

Government of West Bengal
Finance Department
Audit Branch

No. 965-F(Y)

Dated, 18th February, 2015

NOTIFICATION

The TR Forms in WBTR, 2005 have been reviewed by a team of experts in Finance Department to check whether the existing forms are amenable to digitization which is essential for e-Pradan (e-Payment) and e-Billing modules of IFMS. The team of experts has recommended some changes in the existing forms, merger of some forms and introduction of some new forms.

In addition to the TR forms, the team of experts of Finance Department has also recommended change in the format of existing Bill Register which is not a TR form and introduction of one Appropriation register. The Bill Register and Appropriation Register will be maintained by the Drawing and Disbursing officers. Hence, these two forms will be included in the WBFR in due course. The state Government has accepted the recommendation of the team of experts and decided to revise some existing TR forms and introduce some new TR forms, as well as Bill Register and Appropriation register.

Therefore, in exercise of the power conferred by clause (2) of Article 283 of Constitution of India, the Governor is pleased to replace the existing TR forms as mentioned under column B in the table below with the new TR forms mentioned under column C of the table for drawal of fund related to the expenditure mentioned under col D of the table. In most of the cases the format has been changed without changing TR form no. Some TR Forms have been merged with other forms and some deleted. New forms have been given new TR form no. Last two are FR forms related to Bill Register and Appropriation register. All these revised and new forms are given in the Annexure of this order.

NON-EMPLOYEE BILL FORMS				
Sl No.	T.R Form No. under WBTR, 2005	T.R Form No. as per e-Billing	Description	Remarks
A	B	C	D	E
1	25	N.A	-	Merged with T.R 26
2	26	26	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, (n) Secret Service Expenditure and o) Recoupment of Permanent Advance etc.	
3	27	27	Bill for drawing advance without supporting Voucher	
4	28	28	Detailed bill for adjustment of advance	

Sl No.	T.R Form No. under WBTR, 2005	T.R Form No. as per e-Billing	Description	Remarks
A	B	C	D	E
5	31	31	Grant-in-aid Bill/Consolidated Grant-in-aid Bill	
6	32	N.A	-	Deleted
7	33	33	Bill for scholarship/stipends payable to College/School	
8	34	34	Bill for Refund of Revenue	
9	35	35	Refund of Revenue deposited in respect of Agricultural Income Tax, Sales & Commercial Tax and Excise Duty	
10	36	36	Bill for drawing charges on account of loans and advances, subsidies, investments, etc. to Co-operative societies, Statutory Corporations and other organisations.	
11	36A	36A	Bill for drawing charges on account of payment/repayment of loans, advances, subsidies, investments, interest on loan, withdrawal from Contingency Fund etc.	
12	42	42	Deposit Repayment Order and Bill Form	
13	43	43	Transfer Credit Bill Form	
14	N.A	69	Bill for drawing of Fund from Suspense Account for Unsuccessful Transaction by P.A.O/ Treasury Officer	New Bill Forms
15	N.A	70	Works Bill (Advance bill, Part bill & Final bill)	New Bill Forms
EMPLOYEE BILL FORMS				
1	18	18	Pay Bill	
2	21	21	Travelling Allowance Bill For Transfer/Leave Travel Concession/Tour	
3	22	N.A	-	Merged with T.R 21
4	23	N.A	-	Merged with T.R 21
5	24	24	Medical charges Reimbursement Bill	
6	37	37	Bill for drawing loans and advances (other than G.P.F. and Festival advances) sanctioned to employees of the Government	
7	38	38	Schedule of recovery of Loans and Advances / Interest on Loans and Advances	
8	50	50	Bill for withdrawal of (a) Commuted Value of Pension, (b) Provisional Gratuity, (c) Final Payment of Gratuity, (d) Death Gratuity, (e) Final Payment of General Provident Fund, (f) Refundable Advance from General Provident Fund, (g) Non-Refundable Advance* from General Provident Fund	
9	60	60	Bill for withdrawal from West Bengal Government Employees' Group Insurance-cum-Savings Scheme, 1983 / 1987- For Savings Fund	
10	61	61	Bill for withdrawal from West Bengal Government Employees' Group Insurance-cum-Savings Scheme, 1983 / 1987	
11	68	68	Medical charges for Advance/Reimbursement Bill under W.B. Health Scheme 2008	

Sl No.	T.R Form No. under WBTR, 2005	T.R Form No. as per e-Billing	Description	Remarks
A	B	C	D	E
12	68A	N.A	-	Merged with T.R 68
SCHEDULES RELATED TO DIFFERENT BILL FORMS				
1	10	10	Schedule of Income Tax Deducted at Source (TDS) for Employee/ Beneficiary/ Pensioner	Schedule to T.R 18 & T.R 26
2	11	11	Schedule of House Rent, etc. Recovery for occupation of Government accommodation, etc.	
3	12	12	Statement of recovery under the West Bengal State Tax on Professions, Trades, Callings and Employments Act, 1979 (West Bengal Act VI of 1979)	
4	-	12A	Schedule of Sales Tax deducted at source from claim of Beneficiary	New schedule to T.R 26
5	13	13	Last Pay Certificate	
6	46	46	Certificate of General Provident Fund Deductions in respect of Group 'D' Employees	
7	47	47	Schedule of General Provident Fund Deductions	
8	48	48	Schedule of* Provident Fund Deductions	
9	49	49	Schedule of deductions on account of subscription to Post Office Life Insurance Fund	
10	53	53	Schedule of Recovery of Subscription under West Bengal State Government Employees Group Insurance-cum-Savings Scheme, 1983	
11	55	55	Schedule of Recovery of Subscription under West Bengal State Government Employees Group Insurance-cum-Savings Scheme, 1987	
12	N.A	71A	Schedule of Recovery from The Pay Bill of IAS/IPS/IFS Officers	NEW
13	N.A	71B	Schedule of Government Contribution under NPS Tier-I For IAS/IPS/IFS Officers	NEW
OTHERS				
1	6	6	Bill Transit Register	Applicable for D.D.O only
FR FORMS				
			Bill Register	Applicable for DDO only
			Appropriation Register	Applicable for DDO only

This order will take effect from 1st day of April, 2015.

By order of the Governor,

(H.K. Dwivedi)

Principal Secretary to the
Government of West Bengal

Copy forwarded for information and necessary action to :-

1. The Principal Accountant General(A&E), West Bengal, Treasury Buildings, 2, Govt. Place(West), Kolkata-700001.
2. The Principal Accountant General(Audit), West Bengal, Treasury Buildings, 2, Govt. Place(West), Kolkata-700001.
3. The Accountant General (Receipts, Works and Local Bodies Audit), West Bengal, CGO Complex, MSO Buildings, 5th Floor, Block DF, Sector-I, Salt Lake, Kolkata-700064.
4. The Chief Secretary to the Government of West Bengal.
5. The Additional Chief Secretary/Principal Secretary/Secretary,
.....Department, Govt. of West Bengal.
6. Sr. P.A. to the Principal Secretary, Finance Department, Government of West Bengal.
7. Secretary, Finance (Audit) Department, Government of West Bengal.
8. The Joint Secretary, Finance (Budget) Department, Government of West Bengal.
9. The Commissioner,Division.
10. The OSD & Ex-Officio Joint Secretary, Finance (Budget) Department, for uploading this order in the Finance Department website.
11. TheDeptt./Dte.
.....
.....
12. The Director of Treasuries & Accounts, West Bengal, The New India Assurance Building, 4, Lyons Range (2nd & 3rd Floor), Kolkata-700001.
13. Director,
.....
14. The District Magistrate/Judge/Supdt. of Police,
.....
15. The Sub-Divisional Officer,
.....
16. The Pay & Accounts Officer, Kolkata Pay & Accounts Office-I, 81/2/2, Phears Lane, Kolkata-700012.
17. The Pay & Accounts Officer, Kolkata Pay & Accounts Office-II, P-1, Hyde Lane, Kolkata-700012.
18. The Pay & Accounts Officer, Kolkata Pay & Accounts Office-III, IB Market, 1st Floor, Salt Lake, Sector-III, Kolkata-700106.
19. The Treasury Officer,
.....
20. The Group...../.....Branch, Finance Department.



(G. Samanta)
Joint Secretary to the
Government of West Bengal

Annexure to FD Notification no. 965-F(Y) dt.18.2.2015

(41 TR forms and 2 FR forms)

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 P.A.O/ Treasury _____

Sl No.	Bill No. & Date along with Particulars of the Bill	Net Amount (Rs.)	Dated initial of D.D.O	Date of e-Transmission to P.A.O/ Treasury	Token No. & Date allotted by P.A.O/Treasury	Dated initials of the receiving official in the P.A.O/ Treasury	Mode of Payment (ECS/ Cheque, if Cheque, Cheque No. & Date)	T.V No. & Date	Remarks
1	2	3	4	5	6	7	8	9	10

Notes:

- (a) This Register shall be authenticated jointly by the P.A.O./A.P.A.O/ Treasury Officer/ Additional Treasury Officer and the Drawing & Disbursing Officer at the beginning of each financial year with a certificate in respect of number of pages.
- (b) Columns 6 and 7: Entries to be made by the receiving officials in the P.A.O/Treasury.
- (d) Columns 1 to 5, 8 to 10: Entries shall be made by the D.D.O.
- (e) Column 10:
 - (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. 10 to ensure that unauthorised bills are not presented and encashed through the register.
 - (ii) On return of the bill objected by the P.A.O/Treasury, the Drawing and Disbursing Officer shall note the fact against the relevant entry under his dated initials in Column 10. If presented again, the bill should bear a new serial number.

T.R. FORM NO. 10
[See T. R. 4.072]

SCHEDULE OF INCOME TAX DEDUCTED AT SOURCE (TDS) FOR EMPLOYEE/ BENEFICIARY/ PENSIONER

FOR THE MONTH OF: _____

D.D.O. Code _____ TAN No. _____ Bill No. _____ Date ___/___/___
Token No. _____ Date ___/___/___ T.V. No. _____ Date ___/___/___

Head of Account Code : 8658-00-112-001-20

Sl. No.	Employee /Beneficiary/ Pensioner Identification No.	Name of the Employee /Beneficiary/ Pensioner	Designation of the Employee	Gross Claim (Rs.)	Amount Deducted (Rs.)	PAN No.	Remarks
1	2	3	4	5	6	7	
Total Rs. (in words) _____ only					Rs. _____		

BILL CLERK / ACCOUNTANT

SIGNATURE OF D.D.O.

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: _____	DDO Code: _____				
Bill No.: _____	Date: ___/___/___	Token No.: _____	Date: ___/___/___	T.V. No.: _____	Date: ___/___/___
Pay Bill for the Month of _____, 20___ / Arrear Bill for the period from _____ to _____					
Salary Head of Account: _____					

Head of Account Code:							
Sl No.	Employee Id No	Name	Designation	Basic Pay (Rs.)	Period	Amount (Rs.)	Remarks
1	2	3	4	5	6	8	9
Total (Rs.)							

Total (in words) _____ only

BILL CLERK

ACCOUNTANT

SIGNATURE OF D.D.O. WITH DESIGNATION

N.B.:

- 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".
- 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)".
- 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)".
- 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)

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

Head of Account Code : 0028-00-107-001-03			
Sl No.	Employee IdNo.	Name	Amount Recovered (Rs.)
1	2	3	4
Total Rs.			

Rupees _____ (in words) only

Signature _____ Signature _____

Bill Clerk / Accountant Drawing & Drawing Officer

T.R. FORM NO. 12A
[See Sec. 40 of WB VAT Act, 2003]

SCHEDULE OF SALES TAX DEDUCTED AT SOURCE FROM CLAIM OF BENEFICIARY

FOR THE MONTH OF: _____

D.D.O. Code _____ Bill No. _____ Date ___/___/___
Token No. _____ Date ___/___/___ T.V. No. _____ Date ___/___/___

Head of Account Code: 0040-00-111-001-35-TDS						
Sl. No.	Name of the Beneficiary	TIN/ Registration No.	PAN No.	Gross Claim (Rs.)	Amount Deducted (Rs.)	Remarks
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Total Rs. (in words) _____ only					Rs. _____	

BILL CLERK / ACCOUNTANT

SIGNATURE OF D.D.O.

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

LAST PAY CERTIFICATE

1. Office details:

Name of the Office	
D.D.O Code No.	
Designation of D.D.O	
Employer's TAN No.	

2. Employee details:-

Employee Name	
Employee ID No.	
Designation	
G.P.F Account No.	
PAN No.	
Aadhar Card No.	
Employee's Group	
GISS (1983/ 1987)	
Band Pay (Rs.)	
Grade Pay (Rs.)	
Bank Details	S/B A/c No.
	IFSC
	MICR
Salary paid upto	
Salary Head of Account	
Proceeding on to	

3. Salary details for the month of:- _____, 20____

Earnings		Deductions		Recoveries of Loan			Out /Acct. Ded	
Item	Amount (Rs.)	Item	Amount (Rs.)	Item	Inst. No.	Amount (Rs.)	Item	Amount (Rs.)
Total		Total		Total			Total	
Net Pay: Rs.								
Net Pay (in words): only								

4. His/Her General Provident Fund Account is maintained by the _____ (Drawing and Disbursing Officer / Accountant General (A&E), West Bengal).

5. He/She made over charge of the office of _____ on the forenoon/ afternoon of _____.

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

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

No. of Policy	Amount of Premium (Rs.)	Due Date for the Payment of Premium

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

No. of Policy	Amount of Premium (Rs.)	Due Date for the Payment of Premium

9. He/She contributed Rs. _____ per month under 1983/ 1987 GISS for the period from _____ to _____.

10. Whether the employee resides at Government Rented House: Yes No

If Yes, a) Address: _____

b) House Rent recovered up to: _____, Licence Fees (if any) _____

11. Summary of salary for the financial Year:

Month & Year	Pay (Rs.)	Allowances (Rs.)	Gross Salary (Rs.)	Deductions (Rs.)		Recovery (Rs.)	Net Salary (Rs.)	Token/ T.V No. & Date
				I.T	Other than I.T			
Total								
Arrear, if any								

12. Details of Recoveries:

Sl No.	Item	Sanctioned Amount (Rs.)	T.V. No. & Date	Total Recovery till date (Rs.)	Current Inst. No.	Outstanding Amount (Rs.)	Inst. left	Rate of Inst. (Rs.)
1.	Pay Advance							
2.	T.A Advance			N.A	N.A		N.A	N.A
3.	Leave Salary Advance			N.A	N.A		N.A	N.A
4.	Cycle/ Motor Cycle/ Motor Car / Computer Loan /Marriage Illness Advance							
5.	H.B Advance							
6.	G.P.F Advance							
7.	Festival Advance							
8.	Health Scheme Advance			N.A	N.A		N.A	N.A
9.	Other, if any (Specify the name)							

Signature of D.D.O _____

Designation _____

Memo No.: _____

Date: _____

Copy forwarded for information and necessary action to:

Signature of D.D.O _____

Designation _____

T.R. FORM NO. 18 PAYBILL

[See T. R. 4.095]

Pay Bill of the Permanent/Temporary Establishment of the

for the month

, year 20

DDO Code :- DDO Designation Office Address :- Head of A/c Bill No. : Date : Token/TV No. Dae :	Pay & Allowances Pay Less: Festival Recovery (-) Bill Overdrawal (-) 01 - Pay (Total) 02 - D.A. 03 - House Rent Allowance 04 - Ad-hoc Bonus 12-Medical Allowance -Other Pay/Allowances (A) Gross Payment	Amount: Rs.	[To be adjusted by Accountant General (A&E)] Part-I Amount: Rs. 8009-01-001-19-GPF other than Gr.-D 8009-01-104-001-19-A.L.S.-G.P.F 7610-00-201-001-26-House Buildin Lan 7610-00-202-001-26-Motor Con. Advance 7610-00-800-001-26-Marriage/Illness Adv. 7610-00-800-003-26-Computer Advance 0049-04-800-017-07-Interest on H.B.Loan 0049-04-800-018-07-Int. on MotorCon. 0049-04-800-020-07-Int. on Computer Adv. 0049-04-800-021-07-Interest on M.I. Adv. (B) Total Deduction (Part-I) (C) Treasury Gross : (A-B)	Passed for payment of Rupees. (F) Payment Instruction: Please pay as per Beneficiary List enclosed. Below Rupees. D.A. Acctt. (Signature of DDO with Seal) Section : Date :
Certified that :- 1. All emoluments included in Bills Drawn within last three months have been disbursed to proper persons. 2. Amount claimed in this bill has not been drawn before.. 3.. House rent allowance has been claimed as per rates approved by the Govt. and half-yearly verification of rent has been made by the Controlling officer. No house rent allowance has been drawn for persons who are in occupation of rent-free government quarters. 4. Dearnes payand/or any other kind of pay, dearness allowance, medical allowance and other allowances have been claimed as per approved rate of the Government. 5. Increment, pay on promotio, leave salary/subsistence allowance have been claimed in the bill as per existing rule & orders and noted in the service books, where necessary. 6. All persons whose names are omitted from but whose pay has been drawn in this bill have actually been employed during the monthand that full details of the names of the persons concerned and emoluments drawn for them working upto the total included in this bill have been duly shown in the office copy/pay bill Register. 7 The particulars of various deductions/recoveries have been fully noted in the attached schedules and the totals shown in these schedules agree with those given in the bill 8.. Both Pay Bill Register/office copy and fair copy of bill agree in all respect.	Allotment during Fin. Year 20 __ -20 __ Total Allotment till Date (A) Expenditure included in this Bill (B) <u>Balance Amount (A - B)</u>	Part-II (To be adjusted by Treasury) 0028-00-107-001-03-P. Tax 0049-04-800-019-07-Int. on Other Con.Adv. 0216-01-106-001-05-House Rent 7610-00-203-001-26-Other Con. Adv. 8009-01-104-002-19-G.P.F. (Gr.-D) 8011-00-107-001-14-GI-L.F.-1983 8011-00-107-002-14-GI-S.F-1983 8011-00-107-004-14-GI-L.F-1987 8011-00-107-005-14-GI-S.F-1987 8658-00-101-062-08-Adj. with AG. W.B. 8658-00-102-024-08-P.L.I. 8658-00-112-001-08-Income Tax 8658-00-123-001-08-G.I.-A.I.S. -Others (D) Total Deduction (Part-II)	For use of the Treasury Pay Rs. _____ (Rupees _____) _____ only as per beneficiary list enclosed and by Cheque (s) as per (F) and by Transfer Credit to Head of Accounts as mentioned in Part-II (D) Rs. D.A. Acctt. Treasury Officer Cheque Nos. Date Voucher No. Date	
	(E) Net Payment: (C-D) Rupees (in word)	For use of A.G. (Audit) Office Admitted Rs. _____ Objected Rs. Auditor S.C./A.A.O.		

Department :
Head of Account
D.D.O. Designation : -
Pay Month & Year:

Establishment :

D.D.O. Code
Bill No. & Date :

Sl No.	Name, Designation, Employee ID, GPF A/C No.	Pay Band & Grade Pay	Earnings (Rs.)	Total Earnings (Rs.)	Deductions (Rs.)	Total Deductions (Rs.)	Net Amount (Rs.)	Remarks
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	
			BP Gr.P NPP D.A HRA MA Others		P.T GPF SF 83 IF83 SF87 IF87 IT Others			

Bill Clerk

Accountant

Signature of D.D.O with Designation

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

Date		Name of the Place		Class to which entitled	Mode of Conveyance used	Rail Fare (Rs.)
From	To	From	To			
1	2	3	4	5	6	7

9. Particulars of the members of the family as on the date of travel [vide T.R. ____]

(For Transfer and LTC only)

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

10. For Transfer only

a) Transportation charges of personal effects (Money receipts to be attached):

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

b) Transportation charges of personal conveyance:

(Money receipts to be attached)

(i) Mode of transport and station to which transported:

(ii) Amount: Rs. _____

11. For Tour only

A. 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,

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

PART B (To be filled in the Bill Section)

(Strike out whichever is not applicable)

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

A.	Railway /air/ bus/steamer fare	Rs.
B.	Other Particulars (<i>for Transfer only</i>)	
	(i) Road mileage for _____ kms @ _____ per km	Rs.
	(ii) Transfer grant & Packing Allowance	Rs.
	(iii) Transfer incidentals (DA for _____ days @ Rs. _____ Per day	Rs.
	(iv) Transportation of personal effects	Rs.
C.	(v) Transportation of private conveyance	Rs.
	Daily Allowance (<i>for Tour only</i>)	
	(i) _____ days @ Rs. _____ per day	Rs.
	(ii) _____ days @ Rs. _____ per day	Rs.
D.	(iii) _____ days @ Rs. _____ per day	Rs.
	Actual Expenses, if any (<i>for Tour only</i>)	Rs.
Gross Amount		Rs.
E.	Amount of advance(s) if any, drawn <i>vide</i> voucher(s) No. _____ date _____	Rs.
F.	Net Amount	Rs.

Net Amount (in words) Rupees _____ only

Allotment received	Rs.
Progressive Expenditure (including this bill)	Rs.
Balance available	Rs.

Please pay Rs. _____ Rupees (in words) _____ only as per beneficiary list enclosed.

Bill clerk

Accountant

Signature of Drawing & Disbursing Officer

Countersigned by

Signature of Controlling Officer

Certified that necessary entries have been made in the Service Book of Shri/Shrimati/Miss _____ (for LTC only)

Signature of the Drawing & Disbursing Officer

For use at the Treasury

Examined and entered.

Please pay Rupees (in words) _____ only as per beneficiary list enclosed.

Accountant/J.A.O.

Dated _____ 20__

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

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

- (a) R.H. and C.L.,
- (b) not being actually in camp on Sundays and holidays.
- C. 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. Boarding and lodging. (both)
- D. Particulars to be furnished alongwith hotel receipts, etc., in cases where higher rate of D.A. is claimed for stay in hotel/other establishments providing board and/or lodging at scheduled tariffs.

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

Certified that-

- (i) Information, as given above, is true to the best of my knowledge and belief.
- (ii) 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 (for LTC only).

Date _____ Signature of the Government employee

T.R. FORM NO. 24

[See T.R. 4.107]

Medical charges Reimbursement Bill

NAME OF THE OFFICE : _____	
DDO Code: _____	Bill No.: _____ Date: __/__/__
Token No.: _____ Date: __/__/__	T.V. No.: _____ Date: __/__/__
Salary Head of Account: _____	

Sl No.	Employee Id No.	Name of the Employee with Designation	Gross Claim (Rs.)	Recovery of Advance (Rs.)	Net Claim (Rs.)	Remarks
1	2	3	4	5	6	7
Allotment Received		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 acquaintance roll.			
Progressive expenditure including this bill		Rs.	2. <i>Details of Medical charges Refunded</i> Section of establishment and name of incumbent with designation _____ Period _____ Amount (Rs.) _____			
Balance available		Rs.	3. Certified that Essentiality certificates, receipts etc are appended.			

Please pay Rs. _____ Rupees (in words) _____ only as per beneficiary list enclosed.

Bill Clerk _____
Station _____
Date _____ 20__

Accountant

Signature of D.D.O with Designation

For use at the Treasury

Examined and entered

Pay Rs. _____

Rupees (in words) _____ only

Accountant / J.A.O.

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

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

Admitted Rs. _____

Objected Rs. _____ Reasons for objections

Auditor

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

T. R. FORM NO. 26

[T.R. 4.135 Sub-Rule (1) and Explanation 1 and T.R. 4.137]

D.D.O. Code _____

Bill No. _____ Date ___/___/___

Token No. _____ Date ___/___/___

T.V. No. _____ Date ___/___/___

Head of Account Code _____

Sanction No. _____ Date ___/___/___

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, (n) Secret Service Expenditure and (o) Recoupment of Permanent Advance etc.

Office of the _____			
For the month of _____ 20____			
Sl. No. of Sub-Vouchers	Description of charge	Authority for drawing charge (Viz. sanctioned under delegated power or sanctioned by the competent authority may be quoted with No. and Date)	Gross Amount (Rs.)
Total (in words)			

Certified that-

- (i) The expenditure charged in this bill could not, with due regard to the interests of the public service, be avoided. It is certified 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 on this bill.
- (ii) 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.
- (iii) 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.
- (iv) a) 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
b) The Government employee concerned is not entitled to draw travel expenses 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.
- (v) All Government employees whose pay has been charged in this bill were actually entertained in Govt. Service during the period concerned and amount drawn on bills one month previous to this date has been paid to the person concerned.
- (vi) Provisions of WBFR Part-I Rule 47 as amended have been observed properly.

Amount Received Rs. _____

Progressive Expenditure including this Bill Rs. _____

Balance Available Rs. _____

Pay Rs. _____ Rupees (in words) _____ only
as per beneficiary list enclosed

AND/OR

By-Transfer Credit Rs. _____ Rupees (in words) _____ only
as below-

Sl No.	Head of Account	Description	BT Type	Amount (Rs.)

Bill Clerk

Accountant

Drawing & Disbursing Officer

Date _____ 20__

Station _____

For use in the Treasury

Pay Rs. _____ Rupees (in words) _____ only
as per beneficiary list enclosed

AND/OR

By-Transfer Credit Rs. _____ Rupees (in words) _____ only
as below-

Sl No.	Head of Account	Description	BT Type	Amount (Rs.)

Examined and Entered.

Accountant/ J.A.O.

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

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

Admitted Rs. _____

Objected Rs. _____ for reasons stated below:-

Dated _____ 20__

Auditor

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

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

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

Bill for drawing advance without supporting Voucher

Detailed bill will be sent for countersignature by _____		
Office of the _____		
Proforma Invoice No., if any	Purpose (with description where necessary) and quotation of authority for drawing advance.	Amount(Rs.)
Total Rs. _____		

Total Rupees (in words) _____ only

Allotment Received Rs. _____

Progressive Expenditure including this bill Rs. _____

Balance Available Rs. _____

Deduct-amount disallowed by the Controlling Officer vide detailed bill Rs. _____ No. _____ dt. _____.

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

Token No. _____ dt. _____ for Rs. _____.

Net amount payable Rs. _____ (Rupees _____) only.

Pay Rs. _____ Rupees (in words) _____ only as per beneficiary list enclosed

AND/OR

By-Transfer Credit Rs. _____ Rupees (in words) _____ only as below (Challan enclosed)-

Sl No.	Head of Account	Description	BT Type	Amount (Rs.)

Bill Clerk _____ Accountant _____
 Station _____

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) _____ only as per beneficiary list enclosed

AND/OR

By-Transfer Credit Rs. _____ Rupees (in words) _____ only as below (Challan enclosed)-

Sl No.	Head of Account	Description	BT Type	Amount (Rs.)

Accountant/J.A.O.

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

Dated _____ 20__

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

Admitted Rs. _____

Objected Rs. _____ for reasons stated below.

Dated _____ 20__

Auditor

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

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

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

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

T. R. FORM NO. 28

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

Not payable at the Treasury
Detailed bill for adjustment of advance

D.D.O. Code _____ Bill No. _____ Date / /
 Token No. _____ Date / / Token No. _____ Date / /
 Head of Account Code _____
 Sanction No. _____ Date / / Sanctioned Amount Rs. _____
 Name & Designation of the Sanctioning Authority _____

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

Office of the _____		
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. _____
Brought forward 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.

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.

Advances drawn in Bill No. _____ dated _____

Ditto _____

Ditto _____

Ditto _____

Add-Amount of disallowance refunded

vide Challan No. _____ dated _____

Total of this bill _____

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. _____

Refund, if any,

Challan No. _____ date _____

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.

Bill Clerk

Accountant

Drawing & Disbursing Officer

Station _____

Dated _____ 20__

For use at the Treasury

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

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

Accountant/J.A.O.

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

Dated _____ 20__

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

Admitted Rs. _____

Objected Rs. _____

Reasons for objection -

Auditor _____

S.O./A.A.O. _____

Audit Officer _____

T. R. FORM NO. 31

[See sub-rule (1) of T. R. 4.195 & sub-rule (1) 4.197]

Grant-in-aid Bill/Consolidated Grant-in-aid Bill

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

Sanctioned by:		Sanction No. & Date:		(Copy enclosed)
Sanctioned Amount: Rs.		Period: From To		Purpose:
Name of the Grantee Institution				Amount (Rs.)
Total Amount Rupees				

Pay Rs. _____ Rupees (in words) _____ only as per beneficiary list enclosed.

AND/OR

By-Transfer Credit Rs. _____ Rupees (in words) _____ only as below-

Sl No.	Head of Account	Description	BT Type	Amount (Rs.)

AND/OR

PL Transfer Rs. _____ Rupees (in words) _____ only as below-

Operator Code	Operator Name	Scheme ID	Scheme Description	Amount (Rs.)

Certified that:

- The amount of this bill was not drawn before and it agrees with that in the office copy of this bill.
- The utilisation report in respect of the previous grant has been furnished and accepted by the sanctioning authority,
- The utilisation report in respect of the present amount will be furnished to the sanctioning authority by Grantee Organisation in due course.

Station _____

Dated _____ 20 _____

Signature of the D.D.O. _____

Designation _____

For use in Treasury

Pay Rs. _____ Rupees (in words) _____ only as per beneficiary list enclosed

By-Transfer Credit Rs. _____ Rupees (in words) _____ AND/OR _____ only as below-

Sl No.	Head of Account	Description	BT Type	Amount (Rs.)

Examined and Entered.

Accountant /J.A.O.

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

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

Admitted for Rs. _____

Objected to Rs. _____

Reason of Objection _____

Auditor

S.O./A.A.O.

Audit Officer

T. R. FORM NO. 33
[See sub-rule (1) of T. R. 4.196]

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)

Name of the Office _____

D.D.O. Code _____

Token no. _____ Date __/__/__

Head of Account Code _____

Bill No. _____ Date __/__/__

T.V. No. _____ Date __/__/__

- (1) Name of institution _____
 (2) _____ for (month and year)
 (3) _____ Class of scholarship/stipend

No. and date of the order sanctioning the scholarship or stipend	Name of the scholarship or stipend holder	Period of terms		Monthly value of stipend or scholarship	Bill Amount	Deductions			Amount withheld Rs.	Net amount drawn Rs.
		From	To			No. of days absent	Cause	Amount Rs.		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
				Total...			Total...			
Deduct-Balance undisbursed from last month									Balance due ...	

Pay Rupees (in words) _____ only as per beneficiary list enclosed.

Certified that the scholarship or stipend holder named in the bill have been regular in attendance and have conformed to 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 acquaintance 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.

Grant for the year Rs. _____
Expenditure already incurred including the present bill is Rs. _____

Balance Available. _____

Station _____ Signature of D.D.O _____

Dated _____ Designation _____

For use at the Treasury

Pay Rs. _____ (Rupees _____) only
as per beneficiary list enclosed.

Examined and entered.

Accountant/J.A.O.

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

Dated _____ 20__

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

Admitted for Rs. _____

Objected to Rs. _____
Reason for objection

Auditor

S.O./A.A.O.

Audit Officer

T. R. FORM NO. 34

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

Bill for Refund of Revenue

Name of Office _____	D.D.O. Code _____
Bill No. _____ Date __/__/____	Token No. _____ Date __/__/____
Head of Account Code _____	T.V. No. _____ Date __/__/____
Sanction No. _____ Date __/__/____	Sanctioned Amount (Rs.) _____
Designation of the Sanctioning Authority _____	

(Deduct Refund)

In whose name credited	On what account received	Amount realised /received (Rs.)	Date of Receipt in Treasury	Amount credited			T.O./A.T.O./P.A.O./A.P.A.O.'s signature in token of keeping a note of refund against relevant entry in the subsidiary receipt register	Name of Payee	Amount to be Refunded (Rs.)
				Head of Account	Challan No. & Date	Gross Amount (Rs.)			
1	2	3	4	5	6	7	8	9	10

Total (in words) Rupees _____ only

Certified that:

- (1) 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 for Rs. _____ as per Sanction Order details mentioned above.

Please pay Rs. _____ (Rupees in words) _____ only as per
Beneficiaries list enclosed.

Bill Clerk

Accountant

Signature and Designation of the D.D.O.

Station _____

Date _____ 20 ____

For use at the Treasury

Pay Rs. _____ (Rupees _____) only as per
list of Beneficiaries.

Examined and Entered

Accountant/J.A.O.

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

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

Admitted _____

Objected _____ for reasons stated below:

Auditor

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

T. R. FORM NO. 35
[See sub-rule (4) of T.R. 4.201]

Refund of Revenue deposited in respect of Excise Duty, Agricultural Income Tax and Sales & Commercial Tax
(Applicable for Excise duty deposited by Superintendent of Excise, Agricultural Income Tax and Sales & Commercial Tax)

D.D.O. Code _____
Token No. _____ Date ____/____/____
Head of Account Code _____

Bill No. _____ Date ____/____/____
T.V. No. _____ Date ____/____/____

Sanction No. & Date:		Sanctioning Authority:		Sanctioned Amount: Rs.
Head of Account chargeable _____				
a) Refund of Agricultural Income Tax or				
b) Sales & Commercial Tax or				
c) Deposit on account of cost price of liquor, ganja, bhang and others by Superintendent of Excise				
Month in which deposited	Name of Treasury where deposited with Challan No. date and amount	On what account deposited	Name of the depositor to whom the refund is due	Amount (Rs.)

1. Certified that the refund has been noted in the departmental accounts and refund register by the Sanctioning/ Competent Authority 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 month and the closing balance has already been submitted to the Treasury for necessary verification (to be furnished by the Superintendent of Excise).
3. Amount claimed in this bill was not drawn before.

Pay Rs. _____ (Rupees _____) only as per beneficiary list enclosed.

AND/OR

By-Transfer Credit Rs. _____ Rupees (in words) _____ only as below-

SI No.	Head of Account	Description	BT Type	Amount (Rs.)

Bill Clerk
Station _____
Dated _____ 20__

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

For use in Treasury

Pay Rs. _____ Rupees (in words) _____ only as per beneficiary list enclosed

AND/OR

By-Transfer Credit Rs. _____ Rupees (in words) _____ only as below-

Sl No.	Head of Account	Description	BT Type	Amount (Rs.)

Certified that-

1. I have recorded the refund amount of Rs. _____ in the Refund Repayment Register maintained at P.A.O/Treasury.
2. The deposit of Rs. _____ has been debited in Register in Pr. A.G(A&E), W.B's Form No. 107 as Refund of Deposit on account of cost price of liquor, ganja, bhang and others where applicable.

Examined and Entered.

Accountant /J.A.O.

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

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

Bill for drawing charges on account of loans and advances, subsidies, investments, etc to Co-operative societies, Statutory Corporations and other organisations.

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

Sanction Order No. _____	Date ____/____/____	(Copy enclosed)
Sanctioned by _____		
Sanctioned Amount Rs. _____		

Received the sum of Rs. _____ (Rupees _____) only being the _____ in favour of (Name and Designation of the Loanee) _____ 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 obtained from the loanee by this office and will be furnished to the sanctioning authority / Principal Accountant General (A&E), West Bengal in due course.

Please pay Rs. _____ Rupees (in words) _____ only as per beneficiary list enclosed

AND/OR

by-transfer credit to the Personal Deposit/L.F. Account Rs. _____ Rupees (in words) only (Title of the Deposit Account – Challan enclosed)

Operator Code	Operator Name	Scheme ID	Scheme Description	Amount (Rs.)

The grant/allotment under the Head of Account for the current Financial Year is Rs. _____ Amount already spent including this bill is Rs. _____.

Bill Clerk _____ Accountant _____ Signature of the D.D.O with Designation _____

Station _____
Date _____ 20 _____

For use in the Treasury

Please pay Rs. _____ Rupees (in words) _____
only as per beneficiary list enclosed and/or by-transfer credit to the Deposit/L.F. Account
_____ (Title of the Deposit Account – Challan enclosed).

Examined and entered.

Accountant /J.A.O.

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

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

Admitted for Rs. _____

Objected to Rs. _____

Reason of Objection _____

Auditor

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

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

T. R. FORM NO. 36(A)

Simple Receipt Bill Form

[See T. R. 5.11]

Bill for drawing charges on account of payment/repayment of loans, advances, subsidies, investments, interest on loan, withdrawal from Contingency Fund etc.

D.D.O. Code _____

Token No _____ Date __/__/__

Head of Account Code _____

Bill No. _____ Date __/__/__

T.V. No. _____ Date __/__/__

Sanctioned by:		Sanction No. & Date:		(Copy enclosed)
Sanctioned Amount: Rs.	Period: From	To	Purpose:	
Name of the Grantee Institution				Amount (Rs.)
Total Amount Rupees				

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) (i) The utilisation report in respect of the previous loans/ advances/ subsidies/ investments drawn, has been furnished and accepted by the sanctioning authority/Principal Accountant General (A&E), West Bengal,
- (ii) 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.

OR

Utilisation Certificate not required.

- (c) In respect of withdrawal from Contingency Fund (Major Head 8000)/ Civil Advance (Major Head 8550) this is to certify that the previous withdrawal has been adjusted by issuance of necessary order.

Pay Rs. _____ Rupees (in words) _____ only as per beneficiary list enclosed

AND/OR

By-Transfer Credit to the Deposit/ L.F Account Rs. _____ Rupees (in words) _____ only as below (Challan enclosed)-

Sl No.	Head of Account	Description	BT Type	Amount (Rs.)

AND/OR

PL Transfer Rs. _____ Rupees (in words) _____ only as below-

Operator Code	Operator Name	Scheme ID	Scheme Description	Amount (Rs.)

Bill Clerk

Accountant

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

For use in Treasury

Pay Rs. _____ Rupees (in words) _____ only as per beneficiary list enclosed

By-Transfer Credit to the Deposit/ L.F Account Rs. _____ Rupees (in words) _____ only as below (Challan enclosed)-

SI No.	Head of Account	Description	BT Type	Amount (Rs.)

Examined and Entered.

Accountant /J.A.O.

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

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

Admitted for Rs. _____

Objected to Rs. _____

Reason of Objection _____

Auditor

S.O./A.A.O.

Audit Officer

T. R. FORM NO.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 __/__/____ Token No. _____ Date __/__/____ T.V. No. _____ Date __/__/____
Head of Account Code _____

Sl No.	Name & Designation of the Employee	Employee ID	Nature of Loan/ Advance	Sanction ID	Designation of the Sanctioning Authority	Sanction Order No. and Date	Sanctioned Amount (Rs.)	Remarks
1	2	3	4	5	6	7	8	9

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

Allotment Received Rs. _____ Progressive Expenditure including this bill Rs. _____	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. (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.
--	--

Pay Rs. _____ Rupees (in words) _____ only as per list enclosed.

Bill Clerk _____ Accountant _____ Signature of the D.D.O. with Designation _____

Station _____
Date _____ 20 _____

Pay Rs. _____ Rupees (in words) _____ **For use in the Treasury** _____ only as per list enclosed.

Examined and entered.

Accountant /J.A.O.

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

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

Admitted for Rs. _____ Objected to Rs. _____

Reason of Objection _____

Auditor

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

T.R. FORM NO. 38

[See T.R. 5.04]

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

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

Head of Account:									
Sl No.	Employee ID No.	Name	Designation	Identification No. of Loan	No. of instalments	Amount recovered			Remarks
						Principal	Interest	Total	
1	2	3	4	5	6	7	8	9	10

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. 42

[See T. R. 6.12]

Deposit Repayment Order and Bill Form

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

Original Challan No. _____
 Date of Deposit _____
 Amount originally deposited Rs. _____
 Under Head of Account _____

Name of Depositor	Amount deposited (Rs.)	Deduction (Rs.)	Net Payable (Rs.)

Rupees (in words) _____ only
 Balance available (Rs.) _____

Passed for payment Rs. _____ Rupees (in words) _____
 _____ only as per approval of Judge, District Magistrate or
 other officer vide No. _____ dated ___/___/___.

Received as on ___/___/___ the sum of Rupees _____ being the
 amount payable _____ on account of the deposit described above as per list enclosed.

Please pay Rs. _____ Rupees (in words) _____
 only as per beneficiary list enclosed

AND/OR

By-Transfer Credit Rs. _____ Rupees (in words) _____
 only as below-

Sl No.	Head of Account	Description	BT Type	Amount (Rs.)

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

Bill Clerk _____ Accountant _____ Signature & Designation of the D.D.O. _____

Station _____
 Date _____ 20__

Pay Rs. _____ (Rupees _____) only as
per list enclosed. **For use at the Treasury**

Examined and entered.

Accountant/J.A.O.

Station _____

Dated _____ 20 _____

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

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

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

Auditor

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

T. R. FORM NO. 43

[See sub-rule (1) of T. R. 6.14]

Transfer Credit Bill Form

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

Sanction No. & Date (Copy enclosed):					
Sanctioning Authority:					
Purpose:					
Sanctioned Amount (Rs.):			Period: From _____ To _____		
Operator Code	Operator Name	Scheme ID	Scheme Description	Name of the Grantee Authority	Amount (Rs.)

Please pay By-Transfer Credit Rs. _____ Rupees (in words) _____
 only as below-

Sl No.	Head of Account	Description	Amount (Rs.)

Bill Clerk _____ Accountant _____ Signature of the D.D.O with Designation _____

Station _____

Date _____ 20__

For use in the Treasury

Please pay By-Transfer Credit Rs. _____ Rupees (in words) _____
 only as below-

Sl No.	Head of Account	Description	BT Type	Amount (Rs.)

Examined and entered.

Accountant /J.A.O.

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

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

Admitted for Rs. _____

Objected to Rs. _____

Reason of Objection _____

Auditor

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

T. R. FORM NO.46

[See sub-rule (2) of T. R. 6.39]

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

NAME OF THE OFFICE : _____		
DDO Code: _____	Bill No.: _____	Date: ___/___/___
Token No.: _____	Date: ___/___/___	T.V. No.: _____
Date: ___/___/___		
Pay Bill for the Month of _____, 20__		

Certified that an amount of Rs. _____ (Rupees _____ only) 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 of _____ under the head of account _____ (Salary Head of Account).

Receipt Head of Account						
Name of the Employee	Employee ID No.	GPF A/C No.	Amount of monthly subscription (Rs.)	Amount of refund of withdrawals (Rs.)	Total Amount (Rs.)	Remarks
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Total Rs.						

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

NAME OF THE OFFICE : _____	Bill No.: _____ Date: ___/___/___
DDO Code: _____	T.V. No.: _____ Date: ___/___/___
Token No.: _____ Date: ___/___/___	
Pay Bill for the Month of _____, 20__	
Salary Head of Account: _____	

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)".
- (9) Arrange the Account Numbers in serial order. If interest is paid in advance mention it in the remarks column.

For Employees: Group-A, B & C									
Payable on: 1 st day of _____									
Head of Account Code: _____									
Sl No.	Employee ID No.	Name	G.P.F Account No.	Pay/ Leave Salary (Rs.)	Monthly Subscription (Rs.)	Arrear & Instalment No.	Recovery & Instalment No.	Total Realisation (Rs.)	Remarks
1	2	3	4	5	6	7	8	9	10

Total: Rupees (in words) _____ only

Bill Clerk _____

Accountant _____

Signature of D.D.O with Designation _____

Date _____

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

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

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

For Employees:

Payable on: 1st of _____

Head of Account Code: _____

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

Total: Rupees (in words) _____ only

Bill Clerk _____

Date _____

Accountant _____

Signature of D.D.O with Designation _____

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

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

Voucher No. _____

Date of encashment _____

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

Dated initial of the Accountant.

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

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

Head of Account _____						
Sl No.	Employee ID No.	Name of the Employee	Policy No.	Rate of Premium	Amount Recovered	Remarks
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Total Rs.						

Rupees (in words) _____) only

Bill Clerk

Accountant

Signature of D.D.O. with Designation

Station _____

Dated _____ 20__



T. R. FORM NO. 50

[Seesub rule (1) and (3) of T.R. 4.189,sub rule (2) of T.R. 4.190 and sub-rule (1) (a) of T. R. 6.41 and sub-rule (1) of T.R. 6.43]

Bill for withdrawal of (a) Commuted Value of Pension, (b) Provisional Gratuity, (c) Final Payment of Gratuity, (d) Death Gratuity, (e) Final Payment of General Provident Fund, (f) Refundable Advance from General Provident Fund, (g) Non-Refundable Advance* from General Provident Fund

Name of the Office: _____ D.D.O Code: _____
Bill No: _____ Date: ____/____/____ Token No.: _____ Date: ____/____/____ T.V NO. _____ Date ____/____/____

Name & Designation of the Employee with Basic Pay	Employee ID	Date of Superannuation/ Death	General Provident Fund Account No.	Sanction ID	Sanction No. & Date	Designation of the Sanctioning Authority	Gross Amount (Rs.)	Net Amount (Rs.)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)

Head of account from which the salary is drawn: _____

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

Pay Rs. _____ Rupees (in words) _____ only as per list enclosed

AND/OR

By-Transfer Credit Rs. _____ Rupees (in words) _____ only as below-

SI No.	Head of Account	Description	BT Type	Amount (Rs.)

Bill Clerk

Accountant

Signature & Designation of the D.D.O

Station _____

Dated _____ 20

For use at the Treasury

Pay Rs. _____ Rupees (in words) _____ only as per list enclosed

AND/OR

By-Transfer Credit Rs. _____ Rupees (in words) _____ only as below-

Sl No.	Head of Account	Description	BT Type	Amount (Rs.)

Examined and entered.

Accountant/J.A.O

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

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

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

Date _____ Accountant

S.O./A.A.O

T.R. FORM NO. 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

NAME OF THE OFFICE : _____	
DDO Code: _____	Bill No.: _____ Date: ___/___/___
Token No.: _____	Date: ___/___/___ T.V. No.: _____ Date: ___/___/___
Pay Bill for the Month of _____, 20__	
Salary Head of Account: _____	

Total No. of Employees under the Group		Contribution towards Insurance Fund (8011-00-107-001-19) Rs.	Contribution towards Savings Fund (8011-00-107-002-19) Rs.	Total Contribution Rs.	Remarks
Subscription to Insurance Fund only	Subscription to Insurance Fund and Savings Fund				
Total Rs.					

Head of Account Code (Insurance Fund) [8011-00-107-001-19] Rs. _____.

Head of Account Code (Savings Fund) [8011-00-107-002-19] 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].

Bill Clerk

Accountant

Signature of the Drawing & Disbursing Officer

For use at the Treasury

Checked and entered.

Bill Clerk

Accountant/J.A.O.

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

T.R. FORM NO. 55

[See T.R. 6.49]

Schedule of Recovery of Subscription under West Bengal State Government Employees Group Insurance-cum-Savings Scheme, 1987

NAME OF THE OFFICE _____

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

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

Pay bill for the month of _____, 20___

Salary Head of Account: _____

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

Sl. No.	G.I.S.S Group	Total No. of Employees under the Group		Contribution towards the Insurance Fund (8011-00-107-005-19) Rs.	Contribution towards Savings Fund (8011-00-107-004-19) Rs.	Total Contributions Rs.	Remarks
		Subscription to Insurance Fund only	Subscribing to Insurance Fund and Savings Fund				
1	A						
2	B						
3	C						
4	D						
	Total Rs. _____						

Bill Clerk

Accountant

Signature of the
Drawing & Disbursing Officer

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

For use in the Treasury

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

Junior Accountant

Accountant / J.A.O.

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

Date _____

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

Bill for withdrawal from West Bengal Government Employees' Group Insurance-cum-Savings Scheme, 1983 / 1987- For Savings Fund

Name of the Office: _____		D.D.O Code: _____		Bill No: _____		Date: ___/___/___		
Token No.: _____		Date: ___/___/___		T.V NO. _____		Date ___/___/___		
G.I.S.S under	1983	1987	Head of Account _____					
Sl No.	Name of the Employee	Employee ID No.	Designation	Date of Cessation of Employment (resignation/ termination/ superannuation/ Death-in-service)	Sanction ID	Sanction Order No. & Date	Designation of the Sanctioning Authority	Amount payable from Savings Fund with Interest (Rs.)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)

Please pay Rs. _____ (Rupees _____) only as per beneficiary list enclosed.

Bill Clerk _____

Accountant _____

Signature & Designation of D.D.O. _____

Station : _____

Date : _____ 20 _____

For use at the Treasury

Pay Rs. _____ (Rupees _____) only.

Examined and entered. _____

Accountant/J.A.O. _____

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

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. 61
[See T.R. 6.48 and T.R. 6.49]

Bill for withdrawal from West Bengal Government Employees' Group Insurance-cum-Savings Scheme, 1983 / 1987

Name of the Office: _____ D.D.O Code: _____
 Designation of D.D.O: _____ Bill No: _____ Date: ___/___/___
 Token No.: _____ Date: ___/___/___ T.V No. _____ Date: ___/___/___

G.I.S.S under		1983	1987	Head of Account				
Sl No.	Name of the Employee	Employee ID No.	Designation	Date of Death-in-service	Sanction ID	Sanction Order No. & Date	Designation of the Sanctioning Authority	Amount payable Insurance Fund (Rs.)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)

Pay Rs. _____ Rupees (in words) _____ only as per beneficiary list enclosed.

Bill Clerk
Station _____
Date _____ 20__

Accountant

Signature & Designation of D.D.O.

Pay Rs. _____ Rupees (in words) _____ For use at the Treasury _____) only
as per beneficiary list enclosed.

Examined and entered.

Accountant/J.A.O.

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

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

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

Auditor

SO/AAO/Audit Officer

Medical charges for Advance/Reimbursement Bill under W.B. Health Scheme 2008

Name of the Office: _____		
D.D.O Code: _____ Bill No: _____ Date: ___/___/___		
Token No.: _____ Date: ___/___/___ T.V. No.: _____ Date: ___/___/___		
Head of Account: _____		
Name of the Govt. Employee / Pensioner		
Employee / Pensioner Identification No.		
Whether Employee (E) / Pensioner (P) / AIS Officer (A)		
WBHS, 2008 Identification No. of Employee / Pensioner		
WBHS, 2008 Identification No. of Beneficiary(s)		
Treatment Period: From (dd/mm/yyyy) To (dd/mm/yyyy):		
Disease Code:		
Hospital / Diagnostic Centre's Code	Indoor / Outdoor / Both	Amount (Rs.)
Details of Sanction		
Sanction ID:		
Designation of the Sanctioning Authority:		
Sanction Order No.: _____ Date (dd/mm/yyyy): _____		
Bill for: Advance/ Reimbursement		
FOR ADVANCE		
Estimated Cost of Medical Attendance & Treatment		Rs.
Maximum amount admissible as advance		Rs.
Amount sanctioned as advance		Rs.
FOR REIMBURSEMENT		
Gross Claim : Rs.	<ol style="list-style-type: none"> 1. Certified that I have satisfied myself that the amount drawn previously, with the exception of these 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 then receipts taken in the office copies of the bill or in a separate acquittance roll. 2. <i>Details of Medical charges Refunded</i> Section of establishment and name of incumbent _____ with _____ designation _____ Period _____ Amount (Rs.) _____ 3. Certified that Essentiality certificates, receipts, etc are appended 4. Certified that no claim for the period mentioned in this bill has been preferred earlier. 	
<i>Less Advance, if any</i> (T.V. No. _____ Date ___/___/___) : Rs.		
<i>Less Deduction under Cashless Medical Treatment Scheme, 2014, if any.</i> : Rs.		
Net Amount Payable : Rs.		
In case of Refund (Challan No. _____ Date ___/___/___) : Rs.		
Allotment Received : Rs.		
Progressive expenditure including this bill : Rs.		
Balance available : Rs.		

Please pay Rs. _____ Rupees (in words) _____ only as per list enclosed.

Bill Clerk _____ Accountant _____
Station _____
Dated _____ 20 _____

Signature of D.D.O with Designation

For use at the Treasury

Examined and entered

Pay Rs. _____

Rupees (in words) _____ only as
per beneficiary list enclosed.

Accountant / J.A.O.

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

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

Admitted Rs. _____

Objected Rs. _____ Reasons for objections

Auditor

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

T. R. FORM NO. 69

[See G.O. No. 4905 – F(Y) dated 17.09.2014]

**BILL OF E-PAYMENT FOR UNSUCCESSFUL TRANSACTION
(TO BE GENERATED IN TREASURY OFFICE)**

D.D.O. Code _____

Bill No. _____ Date __/__/__

Token No. _____ Date __/__/__

T.V. No. _____ Date __/__/__

Head of Account Code 8658-00-102-038-21-Payment

**Bill for drawing of Fund from Suspense Account for
Unsuccessful Transaction by P.A.O/ Treasury Officer**

Treasury Office Name: _____		
Date of Generation of Bill	Total No. of Failed Transaction	Amount (Rs.)
Total (in words) _____		only

Pay Rs. _____ Rupees (in words) _____ only by
e-Payment as per list enclosed in Annexure Z to 8658-00-102-038-21-Payment(Head of Account).

Bill Clerk

Accountant

Signature of PAO/APAO /T.O/ATO

Dated _____ 20__

Station _____

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

ANNEXURE-Z

SL	DDO CODE	DDO'S BILL NO & DATE	TOKEN NO. & DATE	PAYMENT ID NO.	T.V. NO. & DATE AGAINST PAYMENT ID NO.	REASON FOR FAILURE	BENEFICIARY NAME	BANK ACCOUNT NO.	IFSC CODE	MICR NO.	AMOUNT (Rs.)

Signature of PAO/APAO/TO/ATO

Dated _____ 20__

TR Form No.70

(See G.O No. 736 – F(Y) dated 10.02.2015)

[Works Bill (Advance bill, Part bill & Final bill) for Presenting in P.A.O/Treasury]

Office of the _____
 D.D.O. Code _____ Bill No. _____ Date ___/___/___
 Token No. _____ Date ___/___/___ T.V. No. _____ Date ___/___/___
 Head of Account Code _____ Bill for the month of _____ 20___

Name of Contractor _____
 Name of work _____
 Amount of the sanctioned estimate _____
 Number and date of the order of Administrative Approval _____
 Number and date of the order of Financial Sanction _____
 No. and date of his previous Bill for this work _____
 Number & Date of written order to commence work _____
 Scheduled date of completion of work _____

Bill for	A. Mobilisation Advance Bill	B. Account of Work
-----------------	-------------------------------------	---------------------------

A. Mobilisation Advance Bill

Sanction Order No. & Date.	Designation of the Sanctioning Authority	Sanctioned Amount (Rs.)	Purpose (with description where necessary) and quotation of authority for drawing advance.	Claimed Amount(Rs.)
Total Rs. _____				

Total Rupees (in words) _____ only

Certified that-

- Amount has been drawn as per sanctioned order of _____ vide Order No. _____ dated _____.
- Total Advance amount will be adjusted by the above mentioned work in _____ instalments in the next _____ bills.

B. Account of Work

	Rs.	Rs.	Progress %age
1. Approximate value of work done up to date along with percentage of physical progress. Less: Cost of Materials received from Resource Division			
2. "up-to-date" intermediate payments due for works done			
3. Deduct payments already made for this work as per: i) Mobilisation Advance TV No. Datedto be deducted (in ___th instalment ii) TV No. Dated iii) TV No. Dated iv) TV No. Dated v) TV No. Dated			
4. Intermediate payment now to be made (items 2-3) in the manner detailed below-			

Explanation:

- A. To Sl. No. 2: It shall be equal to the Progressive amount paid up to the last bill including the amount to be paid in this bill
- B. To Sl. No. 3: It shall be shown in details the TV No. & Date, amount of the bills drawn for this work only.
- C. To Sl. No.4: This is the Gross payment to be released under this bill.
- D. The items for transfer credit shall be shown at reverse and net amount shall be endorsed as per beneficiary list.

Certified that-

- _____ % of the total work has been completed as on (mention date of inspection) as per project milestone/as per agreement.
- Rs _____ (_____ % of total cost of work) is hereby sanctioned for the completed work as per payment schedule approved vide order no. _____ (mention order no. and date of the parent department)
- Provisions of WBFR Part-I Rule 47 as amended have been observed properly.
- The detailed measurements of the authorized additions mentioned above marked on _____ and are recorded at page No. _____ of Measurement Book No. _____ & Log Book and other documents. I am satisfied that they are correct.

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

Pay Rs. _____ Rupees (in words) _____ only
as per beneficiary list enclosed and by transfer Credit of Rs. _____ Rupees (in words) _____
_____ only as below-

Sl No.	Head of Account	Description	Amount (Rs.)
1			
2			
	Total Rs.		

Bill Clerk

Accountant

Signature and Designation of D.D.O

Date _____ 20____
Station _____

For use in the Treasury

Pay Rs. _____ Rupees (in words) _____ only
as per beneficiary list enclosed

AND/OR
By transfer Credit of Rs. _____ Rupees (in words) _____ only
as below-

Sl No.	Head of Account	Description	Amount (Rs.)
1			
2			
	Total Rs.		

Examined and Entered.

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

Accountant/ J.A.O.

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

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

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

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

T.R. FORM NO. 71(A)

[See G.O No. 1069 – F(Y) dated 03.02.2012]

NEW PENSION SCHEME (NPS) TO ALL NDIA SERVICE OFFICERS (WEST BENGAL CADRE)

SCHEDULE OF RECOVERY FROM THE PAY BILL OF IAS/IPS/IFS OFFICERS FOR THE MONTH OF _____, 20____
TOWARDS AIS OFFICERS' SUBSCRIPTION UNDER NPS TIER-I

D.D.O Code :
Name & Designation of D.D.O :
Registration No. :

Name of the P.A.O/ Treasury :
Registration No. :

Receipt Head of Account: 8342-00-117-002-07													
Sl No.	PRAN No.	Name of the Officer	Employee ID	Designation	Basic Pay (Rs.)	Grade Pay (Rs.)	Dearness Pay (Rs.)	Dearness Allowance (Rs.)	Total (Rs.) (6+7+8+9)	Amount of AIS Officers' Contribution			Remarks
										Current Amount [10% of 10] (Rs.)	Backlog / Arrear (Rs.)	Total Amount (Rs.) (11+12)	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)

Rupees (in figures) _____

Rupees (in words) _____ only.

Signature of the D.D.O with Designation

Station _____
Date _____ 20____

Certified that the Basic Pay, Grade Pay, Dearness Pay and Dearness Allowance entitled at column 6 to 9 respectively of the schedule have been verified with the entries in the respective Pay Bill and found correct. Rs. _____ have been deducted from the salary bill of the D.D.O for the AIS Officers' Contribution for the month of _____ and transfer credited to the head of account "8342-00-117-002-07" vide Challan No. _____ dated _____ against Voucher No. _____.

Signature of P.A.O/ T.O with date

Certified that the Basic Pay, Grade Pay, Dearness Pay and Dearness Allowance entitled at column 6 to 9 respectively of the schedule have been verified with the entries in the respective Pay Bill and found correct. Rs. _____ have been deducted from the salary bill of the subscriber on _____ and remitted in P.A.O/Treasury under the head of account "8342-00-117-002-07".

Signature of the D.D.O with Designation

To
The State Nodal Officer & Director of Treasuries and accounts, West Bengal,
NPS Cell, 4, Lyons Range, Kolkata-700001.

T.R. FORM NO. 71(B)

[See G.O No. 1069 – F(Y) dated 03.02.2012]

NEW PENSION SCHEME (NPS) TO ALL NDIA SERVICE OFFICERS (WEST BENGAL CADRE)

**SCHEDULE OF GOVERNMENT CONTRIBUTION UNDER NPS TIER-I FOR IAS/IPS/IFS OFFICERS
FOR THE MONTH OF _____, 20 _____**

D.D.O Code :
Name & Designation of D.D.O :
Registration No. :

Name of the P.A.O/ Treasury :
Registration No. :

Receipt Head of Account: 8342-00-117-001-07											
Sl No.	PRAN No.	Name of the Officer	Employee ID	Designation	Basic Pay (Rs.)	Grade Pay (Rs.)	Dearness Pay (Rs.)	Dearness Allowance (Rs.)	Total (Rs.) (6+7+8+9)	Government Contribution [Regular] (10% of 10) (Rs.)	Remarks
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
Rupees (in figures) _____											
Rupees (in words) _____											

Signature of the D.D.O with Designation

Station _____
Date _____ 20 _____

Certified that the Basic Pay, Grade Pay, Dearness Pay and Dearness Allowance entitled at column 6 to 9 respectively of the schedule have been verified with the entries in the respective Pay Bill and found correct. Rs. _____ have been deducted as Govt. Contribution by the D.D.O for the month of _____ and transfer credited to the head of account "8342-00-117-001-07" vide Challan No. _____ dated _____ against Voucher No. _____.

Signature of P.A.O/ T.O with date

Certified that the Basic Pay, Grade Pay, Dearness Pay and Dearness Allowance entitled at column 6 to 9 respectively of the schedule have been verified with the entries in the respective Pay Bill and found correct. Rs. _____ have been deposited as Govt. Contribution for the month of _____, 20____ and remitted in P.A.O/Treasury under the head of account "8342-00-117-001-07".

Signature of the D.D.O with Designation

To
The State Nodal Officer & Director of Treasuries and accounts, West Bengal,
NPS Cell, 4, Lyons Range, Kolkata-700001.