T. R. FORM NO. 1

[See T. R. 2.25]

Certificate of Transfer of Charge

Certified that we have in the fore/aftnoon 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>Rs.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Rs. ____________ (Rupees ______ ________ __________)</td>
<td>Total Rs. ____________ (Rupees ______ ________ __________)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*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) (in Rs.)</th>
<th>Initials of Treasury Officer /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>
</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.

4
T.R. FORM NO. 5
[See sub-rule(1) of T.R. 3.13]

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

D.D.O. Code ______________________________

| Date | Opening Balance | Add Amount Received during the month | Date | Less Payments/Expenditure made during the month | Closing Balance | Remarks
|------|-----------------|--------------------------------------|------|-----------------------------------------------|----------------|---------
|      |                 | Head of Account | Nature of receipt | Amount | Head of Account | Nature of payment | Amount |
|      |                 |                        |                     |        |                        |                         |        |

Total : | Total :

Cashier                    Accountant                    Signature with designation of the D.D.O.

Memo. No. _______________ Dated _______________

Forwarded to the Principal Accountant General (A&E), West Bengal, Treasury Buildings, Kolkata – 700 001 for information and necessary action.
**T. R. FORM NO. 6**
*[See sub-rule (1) of T. R. 4.021]*

**Bill Transit Register**

Name of the office:__________________________________________

Designation of the D.D.O. ___________________               D.D.O. Code No._____________

Sl. No. of authentication allotted by Treasury_______

<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 Signature with seal of the Bank.
Date:

1 * In respect of Challan relating to refund of unspent amount of A.C. Bill
### Particulars of Amount Deposited:

<table>
<thead>
<tr>
<th>Cash</th>
<th>Notes</th>
<th>Amount</th>
<th>Drawee Bank</th>
<th>Cheque No.</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>x 1000=</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td>x 500=</td>
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<tr>
<td></td>
<td>x 100=</td>
<td></td>
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<tr>
<td></td>
<td>x 50=</td>
<td></td>
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<td>x 20=</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>x 10=</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>x 5=</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coins</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Total</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Total</td>
</tr>
</tbody>
</table>

**Note –1.** Challans are to be presented to the Bank after the Head of Account up to 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 up to 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.
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

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

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

<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>Ammount 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>
<td>(7)</td>
<td>(8)</td>
<td>(9)</td>
<td>(10)</td>
</tr>
</tbody>
</table>

D.D.O. Code: ____________________________
Grant No.: _____________________________
Head of Account Code: ________________

Name of the D.D.O.: _____________________
Nature/Purpose of Expenditure: ________________
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

<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: ____________________________

D.D.O. Code ____________________________ Bill No. _________ Date _______
Grant No. ____________________________ Token/T.V. No. _________ Date _______
Head of Account Code: ____________________________

<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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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SALARY HEAD CODE: ________________________________________________________

BILL CLERK

ACCOUNTANT

SIGNATURE OF D.D.O. WITH DESIGNATION

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

(c) In case of Railway employees on deputation, the Head of Account may be indicated as “8658 – Suspense Account – 00 – 102 – Suspense Account – Civil – (FA & CAO of the concerned Railway).

(d) In case of other State Government employees on deputation, the Head of Account may be indicated as “8793 – Inter-State Suspense Account – 00 – 101 – (Name of the concerned State)”.
T. R. FORM NO. 12  
(FORM IV of WB State Tax on Professions, etc. Act, 1979)  
[See sub-rule (1) of T.R. 4.080]

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

<table>
<thead>
<tr>
<th>D.D.O. Code</th>
<th>Grant No.</th>
<th>Head of Account Code</th>
<th>Bill No.</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>0028-00-107-001-03</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name of Deptt./ Sec./Estt. | Name of Account under which salaries are drawn | Period of salary bill | Amount recovered | To be credited to – “0028-Other taxes on income and expenditure-00-107-Taxes on Professions, Trades, Callings & Employments” |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></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
T.R. FORM NO. 13
[See sub-rule (1) of T. R. 4.081]

LAST PAY CERTIFICATE

Last Pay Certificate of Shri/Shrimati/Kumari _________________________________
____________________________________of the office of __________________________
proceeding on to _________________________________.

2. He/She has been paid up to _______________________________ at the following
rates in the scale of Rs. ________________________________:–

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

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

<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></td>
<td>Rs.</td>
<td>Rs.</td>
<td>Rs.</td>
<td>Rs.</td>
<td></td>
</tr>
<tr>
<td>April, 20__</td>
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<tr>
<td>May, 20__</td>
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<tr>
<td>June, 20__</td>
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<tr>
<td>July, 20__</td>
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<tr>
<td>August, 20__</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>
<td>February, 20__</td>
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<td></td>
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<tr>
<td>March, 20__</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) _________ _______ resident of ________________ ______ (b) _______________ the widow/son/daughter of ________________ _______ and I/we, _______________ (c) _______________ sureties on her/his behalf are held and firmly bound to the Governor of the State of West Bengal in the sum of Rs. ________________ (Rupees ________________ ______________________) to be paid to the said Governor or his successors or assigns for which payment to be well and truly made, each of us severally bind(s) himself/herself and his/her heirs, executors, administrators and heirs, executors, administrators and assigns firmly by these presents.

As witness our hands this ______ day of ______________________ 20 __.

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

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

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

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

AND WHEREAS the Government desires to pay the said sum to the Claimant/s but under Government Rules and orders it is necessary that the Claimant/s should first execute a bond with one surety/two sureties to indemnify the Government against all claims to the amount so due as aforesaid to the said, _______________ (d) _______________ before the said sum can be paid to the Claimant(s).
NOW THE CONDITION of this bond is such that if after payment has been made to the Claimant/s, the Claimant/s or the Surety/Sureties shall, in the event of a claim being made by any other person against the Government with respect to the aforesaid sum of Rs._________ (Rupees ________________) only, refund to the Government the Sum of Rs._________ (Rupees ________________) only and shall otherwise indemnify and keep the Government saved and harmless from all liabilities in respect of the aforesaid sum and all cost incurred in consequence of any claim thereto then the above written bond or obligation shall be void but otherwise the same shall remain in full force and virtue.

IN WITNESS to the above written bond and the condition therefore, we, Shri/Sm.__________________ and Shri/Sm.__________________ have hereunto set our hands this day of _______20__. Signed by the said ____________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________ (claimant/s) in the presence of :-

Signed by the said _________________ (Sureties).

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

(a) Full name of claimant with place or residence.
(b) State relationship to the deceased.
(c) Full name or names of sureties.
(d) Name of the deceased.
(e) Title of the Officer responsible for the payment. (The Bond should be Governed by Govt. Solicitor) where necessary.
**T. R. FORM NO. 15**

*See sub-rule (2) of T.R. 4.091*

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

<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>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</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”.
The bond of indemnity, which must be stamped maybe of the following form in the case of a firm or bank:

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

Note : It must be seen that the person signing the bond of indemnity has authority to bind the firm or bank.
T.R.FORM NO. 17
[See T.R. 4.092]

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

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

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

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

NOW THIS INDENTURE WITNESSTH that, in pursuance of the said agreement and
in consideration of the premises, the Bank doth hereby covenant with the Governor that .so
long as the Governor shall allow such payments, as aforesaid, to be made without requiring
the production of the certificates, hereinafore referred to, subject nevertheless as hereinafter
provided, the Bank will within seven days from the time when they shall have received notice
of the death of any customer, for the receipt of or on whose behalf the Bank may have
received any such payments as aforesaid communicate the date of such death to the Principal
Accountant General (A&E), West Bengal, or such Official as may, for the time being, be
responsible for the payments to such deceased person and further that the Bank will
immediately after the expiration of the said period of seven days, repay and refund to the
Governor so much of any money, which may have been received from the Principal
Accountant General (A&E), West Bengal, or such official, as aforesaid, on behalf of 'such
deceased person, as aforesaid as shall be in excess of the amount of the pay, pension, annuity,
allowance or other payments, as the case may be, to which such deceased person was entitled
upto the date of his decease.
Provided always and it hereby agreed and declared that the arrangement hereby made shall not be determined, except by express notice in that behalf given as next hereinafter provided.

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

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

In witness whereof the parties to these presents have set and subscribed their respective hands the day, month and year first above written.

Signed for and on behalf of the by its constituted Attorneys ________________

and __________________________
in the presence of:

(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:-
# 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>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</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.
T.R. FORM NO. 20
[See T.R. 4.101]

D.D.O. Code _________________

Annual Increment Certificate

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

<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 holding increments beyond specified date</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Bill Clerk</td>
<td>Accountant</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Suspension (not treated as duty)</td>
<td></td>
</tr>
<tr>
<td>2</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>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Other reasons</td>
<td></td>
</tr>
<tr>
<td>4</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

- D.D.O. Code No.__________
- Bill No. ______________ Date ________
- Grant No. ______________
- Token/T.V. No. ______________ Date ________
- Head of Account Code No. ________

PART A (To be filled up by Government employee)

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

<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></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 the Government employee as well as members of his/her family.

<table>
<thead>
<tr>
<th>Departure Date and time From</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>
</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>
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 Rs. P.</th>
<th>Amount Rs. P.</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>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Total...</td>
</tr>
</tbody>
</table>

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. P.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</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__
For use at the Office of the Accountant General (Audit), West Bengal

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

Dated _______________20__ Auditor S.O./A.A.O./Audit Officer

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

D.D.O. Code.__________________  Bill No.__________________  Date ________
Grant No.__________________  Token/T.V. No.__________________  Date ________
Head of Account Code ___________  __________________________

LEAVE TRAVEL CONCESSION BILL FOR THE YEAR _______/FOR THE BLOCK
OF YEAR†__________________ TO ___________________

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

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</th>
<th>Arrival</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>Date and time</td>
<td>Date and 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>
<tr>
<td>Rs.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></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 From</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 Rs. P.</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Name of Place From</th>
<th>To</th>
<th>Class to which entitled</th>
<th>Rail Fare Rs. P.</th>
</tr>
</thead>
</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:

Rs. P.

(a) Railway/air/bus/steamer fare
(b) Less amount of advance(s) if any,
drawn

vide voucher(s) No. ________________
date ____________________________

Net amount … … … Rs.

(in words) Rupees __________________________only.

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

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

Signature of the Drawing & Disbursing Officer

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
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 Date &amp; time</th>
<th>From Date &amp; time</th>
<th>To Date &amp; time</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>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>

34
6. Mode of Journey:
   (i) Air
      (a) Exchange voucher arranged by office  Yes/No
      (b) Ticket/Exchange voucher arranged by  Yes/No
   (ii) Rail
      Whether travelled by mail/express/ordinary train
   (iii) Road

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

7. Dates of absence from place of halt on account of -
   (a) R.H. and C.L.,
   (b) not being actually in camp on Sundays and holidays.

8. Dates on which free board and/or lodging provided by the State or any organisation financed by State funds:-
   (a) Board only.
   (b) Lodging only.
   (c) Board and lodging.
9. Particulars to be furnished along with 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></td>
<td></td>
</tr>
<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>
</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 From</td>
<td>Date &amp; time To</td>
<td></td>
<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>
<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></td>
<td>From 2</td>
<td>To 3</td>
</tr>
<tr>
<td>1</td>
<td></td>
<td>Rs. 4 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. ____________

(d) Actual expenses, if any 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

Accountant/J.A.O. 


Dated ___________20__

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

Admitted Rs.___________________

Objected Rs.___________________ for reasons stated below.

Dated ___________20__ 

Auditor 

S.O./A.A.O/Audit Officer
**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>
</tbody>
</table>

Net amount required for payment (in words) Rupees __________________________

Allotment Received Rs.________
Progressive expenditure including this bill Rs.________
Balance available Rs.________

1. Certified that I have satisfied myself that the amount drawn previously, with the exception of those detailed below (of which the total amount has been refunded by deduction from this bill), have been disbursed to the Government employee therein named and their receipts taken in the office copies of the bill or in a separate acquittance roll.

2. **Details of Medical charges Refunded**

   Section of establishment and name of incumbent with designation ______________

   Period ________________  Amount (Rs.)

3. Certified that Essentiality certificates, receipts, etc., are appended.

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

Signature __________________

Bill Clerk                         Accountant  Designation of the D.D.O. ______________

Passed for payment of Rs. __________ (Rupees __________________________) only

Signature and Designation of the Competent Authority

---

For use at the Treasury
Examined and entered
Pay Rs. ___________
(Rupees __________________________) only


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>Serial No. of Sub-voucher</td>
<td>Description of charge and delegated power under which charges incurred</td>
</tr>
<tr>
<td></td>
<td>Amount (in Rs.)</td>
</tr>
<tr>
<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>
</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. ____________________ Rupees (in words) ____________________
________________________________ to __________________________ by Account Payee Cheque/by transfer Credit to ________________________________.
(Heads of account)

Bill Clerk Accountant Drawing & Disbursing Officer

Date ____________________20__
Station ____________________
For use in the Treasury

Pay Rs. _____________________ Rupees (in words) _________________________
____________________________________ as per above endorsement

Examined and Entered.


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.
T. R. FORM NO. 27

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

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

Bill for drawing advance without supporting Voucher

Detailed bill will be sent for countersignature by ______________________

<table>
<thead>
<tr>
<th>Office of the</th>
<th>Proforma invoice No., 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>
<tr>
<td></td>
<td>Total Rupees (in words) ______________________________________________________________________</td>
<td>only</td>
</tr>
</tbody>
</table>

Allotment Received Rs.__________
Progressive Expenditure including this bill Rs. ______________
Balance Available Rs. ______________

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

Deduct-amount disallowed by the Controlling Officer Vide detailed bill Rs. ______________ No. ______________ dt. ______________
Unspent or, balance of previous advance drawn under bill No. ______________ dt. ______________ Token No. ______________ dt. ______________ for Rs. ______________

Net amount payable Rs. ______________ (Rupees ______________) only/

by transfer credit to ______________________ (challan enclosed)

Bill Clerk                             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]

<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>

**Detailed bill for adjustment of advance**

Not payable at the Treasury

Adjusted against A.C. Bill No._____________________________ dated ___________20__
drawn under T.V./Token No. _______________ dated ___________20__.

| Office of ____________________________ | Monthly detailed adjustment bill for the month of ___________20__ |
| Details of numbers of sub-Vouchers | Description of charge, number, and date of authority where special sanction is necessary. | Amount Rs. |
| Total Rs.____________________ | (Rupees ______________________) |

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 ___________20__
Ditto
Ditto
Ditto
Add-Amount of disallowance refunded vide Challan No. _______________ dated ___________20__

Total of this bill ____________________

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

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

Allotment Received Rs. __________

Advance(s) drawn on date ____________ and date ____________ were met out of the above allotment,

Progressive expenditure Rs. __________ (including this bill)

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

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

Countersigned

Dated __________ 20__ Signature of the Competent Authority
For use at the Treasury

Amounts of advances drawn on date ________________ vide T.V. No. ________________

date ________________ vide T.V. No. ________________

date ________________ vide T.V. No. ________________

are adjusted by this bill and note of adjustment has been kept in the relevant Advance Check Register.

Intimation Card issued to D.D.O. vide No. ________________ dated ________________


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

| Sl. No. | Name of the deceased Pensioner /Family Pensioner and P.P.O. No. with Sl. No. of the P.P.O. Register | Name of the paying bank with postal address | Date of death of the Pensioner | Month upto which pension was paid | Amount of total undrawn pension (Rs.) | Memo. No. and date of reference made to the Bank for refund | Amount refunded by bank with Cheque No./ Draft No. and date | Challan No. and date by which the refund amount booked in Govt. A/c. | Signature of T.O./A.T.O. | Remarks |
|---------|------------------------------------------------------------------------------------------------|------------------------------------------|--------------------------------|-----------------------------------|--------------------------------------|----------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|----------|---------|
| (1)     | (2)                                                                                          | (3)                                      | (4)                           | (5)                               | (6)                                  | (7)                                                      | (8)                                                      | (9)                                                      | (10)                                                   | (11)     |         |
T. R. FORM NO. 31
[See sub-rule (1) of T. R. 4.195]

Grant-in-aid Bill
Simple Receipt Form

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

Office _____________________________

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

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 ______________________________________________________)

Accountant
District Inspector of Schools, ___________
/Assistant Inspector of Schools, ___________

To
The Manager,
___________ Bank
___________ Branch.

The enclosed cheque for Rs. ______ (Rupees ______________________) is sent for favour of credit to the Special Single Name Account of Schools mentioned above.
Date of issue of cheques :
Serial number of cheques :

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

Accountant/J.A.O.
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 ________________________________
Grant No. __________________________________
Head of Account Code _________________________

Bill No. _____________ Date ________
Token/T.V. No. _____________ Date ________

(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 From</th>
<th>To</th>
<th>Monthly value of stipend or scholarship</th>
<th>Deductions</th>
<th>Amount withheld</th>
<th>Net 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>
<tr>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total...
Deduct-Balance undisbursed from last month
Balance due ...

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

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

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

Dated ___________20__

Head of the Institution

Countersigned for Rs. __________________________

Grant for the year Rs. __________________________

Expenditure already incurred including the present bill is Rs. ______________

Balance Available Rs. ______________

Station ______________ Signature of the authorised Officer ______________

Dated ______________ Designation ______________

For use at the Treasury

Pay Rs.________________ (Rupees __________ _______)

Examined and entered.


Dated _______________20__

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

________________________________________________________________________

Admitted for Rs. ______________

Objected to Rs. ______________

Reason for objection

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

Dated ___________20__

For use at the Treasury

Pay Rs. ______________

Examined and entered.


Dated _______________20__

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

________________________________________________________________________

Admitted for Rs. ______________

Objected to Rs. ______________

Reason for objection

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

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>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>
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</tbody>
</table>

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

(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></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total (in words) Rupees</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


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59
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>
</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>Receive contents (Re. 1 revenue stamp is to be affixed, if amount exceeds Rs. 500/-)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Signature of Licensee</td>
</tr>
</tbody>
</table>

Certified that I have debited the amount of Rs.______ in the Register in Pr. A.G. (A&E), W.B. Form 107 as refund of deposit on account of cost price of liquor, ganja and bhang.

Treasury Officer
Total… month and the closing balance has already been submitted to the Treasury for necessary verification.

Superintendent of Excise

<table>
<thead>
<tr>
<th>Pay Rs. ___________________ (Rupees _________________________________) only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examined and Entered.</td>
</tr>
</tbody>
</table>


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

Admitted ________________
Objected ________________ for reasons stated below:

Auditor S.O./A.A.O./Audit Officer
T. R. FORM NO. 36
[See T.R. 5.03]

Name of the office ____________________________________________

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

D.D.O. Code ___________________________ Bill No. __________ Date ______
Grant No. ___________________________ Token/T.V. No. ______ Date ______
Head of Account Code __________________ 

____________________________

Received the sum of Rs. ___________ (Rupees ________________ _______________ ______________) being the 
____________________________
sanctioned by ____________________________

Vide Order No. ______________________ Dated _______________ (Copy enclosed) for the 

purpose of ____________________________

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

Please pay by account payee cheque drawn in favour of me/by transfer credit to the 

Deposit/L.F. Account ____________________________________________

(Title of the Deposit Account – Challan enclosed)

____________________________________
Signature of the Loanee
Designation ____________________________

Countersigned for Rs. ______________________ (Rupees ________________ _______________ ______________) . The grant/allotment 

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

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

Place :
Date:

____________________________________
For use in the Treasury

Pay Rs. _________________________ (Rupees ________________ __________
_________________) issue Account Payee cheque in favour of Shri/Smt._____________________
Designation ______________________ / by transfer credit to ________________________.

Examined and entered.

Accountant /J.A.O.

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 __________________________
_____________________________________
(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

D.D.O. Code ________________________ Bill No._________ Date_______
Grant No. __________________________ Token/T.V. No. ___________ Date_______
Head of Account Code ________________

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./Token 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 enfacement on the cheque with the pay order.  

The date of encashment of the cheque will be recorded as and when the cheque is returned by the Bank to Treasury.
T.R. FORM NO. 40
[See sub-rule (2) of T.R. 6.09 and T.R. 6.31,]

Administrator Code _____________________
Head of Account Code __________________
Authority No. ________________________
Date ___________ of Opening the Account

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

Name of the Administrator _______________________________________________________

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

<table>
<thead>
<tr>
<th>Date</th>
<th>Opening Balance</th>
<th>Challan No.</th>
<th>Token No.</th>
<th>Particulars</th>
<th>Amount Deposited</th>
<th>Amount Due</th>
<th>Cheque No.</th>
<th>A.T. O.</th>
<th>Date of Cashiering</th>
<th>Cheque Date and Scheme Code</th>
<th>Amount</th>
<th>C. B.</th>
<th>A. T. O.</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

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70
T.R. FORM NO. 41
[See T.R. 6.31, sub-rule (2) of T.R. 6.09]

Administrator Code _____________________ Authority No. _____________________
Head of Account Code __________________ Date ___________ of Opening the Account

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

Name of the Administrator _________________________________________________________

Daily Receipts and Payments from the Deposit Account
on Account of ____________________________________________ (name of the Scheme)

Scheme Code ____________________________
( use separate page for separate Scheme )
for the month of ___________ 20__

<table>
<thead>
<tr>
<th>Date</th>
<th>Opening Balance</th>
<th>challan No. or Token No.</th>
<th>Particulars</th>
<th>Amount of transfer</th>
<th>Date of cashing of the cheque</th>
<th>Amount of payment with Advice No.</th>
<th>Advice No.</th>
<th>Amount</th>
<th>Closing Balance</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>
<tr>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
**T. R. FORM NO. 42**  
**[See T. R. 6.12]**

**Deposit Repayment Order and Bill Form**

<table>
<thead>
<tr>
<th>Name of the Office ___________________________</th>
<th>D.D.O. Code ___________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant No. _________________________________</td>
<td>Bill No._________ Date_________</td>
</tr>
<tr>
<td>Head of Account Code _______________________</td>
<td>Token/T.V. No. ___________ Date_________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Original Challan No. _______________</th>
<th>Name of Depositor ___________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Deposit ____________________</td>
<td>Amount originally deposited ___________</td>
</tr>
</tbody>
</table>

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

Received this ___ day of __________ 20__ the sum of Rupees ______________ being the amount payable ___________ on account of the deposit described above by order cheque / Account Payee cheque in favour of _________________________________.

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

Bill Clerk  
Accountant  
Signature & designation of the D.D.O.

Passed for payment to
Rs._____________ (Rupees _______________)

Judge, Magistrate or Collector or other Officer.
Station ______________  date ____________

---

**For use at the Treasury**

Pay Rs._____________ (Rupees _______________) only

Examined and entered

Accountant/J.A.O.  
Station ______________  
Dated _____________ 20__
Admitted for Rs. ________________
Objected to Rs. ________________ for reasons stated below.

Auditor

S.O./A.A.O./Audit Officer
T. R. FORM NO. 43
[See sub-rule (1) of T. R. 6.14]

Transfer Credit Bill Form

Name of the Office ___________________________

D.D.O. Code ____________________________
Grant No. ____________________________
Head of Account Code __________________

<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.


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

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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>Year</td>
<td>Number</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
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<tr>
<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”


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
Refund of lapsed deposits – Application and Bill Form

D.D.O. Code ________________________  Bill No.____________ Date_______
Grant No. __________________________ Token/T.V. No. ______________
Head of Account Code _______________ Date_______
Name of the Office __________________________

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

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

<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
Dated ________________ 20 ______ Competent Authority

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

Principal Accountant General (A&E), West Bengal’s Office No. _______________ date
________________20__
Sanctioned Rs. _____________ (Rupees______________________________) only.

Signature of Accounts Officer

(Space for revalidation)________________
Please pay Rs. ____________ (Rupees ______________________________) only by order cheque / Account payee cheque in favour of ______________________________.

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

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

---

For use in the Treasury

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


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.
<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>Amount</td>
<td>No. of installments</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>Rs.</td>
<td>Rs.</td>
<td>8</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).

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

<table>
<thead>
<tr>
<th>No. of Policy</th>
<th>Name of Subscriber</th>
<th>Period of pay bill</th>
<th>Salary Head of Account</th>
<th>Rate of Premium</th>
<th>Amount Recovered</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></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Rs. ______________ (Rupees ________________________________) only

Bill Clerk ____________________________ Accountant ____________________________
Signature of D.D.O. ____________________________ Designation ____________________________
Station ____________________________
Dated ____________________________
T. R. FORM NO. 50

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

D.D.O. Code ________________________  Bill No.__________ Date__________
Grant No. __________________________ Token/T.V. No. ____________ Date__________
Head of Account Code ____________________

Bill for withdrawing Final Payment / Refundable Advance / Non-Refundable Advance* from General Provident Fund of Shri/Smt. ____________________________ _______________ 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 /Refundable Advance/ Non-refundable Advance*</th>
<th>Amount Rs.</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.
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) (Name in Block Capital)

Date ________________________

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
Admitted Rs.____________
Objected Rs. _____________ for reasons stated below.

Auditor

SO/AAO/Audit Officer
T.R. FORM NO. 52  
[See T. R. 6.46]  
RECEIPTED BILL UNDER ALL INDIA SERVICE  
GROUP INSURANCE RULES, 1981  

PART I  
Received the sum of Rs. _________ (in words) under the All India Service Group Insurance Rules, 1981, being the total of entitlement of Rs. ________ from the *Insurance Fund and /or of Rs. ________ from the Savings Fund accrued to – Name ___________________________  
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>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>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

D.D.O. Code ________________________ Bill No.___________ Date__________
Name of Office______________________ Token/T.V. No. ___________ Date__________

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.

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

90
**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>Insurance with Interest</td>
<td>Savings Fund with Interest</td>
<td>Total of (4) + (5)</td>
</tr>
<tr>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
<td>(4)</td>
<td>(5)</td>
</tr>
</tbody>
</table>

Treasury Officer
T.R. FORM NO. 55
[See T.R. 6.49]

D.D.O. Code ________________________________
Grant No. ________________________________
Head of Account Code _________________________

Bill No. ___________________ Date ________
Token/T.V. No. _____________ Date ________

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>Contribution towards the Insurance Fund</th>
<th>Contribution towards Savings Fund</th>
<th>Total Contributions</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Subscription to Insurance Fund only</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Subscribing to Insurance Fund and Savings Fund</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Rs.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Rs.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td>Group ‘A’</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>
</tr>
<tr>
<td>3.</td>
<td>Group ‘C’</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>
</tr>
</tbody>
</table>

Bill Clerk
Accountant
Signature of the Drawing & Disbursing Officer
N.B. : (a) In case of Central Government employees on deputation from the office of the Accountant General of this State or any other State the Head of Account may be indicated as “8658 - Suspense Account – 00 – 101 – PAO Suspense – PAO (Audit), Kolkata”.

(b) In case of other Central Government Civil employees on deputation, the Head of Account may be indicated as “8658 – Suspense Account – 00 – 101 – PAO Suspense – (Name of the concerned Ministry)”

(c) In case of Railway employees on deputation, the Head of Account may be indicated as “8658 – Suspense Account – 00 – 102 – Suspense Account – Civil – (FA & CAO of the concerned Railway).

(d) In case of other State Government employees on deputation, the Head of Account may be indicated as “8793 – Inter-State Suspense Account – 00 – 101 – (Name of the concerned State)”.

For use in the Treasury

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

-Junior Accountant

Accountant / J.A.O.


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

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

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

<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></td>
<td>Group ‘A’</td>
</tr>
<tr>
<td>(1)</td>
<td></td>
<td></td>
<td>(4)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Group ‘A’</th>
<th>Group ‘B’</th>
<th>Group ‘C’</th>
<th>Group ‘D’</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insurance</td>
<td>Insurance</td>
<td>Insurance</td>
<td>Insurance</td>
</tr>
<tr>
<td>Savings</td>
<td>Savings</td>
<td>Savings</td>
<td>Savings</td>
</tr>
<tr>
<td>(8)</td>
<td>(10)</td>
<td>(12)</td>
<td>(14)</td>
</tr>
<tr>
<td>(9)</td>
<td>(11)</td>
<td>(13)</td>
<td>(15)</td>
</tr>
</tbody>
</table>

Total of Insurance Fund (16)  Total of Savings Fund (17)  Total Contributions (19)

Dealing Assistant  Accountant  Treasury Officer
Schedule of Payments in case of death while in service or retirement/resignation under
Group Insurance-cum-Savings Scheme, 1987

<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 Insurance</th>
<th>Savings</th>
<th>Payments in case of retirement/resignation</th>
<th>Total of Savings fund</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of persons</td>
<td>Savings Fund</td>
<td>Group ‘A’</td>
<td>Group ‘B’</td>
<td>Group ‘C’</td>
</tr>
<tr>
<td>No. of persons</td>
<td>Savings Fund</td>
<td>No. of persons</td>
<td>No. of persons</td>
<td>No. of persons</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 Sate Government Employees’ Group Insurance-cum-Savings Scheme, 1987**

Name of the Treasury ________________________

Receipts in the month of ______________________

<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>

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*)

<table>
<thead>
<tr>
<th>Insurance Fund for ____________________<strong>20</strong></th>
<th>Balance from the last month</th>
<th>Additions to balance this month</th>
<th>Total</th>
<th>Deductions from balance</th>
<th>Balance at the end of each month</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></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Savings Fund for ____________________<strong>20</strong></th>
<th>Balance from the last month</th>
<th>Additions to balance this month</th>
<th>Total</th>
<th>Deductions from balance</th>
<th>Balance at the end of each month</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></td>
</tr>
</tbody>
</table>

**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>

Name of the Government employee with office designation held on the day before the day of cessation of employment

<table>
<thead>
<tr>
<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>
</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. 61

Bill for withdrawal from West Bengal Government Employees’ Group Insurance-cum-Savings Scheme, 1983 / 1987* (Insurance Fund) in respect of subscriber of his demise while in service for the month of _______________20__

D.D.O. Code No. ____________________ Bill No. ___________ Date ___________
Grant No. ___________________________ Token/T.V. No. ___________ Date ___________
Head of Account Code No. ______________

<table>
<thead>
<tr>
<th>Name and Designation of the Government employee</th>
<th>No. &amp; date of letter sanctioning the amount</th>
<th>Amount payable</th>
</tr>
</thead>
<tbody>
<tr>
<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.
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>Group A</th>
<th>Group B</th>
<th>Group C</th>
<th>Group D</th>
<th>Total Cols. (1 to 4)</th>
<th>Group A</th>
<th>Group B</th>
<th>Group C</th>
<th>Group D</th>
<th>Total Cols. (6 to 9)</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>
</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>Group A</th>
<th>Group B</th>
<th>Group C</th>
<th>Group D</th>
<th>Total Cols. (11 to 14)</th>
</tr>
</thead>
<tbody>
<tr>
<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>Group A</th>
<th>Group B</th>
<th>Group C</th>
<th>Group D</th>
<th>Total Cols. (16 to 19)</th>
</tr>
</thead>
<tbody>
<tr>
<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>(2)</td>
<td>(3)</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__ Division

Date ________________ 20__ Division
T. R. FORM NO. 64
[See Rule 5 of Part I & Part II and Rule 11 of Part I of Appendix 4]

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

D.D.O. Code ________________________
Grant No. ___________________________
Head of Account Code ________________

<table>
<thead>
<tr>
<th>Treasury</th>
<th>From the Division</th>
</tr>
</thead>
</table>
| Received from the Officer-in-Charge of _____________________
Division the sum of Rs. ________________ as detailed below for credit to
the ___________________ Department. |
| Number of credit item and the date of entry in Divisional
Account |

<table>
<thead>
<tr>
<th>Date of remittances to Bank</th>
<th>Name of Treasury</th>
<th>By whom remitted</th>
<th>Number of Challan</th>
<th>Amount remitted</th>
<th>Number of credit item and the date of entry in Divisional Account</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></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

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

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

Head of account (code) .................................................................

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

<table>
<thead>
<tr>
<th>No. of bond</th>
<th>Amount of each bond</th>
<th>Amount of yearly instalment#</th>
<th>Number of yearly instalment(s) due</th>
<th>Total amount due#</th>
<th>Date upto which instalment is due</th>
<th>Name and address of the holder of the bond</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Principal</td>
<td>Interest</td>
<td>Principal</td>
<td>Interest</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>
<tr>
<td></td>
<td>Rs.</td>
<td>Rs.</td>
<td>Rs.</td>
<td>Rs.</td>
<td>Rs.</td>
<td></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.
## FOR USE IN TREASURY

<table>
<thead>
<tr>
<th>Treasury voucher No. and Date</th>
<th>Classification of charts on account of</th>
<th>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 “ @</th>
<th>Total</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></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Rs.</td>
<td>Rs.</td>
<td>Rs.</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.
**T. R. FORM NO. 66**

**[See T.R. 8.17(1)]**

**ACQUITTANCE ROLL**

*(Payment of Salary by Cash)*

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

<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>
<tr>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Total    |      |             |                    |                                                                                                 |

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</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></td>
<td></td>
<td></td>
<td></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.