

$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.

103
<table>
<thead>
<tr>
<th>Treasury voucher No. and Date</th>
<th>Classification of charts on account of-</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Principal under head “6003-Internal debt of the state government-00-106-compensation &amp; other bonds (charged)-56-repayment of loans”</td>
<td>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“</td>
<td>Total</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Rs.</td>
<td>Rs.</td>
<td>Rs.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.
Acquittance Roll of Permanent (or Temporary) Establishment of

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Name</th>
<th>Designation</th>
<th>Net amount payable</th>
<th>Dated signature (with stamp where necessary, unpaid items to be noted as such and attested)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Rs.  P.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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)]

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Bill No. and date</th>
<th>Net amount of the bill</th>
<th>Date of encashment</th>
<th>Total amount remaining undisbursed</th>
<th>Particulars of the amount shown in Col.5 Name</th>
<th>Dated initials of the D.D.O.</th>
<th>Date of disbursement</th>
<th>Dated initials of the DDO</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Name Amount</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Rs. P.</td>
<td></td>
<td>Rs. P.</td>
<td>Rs. P.</td>
<td></td>
</tr>
</tbody>
</table>

—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.