

GOVERNMENT OF RAJASTHAN

GENERAL FINANCIAL & ACCOUNTS RULES

VOLUME-II (FORMS)

AMENDED UPTO 15.04.2021

APPENDIX-7

LIST OF FORMS [See rule 327 (2)]

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	Rule no.	Present	1
<u> </u>		Form No	
Register of Expenses by	11(1)	19	no1
Head of account	1		1
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Liabilities & Commitments	(-)	2,	
Broad sheet for watching	11(3)	21	3
receipt of Account		21	
Compilation and	11(3)	22	4
Reconciliation sheet		42.	7
Statements of Reconciliation	11(3)	23	5
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Register of Mis-	20(7)	163	7
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Realised to A.G.			
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Receipt (General)	45(1)	55	13
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Cheques, Drafts,			•
etc.,received			

List of Forms	Rule no.	Present	New
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	83	59	19
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Officer)			
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List of Forms	Rule no.	Present	New
	1	Form	For
		No.	m
			no.
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& allowances		_	
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List of Forms	Rule no.	Dennant	1 3,
	Kule IIO.	Present Form No.	New Form
		TOTHI NO.	no.
Register of watching	10(c)	185A	75
recovery of Festival			"
advances			
Bill for withdrawal from P.F.	206E	125	76
Salary bill of Assembly	208(2)	71	77
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Assembly/Speaker		, 	, ,
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Allowances for MLAs	1 (1)(122)	123	00
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inmates of zenana Deori and			01
Rajmatas			
Acknowledgement of	212(g)	189	82
Permanent Advance	1 - (8)	.07	02
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Register of Detailed Bill	219(iv)	105	88
Passed by Controlling officer		103	00
Acknowledgement for	221(1)	172	89
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Register of Contingent	222(1)	104	91
expenditure	\		
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stamps			-
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· · · · · · · · · · · · · · · · · · ·			

	- 5 -			
List of Forms	Rule no.	Present	New	-
		Form No.	Form	
Register showing postage		ļ	no.	_
stamps used and their		115	95	1
balances			İ	
		<u> </u>		
Register of Trunk Calls	226	116	96	
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Register of Deposits and	263(1)(a)	171	102	1
Repayments				l
Bill for refund of deposit	263(c)	120	103	1
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Bond for Grant -in- aid	280(5)(i)		106	
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Bond for irrecoverable loans	303(2)	187	115	
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Annual statement of loans	305(3)	188	118	
and Advances		100	110	
Detailed bill for loans and	305(4),	122	119	
advances	310	122	119	

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मका इषु कि लक्ष Month माह New Form No. GA. (Figures in whole rupees only) Net amount of the bill Rule 11 (1) Deductions, if any कडीलियों, यदि कोई हो ार्गाः listoT **Charged/Voted** (रकम पूरे रुपयों में) Register showing Expenses by Heads of Account Primary Units and Sub-Units प्रारंभिक इकाइयों व उप इकाइयों Major Head मुख्य शीर्षक Minor Head लघु शीर्षक Sub-Head उप-शीषंक GOVERNMENT OF RAJASTHAN (To be printed on 20x 30/2 size) Allotments (Annual) बार्षिक नियतन शीर्षकवार खर्चे के हिसाब की पंजिका अन्य व्यय Officer Expenses राजस्थान सरकार कार्याक्षय व्यय Office Expenses BinsnonoH क्रिमाम ह*रिम* Allowances and Name of Office नाम कार्यालय म्फर्म क गिष्ट ग्रिष्टिमक वितरण अधिकारी का नं. Pay of Establishment Serial No. allotted to the Disbursing म्फर्ड क फ्रिंगकश्रीस् Pay of Officers म 81 AD मिस कि . F प्रच्छा on slip in Form GA 18 GA 19 BM Form 2 Voucher No. as shown Officer श्रिति कि ज़ब Date of drawal of bill

सामान्य वित्तीय एवं लेखा नियम

सामान्य वि	त्तीय एवं	लेखा	नियम
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Total for the month	Reverse पृष्ठ भाग
माह का योग	
Add Liabilities as per Form GA 20	
अन्य खर्चा फार्म GA 20 के अनुसार	
Grand Total for the month	
માં ભાષા પૂર્વ થાય Add Expenditure to end of	
गत महि तक का खंचा	
Progessive total from 1st April योग खर्चा 1 अप्रैस से	
Balance of the appropriation नियोजन की बाकी	
1. Allowances not drawn with pay should be shown as a sepa- 1. Tate detailed head in the register. 2. If an allotment is changed the necessary correction in the reg. 2. ister should be made in red ink. 3. All bills for fluctuating expenditure drawn during the month 3, should be entered in this register irrespective of whether they are naid at the treasure drawn, directly the course of whether they	 वे भते जो वेतन के साथ नहीं लिए जाते, पंजिका के पृथक् खाने में दर्ज किए जावें। तियतन के परिवर्तन को पंजिका में लाल स्याही से लिखा जावे। परिवर्तनशील व्यय के उन सब बिलों का इन्द्राब, जो माह में कोष को भेजे जावें, इस पंजिका में किया जाने नावें सामार के उन से कार्य के उन से सामार कार्य के उन से कार्य के उन से सामार कार्य के उन से कार्य के उन से सामार कार्य के उन से कार्य के उन से सामार कार्य के उन से कार्य के उन से कार्य के उन से कार्य के उन से कार्य के उन से कार्य के उन से सामार कार्य के उन से कार्य के उन से कार्य के उन से कार्य के कार्य के उन से कार्य के कार्य के उन से कार्य के ्य के कार्य कार्य के कार्य कार्य कार्य कार्य के कार्य कार्य कार्य के कार्य कार्य के कार्य का
re should be of following	रुत गुनुगान निज्ञा जान, चाह उसका मुगतान काथ से उसा माह में हा या ने हा। 4. Vated और Charged नियतन व व्यय के इन्द्राज पृथक् पृष्ठों पर किए जातें। 5. इस हिसाब को अगले माह की 3 तारीख तक मय फार्म GA 18 की चिट्ठों के भेज नेमा नातिका।
No. सं Dated दिनांक Sig Copy forwarded to प्रतिलिपि प्रस्तुत की को। Des	पुना चाहरू। Signature of Disbursing Officer हस्ताक्षर वितरण अधिकारी Designation पद

Monthly Statement of Liabilities and Commitments Monthly Statement of Liabilities and Commitments Month माह Head of Detailed particulars of Amount of Probabe months when the expenditure will be accounted for the Commitments Account the Commitments Head of Detailed particulars of Amount of Probabe months when the expenditure will be accounted for the Commitments shared and the expenditure will be accounted for the Commitments shared and the expenditure will be accounted for the Commitments shared and the expenditure will be accounted for the Commitments shared and the expenditure will be accounted for the Commitments shared and the expenditure will be accounted for the Commitments shared and the expenditure will be accounted for the Commitments shared and the expenditure will be accounted for the Commitments shared and the expenditure will be accounted for the Commitments shared and the expenditure will be accounted for the Commitments shared and the expenditure will be accounted for the Commitments shared and the expenditure will be accounted for the Commitments shared and the expenditure will be accounted for the Commitments shared and the expenditure will be accounted for the Commitments shared and the expenditure will be accounted for the Commitments shared and the expenditure will be accounted for the Commitments shared and the expenditure will be accounted for the Commitments shared and the expenditure will be accounted for the Commitments shared and the expenditure will be accounted for the Commitments shared and the expenditure will be accounted for the Commitments shared and the expenditure will be accounted for the Commitments shared and the expenditure will be accounted for the Commitments shared and the commitments and the commitments and the commitments and the commitments and the commitments and the commitments and the commitments and the commitments and the commitments and the commitments and the commitments and the commitments and the commitments and the commitments are shared and the commi	ð	727	GOVERNI	GOVERNMENT OF RAJASTHAN राजस्थान सरकार	JASTHAN ?	जस्थान सर्	机	New Form No. GA	9
Huften व्यक्ति ऐसे खर्चे का जिनको स्वीकार कर लिया है और जो भविष्य में होना है dof Detailed particulars of Liability the Commitments of Detailed particulars of House Revenue Hours का स्वाहित्य कर्ने किसान में बानेगा but the Commitments of Detailed particulars of Liability the Commitments of Detailed particulars of Liability the Commitments of Detailed particulars of Liability the Commitments the Commitments and of Detailed particulars of Liability the Commitments Liability Liability Revene क्षित मह क्ष्म वर्च क्षित वर्च क्षित मह क्ष्म वर्च क्षमाम विस्त वर्ष क्षमा समितिय मह क्ष्म क्षमा क्ष्म क्षमा क्षमा Amount of Probable months when the expenditure will be accounted for Liability Liability Liability Liability Liability Amount of Month Amount Amount of Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Amount Signature हस्ताहर Amount	GFA	R 12		To be printed	on 17x27/4	size)		Valle 1	(7)
of Detailed particulars of Amount of the conmitments that the Commitments of table and the commitments of table and the commitments of table and the commitments of table and the commitments the Commitments of table and the commitments of table and table a	Mont	th माह	Monthly Sta मिक व्योग ऐसे खडे	tement of Li	abilities and कार कर लिया नै	J Commitm है और जो भक्षि	ients स्य में होना है		
स्विकृत खर्चों का विस्तृत विवरण होने वाले खर्चे Current Financial year Following Financial year हिन्म की रक्म मह स्कन माह स्कन स्कन माह रक्म स्वकृत खर्चों का विस्तृत विवरण होने वाले खर्चे Current Financial year हिन्म माह रक्म माह रक्म माह रक्म स्वकृत खर्चों का विस्तृत विवरण होने वाले खर्चे किराकम माह रक्म माह माह रक्म माह र	į.	Head of	Detailed particulars of	Amount of	Probable mon	ths when the ex	penditure will be खर्चा हिसाब में ज	accounted for विगा	
Month Amount to the commitments between the sequential search and the	. 4 <u>₹</u> .0	Account लेखा शीर्षक	me Communetus स्वीकृत खन्डों का बिस्तृत विबरण	प्रवासाय होने वाले खर्चे की ग्रह्म	Current Final	अncial year त वर्ष	Following Fi	nancial year विस वर्ष	
of Detailed particulars of Amount of Probable months when the expenditure will be accounted for the Commitments Liability Liability विकास की माह जब खर्ची हिसाब में आवेगा अग्रामी विकास कि अग्रामी विकास कि कि रकम माह स्कम माह रक्म नाह रक्	N IS			Ţ,	Month	Amount रकम	Month His	Amount रक्स	
of Detailed particulars of Amount of Probable months when the expenditure will be accounted for the Commitments Liability स्वीकृत खर्ची का विस्तृत विवरण होने वाले खर्चे की रकम महि Amount Amount कि रक्म महि रक्म स्व									
of Detailed particulars of Amount of the Expenditure will be accounted for the Commitments Liability संभावित माह जब खर्चा हिसाब में आवेगा 20 कि कार्या किया किया किया किया किया किया किया कि				Rever	क्र पृथ्व भाग				
प्रिक स्वीकृत खर्जी का विस्तृत विवरण होने वाले खर्जे Current Financial year Foltowing Financial year हैं की रकम वालू वित वर्ष आगामी वित वर्ष हैं हैं कि प्राप्त कि वर्ष कि व	j.	Head of	Detailed particulars of	Amount of		ths when the ex nবিत माह जब र	penditure will be ब्रचा हिसाब में जा	accounted for वेगा	S.
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Dated तारीख	N .IS		···		Month	Amount	Month माह	Amount रकम	원 명
Dated तारीख		<u>.</u>			S F				
	Ž	4 :] Dated तारीख			Signature) हस्ताक्षर		

New Form No. GA 3 Rule 11 (3)			
GOVERNMENT OF RAJASTHAN राजस्थान सरकार (To be printed on 17x27/2 size)	Broad sheet for watching Receipt of Account from Disbursing Officers वितरण अधिकारियों से निश्चित समय पर हिसाब के प्राप्ति की निगरानी के लिए पंजिका		् लघु रिषक Sub-Head उप-शिषक
GA 21 BM Form 3		Office of कार्यालय	

	ण्याच्या चित्रका		ı
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Date and month of receipts should be noted in monthly columns. Reminders should be sent if not Notes: 1. Districts are to be arranged according to alphabetical order.

2. Date and month of receipts should be noted in monthly co received by the 7th of the month in which due.

टिप्पणियां : 1. जिलों के नाम वर्णमाला फ्रमानुसार लिखे जावें।

हिसाब प्राप्ति की तिथि व माह महीने के कालम में लिखे जावें। यदि हिसाब हर माह की 7 तारीख तक न आवे तो स्मृति पत्र भेजा जावे।

New Form No. GA 4

Rule 11 (3)

GOVERNMENT OF RAJASTHAN राजस्थान सरकार

B.M. Form 4

(To be printed on 20x 26/2 size)

Compilation and Reconciliation Sheet **Charged/Voted**

Major Head मुख्य शीर्षक Minor Head लघु शीर्षक

Figures in whole Rupees only

Month माई

्र Kemarks वित्रोब विवरण Total as given in Col. 14 of relevant Form GA 19 कालम 14 का योग कार्न GA 19 13 2 Ξ Units of Appropriation नियोखन इकाइयां 10 0 Office Expenses कार्योलय व्यय Office Expenses भमे व मानदेव Honoraria Allowances and न्तर्भ का निष्य कि निष्य Pay of Establishment म्प्रकारियों का वेतन Pay of Officers Sub-Head उप-शीर्षक Disbursing Officer S.No. of the अधिकारी के नं. वितरण

5

सामान्य वित्तीय एवं लेखा नियम

सामान्य	विसीय	एवं लेखा	नियम
स्तान्य	गयसम्ब	एप ए।खा	مغملما

सामा	<u>ु</u> ज्य वित्तीय एवं लेखा I	: नियम
C. C. C. C. C. C. C. C. C. C. C. C. C. C		· · · · · · · · · · · · · · · · · · ·
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Total Expenditure कुल व्यय Grand total for the month for all returns in Form GA 19 फार्म GA 19 के तमाम ब्योरों का पूर्ण योग Add debit communicated by A.G. (other than those covered up by entries in Form GA 20) ए.जी. द्वारा सूचित किए व्ययों को खोड़ो (फार्म GA 20 के लेखों को खोड़ो	Grand Total फूर्ण योग Add Total in end of previous month गत माह का योग बोड़ें	Progressive total up-to-date (A) प्रथम माह से गत माह तक का योग Progressive total as per A.G.'s books (B) ए.जी. के खाते के अनुसार योग Difference between A&B (More+, Less—) A a B का अंतर (विशेष+, कम—) (Details of differences on the reverse)

सामान्य वित्तीय एवं लेखा नियम 1 । ৮% स

REVERSE Reconciliation Sheet पुनःसमाधान पत्र

	Unit इकाई Not in A.G's books किमें जो ए.जी. के खातों में नहीं है Not in Deptt. books किमें जो विभागीय खातों में नहीं है Difference	Details विवरण	Particulars of transactions रकम Amount रकम Remarks & month in which settled in which settled in which settled	Not in A. G's books कमें बो ए. बी. के खातों में नहीं लैं
nce अंतर का विवरण	Unit इकाई Not in A.G's books क्कमें जो ए.जी. के खातों में नहीं है Not in Deptt. books क्कमें को विभागीय खातों में नहीं है	Details विवरण	Particulars of transactions रकमों का विवरण रक्म Remarks & month in which settled बिशेष विवरण व माह विवरमें मिलान हुआ	Not in A. G's books रक्में जो ए. जी. के खातों में नहीं हैं
Details of the difference अंतर का विवरण	Unit इकाई	Details विवरण	Particulars of transactions रकम Amount स्कम Remarks & month in which settled in which settled क्षेत्रम वित्रण व माह	Not in A. G's books कमें जो ए. थी. के खातों मं नहीं है
	Unit इकाई Not in A.G's books रकमें जो ए.जी. के खातों में नहीं है Not in Deptt. books रकमें जो विभागीय खातों में नहीं हैं Difference	अतर Details विवरण	Particulars of transactions स्कम् काल्या स्कम Remarks & month in which settled in which settled	in books · · · · · · · · · · · · · · · · · · ·

Not in	Notin	Not in	Notin
Deptt.	Deptt.	Deptt.	Deptt.
pooks	books	books	books
मुन्द्र	रक्षेम् लो	क्में जे	रकमें जो
विभागीय खालों	विभागीय खातों	विभागीय खातो	विभागीय खातों
मंनशील	में नहीं हैं	में नहीं है	में नहीं हैं

Instructions अनुदेश

list of the previous month should be entered above under the heading 'Not in A.G's books', and totalled. Then, the transactions which appear in the A.G's books but are not found in Forms GA 19 and GA 20 and in such list of differences for the last month should be entered under the heading "Not in Deptt. books", and totalled. The difference of these sets of figures, worked out above in the space provided for the purpose, will represent the difference under any one unit as worked out on the reverse. Immediate action for rectifying the errors and omissions in a subsequent month of the Financial Year should be In making reconciliation of differences with the A.G's books, the simple process of ticking off the entries under the relevant unit in Forms GA 19 and GA 20 as well as in this list should be followed. Items, that are not found in the A.G's books or such taken

में या पिछले माह की ऐसी सूची में न पाई बाबें उनकी ''ए.बी. के खातों में नहीं है'' के उपरोक्त निश्चित स्थान पर लिखकर बोड़ दिया बावे। फिर जो रक्तें ए.बी. के खातों में कर दिया बावे। इन दो किस्मों की रक्तमों का फर्क, जो ऊपर निकाला जावे, एक इकाई की रकम के फर्क से जो पुष्ठ पर निकाली हो, मिल बावेगा। इन गलतियों व छूट को सही ए.बी. के खातों से मिलान के लिए आसान तरीका फार्म बी.ए. 19 व जी.ए. 20 और इस सूची की रकमों पर निशान लगाने का प्रयोग किया बावे। बो रकमें ए.जी. के खातों तो पाई बावे और विभाग के फार्म बी.ए. 19 व जी.ए. 20 और इस किस्म के पिछले माह की मूची में न सिले तो उनको ''विभाग के खातों में नहीं है'' की बगह लिखकर जोड़ करने की कार्यवाही तुरंत की बावे, ताकि सांल के बाकी महीनों में वे तमाम फर्क दूर हो जावें।

If there are differences under more than 4 units, the blank portion left after entering differences of 4 units should be used by अगर 4 से ज्यादा इकाइयों में फर्क हो तो जो जगह ऊपर खाली रहे उनके दर्ज करने में लाल स्याही की लकीर खींचकर था फार्म जी.ए. 23 काम में लाया जावे drawing a red ink line for recording details of those differences or Form GA 23 used for the purpose. d

In the column 'Remarks and month in which settled' should be recorded briefly the cause of each item of difference such विवरण और माह जिसमें ''फर्क दूर किया गया'' के खानों में फर्क का कारण जैसे 'गलत वर्गीकरण', 'गलत इन्द्राज', 'क्रूट' इत्यादि मय माह, जिसमें ठीक किया गया, लिखा as 'misclassification', 'misposting', 'omission' along with the month in which rectification thereof is actually done. m

GA No.23

GOVERNMENT OF RAJASTHAN

राजस्थान सरकार

New Form No. G.A. 5

(To be printed on 17x 27/2 size)

Rule 11 (3)

Statement of Reconciliation of Accounts-Departmental Figures compared with A.G.'s Figures

हिसाब के मिलान का ब्यौरा-विभागीय आंकड़ों की महालेखाकार के आंकड़ों से तलना

•	भाग	•	। मुख्य शीर्षक । लघु शीर्षक	
Unit of appropriation नियोजन इकाई	Progressive total as per departmental books विभागीय खातों के अनुसार आंकड़े	Progressive total as per A.G's books ए.जी. के खाते अनुसार आंकड़े	(details on next page) अंतर (विवरण	Remarks विशेष विवरण

INSTRUCTIONS निर्देश

- 1. In making reconciliation of differences with the A.G's books, the simple process of ticking off the entries under the relevant unit in Forms GA 19 and GA 20, as well as in this list should be followed. Items that are not found in the A.G's books or such list of the previous month should be entered on the following pages under the heading 'Not in A.G's books' and totalled. Then, the transactions which appear in the A.G's books but are not found in forms GA 19 and 20 and in such list of differences for the last month should be entered under the heading 'Not in Deptt. books' and totalled. The differences of these sets of figures, worked out in the space provided for the purpose, will represent the difference under any one unit as worked out above. Immediate action for rectifying the errors and omissions in a subsequent month of the Financial year should be taken.
- In the column 'Month in which settled' etc. should be recorded briefly the
 cause of each item of difference, such as misclassification, misposting,
 omission alongwith the month in which rectification thereof is actually
 done.
- 1. ए.जी. के खातों से मिलान के लिए आसान तरीका फार्म जी ए 19 व जी ए 20 और इस सूची की रकमों पर निशान लगाने का प्रयोग किया जावे, जो रकमें ए.जी. के खातों में या पिछले माह की ऐसी सूची में न पाई जावे उनको अगले पृष्ठ पर 'ए.जी. के खातों में नहीं है' की जगह पर लिखकर जोड़ दिया जावे। फिर जो रकमें ए.जी. के खातों में तो पाई जावे और इस किस्म के पिछले माह की सूची में न मिले तो इनको 'विभाग के खातों में नहीं है', की जगह लिखकर जोड़ दिया जावे। इन दो किस्म की रकमों का अंतर भी यथास्थान पर निकाला जाये। हर इकाई की रकम के फर्क से जो ऊपर निकाला है, मिल जायेगा। इन गलतियों व छूट को सही करने की कार्यवाही तुरंत की जावे, ताकि साल के बाकी महीनों में वे तमाम के अंतर दूर हो जावें।
- 2. भाह, जिसमें 'अंतर दूर किया गया' के खानों में फर्क के कारण जैसे गलत वर्गीकरण, गलत इन्द्राज, छूट इत्यादि मय माह, जिसमें ठीक किया गया, लिखा जावे।

Details of Differences अंतर विवरण

(Page 2)

		अंतर 19		(Fage 2)		
Unit of Appropriation		tems not in A का जो ए.जी. के		=		
नियोजन इकाई		tems not in D का जो विभागीय		=		
		Γ	Difference अंतर		•	
	A.G's box जी. के खातों			epartmenta भागीय खाते		
Particulars of transactions रकमों का विवरण	Amount रकम	Month in which settled etc. माह जिसमें मिलान हुआ इत्यादि	Particulars of transactions रकमों का विवरण	Amount रकम	Month in which, settled etc. माह जिसमें रकमों का मिलान हुआ इत्यादि	
Unit of Appropriation नियोजन इकाई	Total of items not in A.G's Books = योग रकमों का जो ए.जी. के खातों में नहीं हैं Total of items not in Deptt's books = योग रकमों का जो विभागीय खातों में नहीं हैं Difference अंतर					
Not in A.C रकमें जो ए.जी. के		इं	Not in departmental bool रकमें जो विभागीय खाते में नहीं			
Particulars of transactions रकमों का विवरण	Amount रकम	Month in which settled etc. माह जिसमें मिलान हुआ इत्यादि	Particulars of transactions रकमों का विवरण	Amount रकम	Month in which settled etc. माह जिसमें रकमों का मिलान हुआ इत्यादि	
					· · · —	

(To be repeated on page 3 & 4)

GA 163

GOVERNMENT OF RAJASTHAN

New Form No. G.A. 7

GFAR 21

राजस्थान सरकार

Rule 20 (7)

(To be printed on 17x 27/4 both side) Register of Mis-appropriation etc.

दर्विनियोग आदि का रजिस्टर

Naı	me of Office	Depar					Fina	ancia	al Year		
Serial No.	Particulars of the case (with dates of occur- rence and detection and period of defalca- tion) including descrip- tion of the breach of rules which rendered defalcation practi- cable	Name and designation of official or officials	responsible for the defalcation	Amount involved	Date & month of		Total recovery made	Amount written off	Progress of the case and action taken	Final order	Remarks
1	2	3		4	5	6	7	8	9	10	11

- Note:— 1. Sufficient space should be left between the entries of two cases in order to record proceedings in column 9.
 - 2. The entries in columns 5 & 6 are to be made as soon as recoveries are made, and in columns 7 & 8 when final orders are passed.
 - 3. The register should be reviewed regularly and remarks of this having been done should be recorded in the last column.

GOVERNMENT OF RAJASTHAN राजस्थान सरकार

GA 13 BM paras 102 & 105

New Form No. GA 8 Rule 27 (2)

(To be printed on 17x27/2 size)

Monthly Progress Report of the Collection of Revenue (other than Land Revenue) to Controlling Officer/Head of Department

राजस्व (भू-राजस्व के अतिरिक्त) की मासिक रिपोर्ट जो नियंत्रण अधिकारी/विभागाध्यक्ष को प्रस्तुत की जावे।

To end of During the	अनुमानित प्राप्तियां During the To end
माह के अंत तक माह में 4 5	F

Arrears' demands and collections should be shown separately from the 'current' demands and collections against the 'बकाए' मांग व प्राप्तियां 'चाल्' मांग व प्राप्तियों से अलग संबंधित शीर्षक के सामने लिखी बावें। Heads concerned, wherever necessary. Note

Submitted to प्रस्तुत किया No. #.....

टियम्बी-

Dated दिनांक...... Signature हस्ताक्षर...... Designation पर्दे

GOVERNMENT OF RAJASTHAN

New Form No. GA 9

Head of Department's Monthly Progress Report of the Collection of Revenue (Other than Land Revenue) Rule 32 (To be printed on 17x 27/2 size) BM paras 102 & 105 and GFAR 30

विभागाध्यक्ष के राजस्व (भू राजस्व के अतिरिक्स) की मासिक रिपोर्ट जो प्रशासनिक विभाग को प्रस्तुत की जावे to the Administrative Department.

कालम 5 व 8 या 9 में cols. 5 and 8 or 9 'Arrears' Demands and Collections should be shown separately from the 'Current' Demands and Collections against the Heads Figures in whole rupees only रकम पूरे रुपयों में Explanation of विशेष अंतर का the material variations between कारव Steps taken to समाधान की कार्यवाही between cols. कालम 8 व 9 के differences अंतर के पुनः reconcile 8 and 9 **2** During the month To end of the month S-G's figures इकांस्ट क् .fte.ग्र माह के अंत तक Actual Collections असल प्राप्तिया इंकास्ट शीगम्न Month माह..... Departmental sənugit e'Ə.A इकांम्ड कं .कि.ग्र इत्हांस्ट मीगम्मही sənnBij ø Departmental Estimated Collection Head of Revenue शिषंक rinom ərli क्र हांध्ट र्क हाम अनुमानित प्राप्तियां To end of rijnoM 许家中 Ouring the नमनुष्ट काभ्रफ्र-भार्थ कि केह гре хезк Budget Estimate for क्वेगीड़-म्ह Minor Heads Note-.F.ॡ .oN.≳

Submitted to the Secretary to the Government of Raj.............Department. The Secretary to the Government of Rajasthan, Finance Department, with reference to rule 30 of the GFAR. € \equiv

टिज्यणी- 'बकाएं' मांग व प्राप्तियां 'चाल्' मांग व प्राप्तियों से अलग संबंधित शीर्षक के सामने लिखी आवें।

concerned

No. संख्या

Copy forwarded to

Dated दिनांक

The Accountant General of Rajasthan, Japur.

Designation पद Department विभाग

Signature हस्ताक्षर

GA 15 BM

GOVERNMENT OF RAJASTHAN

New Form No. GA 10 Rule 28 (4)

राजस्थान सरकार

(To be printed on 17x27/4 size)

Statement of Errors in Classification of Revenue/Receipts requiring corrections in Accounts ब्यौरा राजस्य व अन्य प्राप्तियों के अशुद्ध लेखों का जिनका शोधन होना है

Name of Office कार्यालय का नाम

		ŀ		ď	of of accident	apen	Explanation Name and	Name and	Action
ဟ S	S. Particulars	Reference to Challan,	fibə श्रि	S &	Corrections to be made अशुद्धियां जिनका शोधन करना है	गावपट । करना है	of error	designation	taken by
ki	S			Amount	Wrong	Сопес	अशुद्ध का व्याख्या	of official	Officer
щ.	wrongly	चालान इत्यादि		(कम	classification	classification classification		for the error	कोषाध्यक्ष की
	classified		js(ip		अशुद्ध वर्गीकरण	शुद्ध वर्गीकरण		मी काने वाले	कार्यवाही
	अशुद्ध लेखो		<u> </u>					अधिकारी का	
	का विवरण							नाम व पद	
-	,	~	4	5	9	7	8	6	0
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						· · · ·			
Ğ.	ward to the Tr	easury Office			Forward to the Treasury Officerfor favour of necessary action.	f necessary ac	Xion. 참한		
अव	श्यक कार्यवाही के	लिए कोषाध्यक्ष			आवश्यक कार्यवाही के लिए कार्याध्यक्षनारात्राच्या	X 15		Č	Constant on transity

*| 1*_न सामान्य वित्तीय एवं लेखा नियम

Signature हस्ताक्षर

Designation पद

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THAN राजस्थान सरकार

New Form No. GA 11 Rule 39 (1)

(To be printed on 17x27/4 size)

Statement Showing remission of Revenue Realised to A.G.

वसूल किये गये राजस्य की माफी का महालेखाकार को भेजा गया विवरण Name of Department নাম কিমাণ

Name of the party | Particulars of the | Amount

whom remission is granted

톲

सामान्य वित्तीय एवं लेखा नियम Due Date 1st June निरिचत तिथि । जून

present dues becoming Steps taken in future भविष्य में उठाए कदम, irrecoverable वर्तमान अप्राप्त योग्य noiezimneq ymodfuA फ़िक्कीफ निाम र्न्ड तीकृष्टि Brief explanation of drcumstances

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remission granted nature of the

विवरण किस प्रकार की छूट मंजूर की गई

नाम जिन्हें छूट मंजूर की गई

कारण से छूट दी गई

संक्षेप में विवरण जिस

to the remission

Remarks विबर्ज

Head of Deptt.

विभागाध्यक्ष

Forwarded to the Accountant General, Rajasthan, Jaipur. आवश्यक कार्यवाही हेतु, महालेखाकार, राजस्थान, जयपुर को प्रेषित ।

GA 16 GFAR 36

GFAR 79 राजस्थ (To be printe Receipt of c	T OF RAJASTHAN गन सरकार ed on 17x 27/8) heque received प्त की रसीद
Name of Office कार्यालय	***************************************
· .	तिथि 20
	से
चैक नं	रुपए का
	र्वंक पर हिसाब में चालान
नं ह	प्राप्त्राप्त किया।
	हस्ताक्षर
	पद
GOVERNMENT GA 55 OF RAJASTHAN GFAR 27 & 8	GOVERNMENT New Form No. G.A. 13 Rule 45 (1)
(To be printed on 17x27/6) Receipt (General) रसीद (सामान्य)	(To be printed on 17x 27/6) Receipt (General) स्सीद (सामान्य)
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रसीद संख्या प्रतिलिपि	रसीद संख्या
दिनांक20	दिनांक20
яћ	划
ते पत्र संविनांकके साथ रुपए नकद या चैक द्वारा	से पत्र संदिनांकके साथ रुपए नकद या चैक द्वारा
के निमित्त प्राप्त हुए।	के निमित्त प्राप्त हुए।

पद

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GA	No.56*	•	Rec	eipt (Educatio प्राप्ति (शिक्षा			t)			w Form G.A. 14
	GA 57 AR 88-	91	OVI	ERNMENT O राजस्थान र (To be printed o	F RAJA ारकार	STI	AAH		Ne No. Rule 40	W Form GA 15 6 (3), 54 (2)
		Ca	sh C	hallan रकम ज	ामा कराने	का	चाल		ગાળ	••••••
क	म जमा क	राने जिसकी	तरफ	पूर्ण विवरण रकम	Ţ	цv	वगी	करण		रकम
	ाले का ना । हस्ताक्षर		हावे नाम	ब आज्ञा का	मुख्य शीर्षव	Ĩ	लघ् शीर्ष	<u>, </u>	विस्तृत शीर्षक	(Art)
_	हस्ताक्षर								योग	
र्वैक	नोन-बैंकिंग कोषागार/उप-कोषागार उपयोग हेतु प्राप्त किए रुपये									
प्राप्त किए रूपए										
दिनांक वैंक की मोहर मैंनेजर बैंक										
टिप्पणी : इस चालान में उपयुक्त स्थान पर लेख का पूर्ण विवरण मय विस्तृत मदों के लिखना चाहिये।										
GA 58 राजस्थान सरकार GFAR (To be printed on 17×27/4) पॅजिका कैश चालानों की जो बैंक या कोष में रकम जमा कराने के लिए भेजे जावें										
गम '	विभाग	•••••••		************	•				1, 11-1	****
क्रम संख्या	तिथि	रकम जमा कराने वाले का नाम	2	की तरफ से रकम मा कराई जावे सका नाम व पद	पूर्ण विवरण	वर्गीकरण	रकम	में ज	या कोष मा कराने तिथि	विशेष विवरण
				···						
								_		

। 🖉 सामान्य वित्तीय एवं लेखा नियम New Form GA No. 16 Rule 48 (i) कार्यात्रिय..... Page 범 योग 큠 विवेध विविध पेशारी प्राप्त द्रव्य से स्थायी पेशगी को | पेशगी भुगतान पूरा करने के लिए GOVERNMENT OF RAJASTHAN भुगनान हेतु (To be printed on 17x27 size) अन्य व्यय अन्य व्यय रोकड़ बही (सामान्य) Receipts आमद Payments खर्च स्थायी पेशागी मे राजस्थान सरकार 팢 핖 वीतन विवरण विवरण माह 20 दिनांक स्सीद भ. यदि आवश्यक हो उप-बाउचर संख्या GFAR 74 रिनांक

* For units other than pay, allowances and contingencies as may be found necessary in a department.

G	Α:	50	
GFAR	74	&	74A

GOVERNMENT OF RAJASTHAN

राजस्थान सरकार

New Form No. G.A. 17 Rule 50 (iii)

(To be printed on 17x 27/2) Cash Book (others) रोकड बही (अन्य)

कार्यालय		OII DOO!	· (Gaicis)	(14)4-161 (4	1-4)
क्षमाराय,		····· 1	Receipts	आय	
प्राप्ति तिथि	रसीद नं.	आय	रकम जो	रकम जो अन्य	वर्गीकरण
		विवरण	कोष	जगह से प्राप्त	
			से प्राप्त हुई	हुई	
	1	E	xpenditu		
व्यय तिथि	वाउचर नं.	व्यय विवरण	रकम जो व्यक्ति को दी गई	रकम जो खजाने को भेजी	वर्गीकरण

GOVERNMENT OF RAJASTHAN

New Form No. GA 18

Rule 48, 50 (iv)

राजस्थान सरकार

GFAR 74, 74A & B GA 51

(To be printed on 17x27/2 size)

Register showing receipt and disposal of Cheques, Drafts, Postal Money Orders etc.

पंजिका चैक, ड्राफ्ट, मनीआईर इत्यादि के प्राप्ति व व्यवस्थापन की

Initials हस्ताक्षर				13	
Entered in C.B. गेक्ट बडी में	इन्द्राज की	Page	, कि	12	
			मिख	=	
181	命命	ΗÞ		П	
र्मक केंि√ प्र					
Treasury	ni jibe	SJO ,	to etsC		
शाध्य	क्षिक	214	वस्युक्षीः	11	
ex taken for	uopp	eб	Dispos alworle encast	6	
.O.Ə î ग्रशक्तक				∞	
र्ग the की विगत	Amount	-ध्		7	
Particulars of the documents पत्रों की विगत	Z		संख्या ब तिथि	9	
Pa docu	Kind	क्रिस		5	
From whom received and on what	account	किससे प्राप्त	हुआ और किस हिसाब में	4	
Reference to forwarding letter etc.	प्रिषित पत्र	का प्रसंग	इत्यादि	3	
ध्यांद्रि					
receipt)St	<u> </u>	П	
Hem So.	æ		,	-	

मनीआर्डर व पोस्टल आर्डर का इन्द्राज इस पंजेका में इस प्रकार किया जावे कि उनका पृथक-पृथक एक दिन का योग रोकड़ बही में दर्ज हो सके। रोकड़ बही यह पंजिका रोकड़ बही का एक अंग है और यह उच्च अधिकारी के पास रहे। 2. इस पंजिका में मनीआड़ीं का इन्द्राज, जहां जरूरी हो किया जावे। मूचनार्षे

में इन्डाज इस पंजिका के क्रम संख्या के हवाले से किया जावे। 4.कालम 8 तक में इन्डाज प्राप्ति के दिन ही किये बावें।

कालमं 9 व 10 चैक, डाफ्ट व पोस्टल आर्डर की वसूली के इन्द्राज के लिए है, जिन पर पूरी निगरानी रखी जाए ताकि वसूली में देर न हो।

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C

GFAR 102 & 305 GA 103

GOVERNMENT OF RAJASTHAN राजस्थान सरकार

New Form No. GA 21 Rule 80 (11)

(To be printed on 17x27/2 size)

Register of Payments made by Money Orders/Bank Drafts

मनीआर्डर/बैंक ड्राफ्ट द्वारा भुगतानों की पंजिका

Re- marks विशेष विवरण		
Payee's acknowled-gement received on zaxu urk ark ask	रसीद प्राप्ति दिनांक	
	Date तिथि	
Postal F इक विभा Bank बैंक	Number संख्या	
O.M	रू श्राप्त प्रसंग	
Net amount paid खिम बो	-	
Commis- sion, if deducted कमीशन यदि	क हा ब	
Amount payable भुगतान योव्य रकम		
Address to which sent कहां भेषा		
S. In whose favour Address Amount Commis- No. and on what to which payable sion, if क. account with sent भुगतान deducted सं. reference to bill कहां भेजा योग्य रकम कमीशन यदि	किसक नाम आर किस विषय में मय बिल नं. व तिथि	
S K F		

 कोषागारों में इस पंजिका की ऐसे भुगतानों के लिए रखना है, जिनको GFAR नियम 102 (10) और 305 के अंतरीत करना हो।
 विभागों में इस पंजिका में उन भुगतानों का इन्द्राज किया जावे, जिनसे ये पोस्टल मनीआईर GFAR Appendix VIII-Annx. A-item 20 (viii) and (ix) & 102 (ix) द्वारा कोषागार से न कराकर स्वयं करें या जिनको बैंक ड्राफ्ट द्वारा GFAR Appendix VIII-Annx. A-टिप्पणियां -

item 20 (viii), (ix) & 102 (ix) करें।

GA 59 GFAR 102 (xi)

GOVERNMENT OF RAJASTHAN

राजस्थान सरकार

New Form No. G.A. 22 Rule 83

(To be printed on 17x27/2 size) बिल पंजिका BILL REGISTER

Name of Office कार्यालय.....

S1. No. क्रम संख्या	Brief Particulars of each claim प्रति मांग-पत्र का सूक्ष्म विवरण	Amount Claimed मांग की रकम	Amount passed, if different स्वीकृत रकम, यदि भिन्न हो		ाल को पूर्व के लिए Date of
1	2	3	4	5	6

To C.A. for countersignature		To Tre कोषाग		Date of Payment	Initials हस्ताक्षर	Remarks विशेष विवरण
	धिकारी के भर हेतु	Date of Date of नगतान की submis- return तिथि			:	
Date of submis- sion भेजने की तिथि	Date of return वापसी की तिथि	sion भेजने की तिथि	वापसी की तिथि			
7	. 8	9	10	11	12	13

- टिप्पणियां :-1. इस पंजिका द्वारा सब प्रकार के देन की निगरानी करना है। देन में अन्य विभागों के मांग-पत्र (Invoices) भी सम्मिलित हैं। इन सब का इन्द्राज प्राप्ति के दिन ही किया जावे और इन्द्राज की क्रम संख्या देन-पत्र पर तुरंत लिखी जावे।
 - 2. जिनका भुगतान स्थायी पेशागी (Permanent Advance) में से किया जावे, उनकी तिथि कालम 11 में लिखी जावे।
 - भुगतान हो जाने का इन्द्राज 'विशेष विवरण' के कालम में मांग-पत्रों के सामने उन कंटिंजेंट बिलों का हवाला लिखा जावे, जिनमें उनको शामिल कर लिया हो।
 - बकाया देन बिलों की सूची पाक्षिक तैयार करके कार्यालय प्रधान को प्रस्तुत की जावे और भुगतान न होने के कारण मालूम किए जावें।

GA 18

GOVERNMENT OF RAJASTHAN

राजस्थान सरकार

New Form No. G.A. 23

BM Form 1 (To be printed on 17x 27/4 size)

Rule 84 (1)

Slip to accompany bills of disbursing officers on Treasuries शिर औ पर विकास अधिकारी किलों के साथ कोबारार को धेजें

ाजंद का है। जिसका काल कारा	ाजरात का साल कार्याचा पर का	
Major Head मुख्य शीर्षक Minor Head लघु शीर्षक Sub-Head उप-शीर्षक	1+1+++++1+1	of Treasury
To be filled in at the Treasury कोबागार में पूर्ति के लिए	Classification of expe shown on the t व्यय का वर्गीकरण जैसा बिल	llic
	Heads of Account लेखे का शीर्षक	Amount रकम
Voucher number assigned to the bill at the treasury वाउचर नं. जो कोषागार में बिल पर दर्ज किया जावे।	Pay वेतन Allowances भते	रु. पै.
Date of Payment तिथि भुगतान	Gross Total कुल योग Deductions कटौतियां	-
Treasury Accountant/Clerk ह. कोषालय लेखापाल/लिपिक	Net Amount बाकी रकम Signature of officer drawing the bill ह. बिल भेजने वाले अधिकारी के	
Dated तिथि	Designation पद	

Notes :-

- This slip should be returned to the officer drawing the bill after the entries to be made at the treasury have been filled in.
- टिप्पणियाँ:-1. यह चिट कोशगार में इन्द्राज के बाद बिल भेजने वाले अधिकारी को लौटा दी जावे।
 - 2. Gazetted or other officers who send their bills directly to treasury, should send a copy of this slip to the disbursing officer whose duty is to submit a return in Form GA 19 to the Head of Department/Controlling Authority.
 - राजपत्रित व अन्य अधिकारी, जो अपने बिल सीधे कोष को भेजते हैं, इस चिट की एक प्रतिलिपि बितरण अधिकारी को भेजे, जो गोशवारा फार्म जी.ए.19 में विभागाध्यक्ष/नियंत्रण अधिकारी को प्रस्तुत करता है।

GA 59A

GOVERNMENT OF RAJASTHAN

New Form

राजस्थान सरकार

No. G.A. 24

(सा.वि.एवं लेखा नियमों के नियम 96 के नीचे टिप्पणी देखें) Bill Transit Register बिल प्रेषण पंजिका

Rule 84 (2)

क्र.	देयक का विवरण	शुद्ध राशि	आहरण एवं	कोष कार्यालय	कोष कार्यालय में	अभ्युक्ति			
सं.					प्राप्तकर्ता कर्मचारी				
			अधिकारी	टोकन क्रमांक	के लघु हस्ताक्षर				
			के हस्ताक्षर		एवं दिनांक				
1	2	3	4	5	6	7_			
				1.5	` `	<u> </u>			

टिप्पणी: 1. स्तंभ 2 - यह स्तंभ देयक का क्रमांक एवं दिनांक तथा देयक किस प्रकार का है अर्थात् संस्थापन वेतन, यात्रा भत्ता, संभाव्य व्यय इत्यादि की प्रविध्टि के लिए है। स्वयं आहरण अधिकारी के देवक होने की स्थिति में उनके नाम का उल्लेख किया जाना चाहिए।

> 2. स्तंभ 5 एवं 6 - इस स्तंभ में प्रविष्टियां कोष कार्यालय के कर्मचारी द्वारा की जानी चाहिए।

स्तंभ 7 - (i) इस स्तंभ में देयक का भुगतान प्राप्त होने के पश्चात् आहरण एवं वितरण अधिकारी द्वारा "भुगतान प्राप्त किया" की प्रविष्टि की जावेगी। पंजिका पुनरावलोकन इस उद्देश्य से किया जाना चाहिए कि किसी अनाधिकृत देयक को इस पंजिका के माध्यम से प्रस्तुत कर उसका भुगतान प्राप्त नहीं किया गया है।

(ii) कोष कार्यालय से देयक बिना पास किये लौटकर आने की स्थिति में आहरण एवं वितरण अधिकारी संबंधित प्रविष्टि के सम्मुख अपने लघु हस्ताक्षर और दिनांक के साथ इस तथ्य का उल्लेख करेगा। यदि ऐसे देयक को पुनः प्रस्तुत किया जाता है तो इसकी प्रविष्टि नये क्रम संख्या पर की जानी चाहिए।

(वित्त विभाग आज्ञा संख्या प. 5 (5) वि.वि. (आर एंड आई) / 76, दि. 21.5.1976 द्वारा निविष्ट।

To,		GA 59B
10,	The Agent,	[See rule 102 (viii)]
	State Bank of Bikaner and Jaipur,	
	State Bank of India,	
	The Sub-Treasury Officer,	
	Please Pay Bill Nodated	of the
	for Rs (Rupees	
	Cashier/Peon of the office	
signatu	re is given below :-	
Signat	ите	Signature of the claimant
•		(Drawing Officer)
Receiv	ed Payment	<u> </u>
	r/Peon	Office of the
Note-	The signature of the messenger or payee shounder the dated signatures.	uld be attested by the claimant
[Insert	ed vide F.D. order No. F 13 (77) FD/R &AI/68	8, dated 19.11.1976]

			Z11	मान्य ।वसाय एव ला	3111	144	ı				
New Form No. GA 25 Rule 84 (3)	ing Cashier) incashment	Dated Signature	6			Remarks				16	
New For Rul	Official (including Cashier) deputed for encashment	Name and designation	8			Rem	10				
s) Bills	Initials of the	Supervisor				3ook	Dated initials	of Drawing	Oilloei	15	
GOVERNMENT OF RAJASTHAN (To be printed on 17x 27/4 both sides) Register for watching Encashment of Bills	Passed by Treasury	Treasury No.	9			Entered in Cash Book	Page	1		14	
OF RA. 17x <i>27/4</i> 1g Enca:	Pas	On (date)	5	:		Entere		_			
NMENT nted on watchin	Net amount of the Bill		4	<u>.</u>		5	On (date)		•	13	
GOVER to be pri	Net a			Rs.		4	shier	Cashier's	Signature	12	
(T) Regis	ch bill of the	Bill GA 59				per Col	r to Cas	Cash	18 18 18 18 18 18 18 18 18 18 18 18 18 1	1	
	Particulars of each bill including S.No. of the	bill as entered in Bill Register in Form GA 59	m			Money as per Col. 4	handed over to Cashier	On (date)		11	
ji 10e	<u>8</u> .₹	_ K				. JC	Jent				
GA 173 GFAR Name of Office	Date		2			Date of	encashment			10	
GA 173 GFAR Name of	တ ဗို		-				Ð				

GA 107 **GFAR**

GOVERNMENT OF RAJASTHAN

राजस्थान सरकार

New Form No. G.A. 26 Rule 89 (2)

(To be printed on 18x22/6 size)

Voucher for petty contingent charges

छोटे-छोटे आकस्मिक प्रभारों के वाऊचर

Date तिथि	Particulars of Charges		Amount रकम			
1(1)4	व्यय का विव	रण	Rs.	P.		
Ì				1		
	•					
कम	शब्दों में	योग				
· · · · · · · · · · · · · · · · · · ·	राक्टा म	***************************************				

संबंधित अधिकारी के हस्ताक्षर

* Certified that :-

- 1. I have not used my staff car of Government vehicle for visiting the places mentioned above.
- 2. Î have not applied for compensatory (casual) leave for attending office on Sundays or other public holidays.
- 3. I have not claimed honorarium for extra-hours of work done outside the ordinary hours of duty.
- 4. I am not entitled to draw T.A. under ordinary rules for the journey and that I am not in receipt of any conveyance allowance.
- 5. I have not claimed conveyance charges of more than four times during the month.
- 6. Days of which I have claimed conveyance charges were not gazetted holidays.

हस्ताक्षर Signature पद Designation

THE DESIGN	ation
दीजिएविभागाध्य	क्ष की आज्ञा
	Signature हस्ताक्षर Designation पद
Sub-voucher No. उप-वाउचर संख्या Paid Rs. माह भुगतान किया रु.	Month माह on तिथि
	Cashier खजांची

Inserted vide F.D. No. F.13 (7) FD/R & A/70, dated 26 September 1972.

	GOVERNMENT (ृराजस्थान (To be printed o CERTIFICATE OF TRA (COLLECTOR & TRI र्ज संभालने का प्रसाण-पत्र (क	ा सरकार n 17x27/4 size) NSFER OF CHARGE EASURY OFFICER) ज्लेक्टर एवं कोषागार अधिक	
प्रमाणित '	किया जाता है कि मैंने के मध्यांतर के पहले/ब	 दि कार्यभार दे दिया है/ले लिय	विभाग का तिथि । है।
कार्यभार देने वाल	॥ अधिकारी	कार्यभार लेने वाला	3 16
पद		पद पद	आक्षकार।
स्थान			
तिधि	······		
अवशेष (जिनका उत्तरदायित्व कार्यभार संभ	ालने वाला अधिकारी स्वीकार [ः]	करता है।
(i)	नकद रकम		
(ii)	रकम/वाउचर पेशगी		
(iii)	स्टाम्प्स (मूल्य)		
(iv)	स्टोर्स (किताबी कीमत)		
(v)	प्रयोग में न लाए हुए चैक (न.)		
(vi)	रसीद की किताबें (नं.)		
(vii)	सर्विस बुक्स (संख्या व मूल्य)		
(viii)	सर्विस रोल्स (संख्या व मूल्य)		
			वाला अधिकारी वाला अधिकारी
प्रेषित किया	(i)		
	(ii)		
	(iii)		
	(iv)		
	(v)		
	(vi)		
		Signatu	ire हस्ताक्षर

Designation पद

GOVERNMENT OF RAJASTHAN

GA 44 GFAR 61

New Form No. GA 30

Rule 129

राजस्थान सरकार

(To be printed on 17x27/2 size)

Charge Report कार्यभार प्रतिबेंदन Name of Office कार्योलय का नाम

उच्च अधिकारी की उच्च अधिकारी Æ कार्यवाही की अनियमितताएं या अन्य इस कालम में कार्यभार लेने बाले अधिकारी को अपने प्रतिवेदन में गंडबड़ियां जो वो पावे, लिखें कार्यभार देने वाला अधिकारी age Base 밤 Reverse इस कालम में कार्यभार देने वाला अधिकारी उन विषयों को लिखे जिनकी कार्योलय की सामान्य दशा, हिंसाब व अन्य लेखों की दशा, नगदी गणन और कार्यभार लेने वाले का ध्यान खास तौर पर आकर्षित करना हो-निरीक्षण एवं स्टोर्स की जांच का परिणाम, ऑडिट एतराज इत्यादि कार्यभार लेने वाला अधिकारी naRa ᅜ सख्या

ब्रि ही सामान्य वितीय एवं लेखा नियम

GA 46 GFAR 64 RSR Ch. XI

GOVERNMENT OF RAJASTHAN राजस्थान सरकार

New form No. GA 31 Rule 133(2)

(To be printed on 17x27/2 size)

Leave Account अवकाश लेखा Name of Govt. Servant राज्य कर्मचारी का नाम Domicile निवास स्थान

Date of commencement of continous service निरंतर राज्य सेवा के प्रारंभ की तिथि

काश	बकाया छुट्टी	अमा अवकाश कालम 26 व 13 का योग का योग हिंद	14			
अर्द्ध बेतन अवकाश		उपार्कित अवकाश १५ ६.स.	13			
अद्धे वे		(में किंह) शिक्षर किंमें	12			
•	सेना अवधि	To केब तक	11			
		From कब से	2			
		खुस्टी से नापसी पर बकाया (बकाया 5 च 8 की बाकी)	6			
	लिया	No. of Days दिनों की संख्या	∞			
	अवकाश जो	To কন নক	7			
_	ኧ	From कब से	6			
उपाजित अवकाश		जमा अवकाश कालम १ व ६ का योग क्योंकि अविध के अनुसर (दिनों में)	5			
"	उपाधित अवकाश (स्राम्स)					
	वाध No. of Days दिनों की संख्या					
	Juty कार्य अवधि	क कब तक तक	2			
		From कब से				

Periods of Extraordinary Leave taken should be noted in red ink in column 27 for remarks. Notes: 1.

The entries in columns 10 & 11 should indicate only the beginning and end of completed years of service at the time the half pay leave commences. In cases where a Govt. servant completes another year of service while on half pay leave the extra credit should be shown in columns 10 to 14 by making suitable additional entries and this should be taken into account when completing column 26.

(Contd)

'30 सामान्य वित्तीय एवं लेखा नियम

	विशेष विवर्ण								27	
Date of Compulsory retirement अमिवासं निवृत्ति तिथि (On Private Affairs or Medical Cedification)	छुद्दी से वापसी पर बाकी (कालम 14-25)								2,6	-
			अद्भ वतन	न अवधि की अवधि	(कालम 17, 21	व 24 का			25	
			उपाजित अवकाश डाक्टरी प्रमाण-पत्र पर (जिसकी अवधि पूर्ण सेवा काल में 180 दिन की है) कब दिनों की	मंख्या		24				
			डाक्टरी प्रम	(जिसकी	सेवा काल में 180 दिन की है)	क्व क्रब	स	_	22 23	
	Schullales)			अवकाश अद्ध वेतन में बदलकर	(कालम 20 का दगना)	<u> </u>			7 17	
	Leave Taken	परिविति अवकाश जो डाक्टरी प्रमाण-पत्र पर पूर्ण वेतन पर दी गई (जिसकी अवधि पर्ण	देन की है।)	दिनों की संख्या	 ,	<u> </u>		30	7	
		अवकाश जो डा न पर दी गई (जि	सेवाकाल में 180 दिन की है।)	क्व तक				61		
	1	पारवातेत पूर्ण वेत	#	क्ष क्ष स			j	18		
	,	। काय या लेया गया	4 4	ारगाका संख्या				17	!	
	1	नपकाश था निवा क गिमारी के कारण लिय	100	ह = इ			•	16		
	The state of the s	बीमार्	कुत्र मे						;	

Date of birth जन्म तिथि

Wherever transition from one fraction to another takes place the credit at that stage should be rounded off to the nearest day i.e. fraction below half should be ignored and that of half or more should be Notes: 3.

Wherever the rate of earning leave changes, the fraction in the privilege leave accumulated in the earlier rate should be rounded off to the nearest day i.e. fraction below half should be ignored and that of half and more should be reckoned as a day. 4

GA 36 GOVERNMENT OF RAJASTHAN

GFAR 66 & RSR 160

राजस्थान सरकार

New Form No. G.A. 32 Rule 134 (1)

SERVICE BOOK सेवा पुस्तिका

(To be printed on 17x27/4 Containing 20 Pages)

INSTRUCTIONS

- In maintaining the Service Books, the directions laid down in rules, 160-163 of the Rajasthan Service Rules are to be strictly followed and the instructions issued by the Finance Department, from time to time carefully observed.
- 2. The facts connected with the service of a Government servant should be recorded in this Book as soon as the events occur. The correctness of the records is to experified annually by the Head of the Office at the fixed time early in the year when the Certificate in the following form should be recorded in each Service Book over his signature as is required by rule 66 of the General Financial & Account Rules:

Service verified upto from

(date)

(the name of record from which the verification is made)

- 3. In the case of transfers from one office to another and of promotions to gazetted rank, the directions in rule 66 (2) and (3) GFAR are to be observed.
- 4. The records of services, completed upto 31st March of each year, should be shown to the Government servant concerned by the 30th June of that year, in token of which they should set their signatures in column 8 of the entries. A compliance report in Form GA 202 is to be submitted by the Head of office direct to the Government so as to reach the Administrative department concerned by the 15th July next following, one copy being simultaneously endorsed to the next higher authority.
- 5. All Service Books should be reviewed half yearly in the months of April and October in order to prepare a list of likely retirements within the next 12 months for submission to the Finance Department in Form GA 182.
- 6. All Service Books should be assigned a number according to its registration in Form GA 201 Register of Service Books. It has columns for watching renewal or re-attestation of entries on page 3 of Service Book and they should be filled in.
- 7. Entries on page 3 of the book are to be renewed or reattested at least every five years as is laid down in the note thereunder.
- Pages 14 to 17 are for leave accounts for which Form GA 46 has been prescribed.
- 9. For additional entries in respect of Government servants of the Police and other similar departments, please see pages 18 and 19.

(Page 2)

PARTICULARS OF THE GOVERNMENT SERVANT

1.	Name नाम
2.	Residence निवास-स्थान
3.	Date of birth by the Christian era as nearly as can be ascertained जन्म तिथि सन् में
4.	Father's name and also husband's name in the case of a female Government servant and residence पिता का नाम और स्त्री कर्मचारी के पति का नाम व निवास स्थान
5.	Qualifications योग्यतायें (a) Educational शिक्षा संबंधी (i) On joining service सेवा प्रारंभ के समय
	(ii) Subsequently attained जो सेवाकाल में प्राप्त की
	(b) Departmental tests passed विभागीय परीक्षायें पास कीं
	(c) Technical and special qualifications तकनीकी तथा विशेष योग्यतार्ये

(Page 3) 6. Exact height by measurement माप से ठीक ऊंचाई 7. Personal mark for identification पहचान का निशान 8. Left hand thumb and finger impressions of (non-gazetted) Government servant (अराजपत्रित) राज्य कर्मचारी के बार्ये हाथ के अंगुष्ठ व अंगुलियों के निशान Little Finger Ring Finger कनिष्ठा अनामिका Middle Finger Fore Finger मध्यमा तर्जनी Thumb अंगुष्ठ 9. Signature of Government Servant राज्य कर्मचारी के हस्ताक्षर Re-attestation पुनः प्रमाणित Date तिथि Signature हस्ताक्षर 10. Signature and designation of the Head of the Office or other Attesting कार्यालयाध्यक्ष या अन्य प्रमाणित करने वाले अधिकारी के हस्ताक्षर व पद Re-attestation पुनः प्रमाणित Date तिथि Signature हस्ताक्षर

NOTE—The entries in this page should be renewed or re-attested at least every five years, and the signatures in lines 9 and 10 should be dated. Finger prints need not be taken afresh every five years under this rule.

34 सामान्य वित्तीय एवं लेखा नियम

POST HELD, F	ROMO	TIONS, RE	VERSIONS ETC.		(Page 4)
Name of Post पद नाम	Sub: or Of and perr or ter नियुक्ति स्थान स्थान	nether stantive ficiating whether nanent mporary त मूल है या पप्न और यी है या स्थायी	If Officiating St (i) Substantive ment, or (ii) Whether counts for under Rule R.S. Rules यदि स्थानापन्न है तो (i) मूल नियुक्ति या (ii) राज्य-सेवा-काल राज. सेवा नियम पेशन गणन योग्य	service pension e 188 of लिखें- नियम 188 के अंतर्गत	Pay in substantive post वेतन मूल पद
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					7

35 सामान्य वित्तीय एवं लेखा नियम

Date of

Reason of

Signature and

Signature

(Page 5)

Signature of

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of Govt.	designation		termination		termination	1	the Head of
servant	the head o	of the	appointm		(such as	į	the office or
हस्ताक्षर राज्य	office or o	ther	तिथि नियुवि		promotion,		other
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	in attestati				dismissal,		officer
	columns 1	to 8			etc.)		कार्यालय प्रधान
	हस्ताक्षर व				समाप्ति का कार	ण	या अन्य
	कार्यालय प्रा				(जैसे तरक्की,	. !	प्रमाणित
	या किसी ३	भन्य			स्थानांतर,		करने वाले
	अधि का री वे	ह जो			पदच्युति		अधिकारी के
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and	up to f			l	attesting		or censure
duration	for which				officer		or reward or
of leave	debitab			an Tan	ार्यालय प्रधान		raise of the
taken		emm		ı	अन्य प्रमाणित		Sovernment
किस्म व	औसत वेत-			.i	वाले अधिकारी		servant
अवधि	अवकाश में				हस्ताक्षर व पद		दंड, निंदा,
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Note: The	matter on	page 4	4 & 5 to be	rep	eated up to	pa	ge 13.

Note: The matter on page 4 & 5 to be repeated up to page 13.

Domicile निवास स्थान Designation पद, Leave Account अवकाश का हिसाब

(Page 14)

Name of Govt. Servant राज्य कर्मचारी का नाम

कालम 26 ब 13 Date of commencement of continuous service निरंतर राज्य सेवा के प्रारंभ की तिथि जमा अवकाश का योग बकाया छुट्टी अर्द वेतन अवकाश क्राक्कार क्षेत्रीएर (मॅ स्डि) में किंह) शिहार (हर्क में सेवा अवधि केब तक မ केख से From (तिशक्त कि 8 व बकाया (बकाया २ No. of Days जैसी पर अवकाश जो लिया 00 किस से किस तक မ From 9 उपार्जित अवकाश र्क धीवर क्रीविनी (में किनी) प्रामुख ग्रीकाक **क** कि **ए** यमा अवकारा कालम (मॅर्गनी) उपार्भित अवकाश कुल दिन No. of Days अवधि कार्य केब तक ٩ From कत्र से

Notes: 1. Periods of Extraordinary Leave taken should be noted in red ink in column 27 for remarks.

The entries in columns 10 & 11 should indicate only the beginning and end of completed years of service at the time the half pay leave commences. In case where a Govt. servant completes another year of service while on half pay leave the extra credit should be shown in columns 10 to 14 by making suitable additional entries and this should be taken into account when completing column 26.

(Page 15)

सामान्य वित्तीय एवं लेखा नियम

Date of Birth जन्म तिथि Date of compulsory retirement अनिवार्य निवृत्ति तिथि

	Basta	4	विवर्	**;									;
	क्रिक्रिय	١	वापसा पर बाकी			(67-61			•	1.1			1,7
				अर्द्ध वेतन	- Argental	4 A A A A A	200	(कालम	17, 21	· 여 24 마	<u> </u>		36
				Straingly Strains	300	डोक्टरी प्रमाण-पत्र पर	(जिसकी अवाध पूर्ण	मा उ	की है)	दिनों की	संख्या		2,4
	6 कारण			4		<u> </u>	सक्ते श	सेवा काल में	180 दिन की है)	<u>ह</u>	<u>€</u>		23
4	मामारा •			- -	;? 			· Hr	1.8	9	₩		22
44/	्रानका काय या व	! लिया		परिवर्धित	MINIE NII	अवकाश भद्ध	वतन म बदलकर	(कालम	20 का दुगुना)				21
(On Private Affairs or Medical Codificatos (9.8 - 5 - 8 - 8 - 8 - 8 - 8 - 8 - 8 - 8 -		Leave Taken अवकाश जो लिया	परिवर्तित अवकाश जो डाक्टरी प्रमाण-पत्र पर	पूर्ण वर्तन पर दा गई (जिसका अबाध पूर्ण	दिन की है।	दिनों की संख्या						20	
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vate Affai			परिवर्ति ३	- d - d - d - d - d - d - d - d - d - d	संब	कब से							18
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			विकाश जो निजी समारी के समाम	ारा क कार		केब तक							16
				3	•	क्रव स					-		2

Wherever transition from one fraction to another takes place the credit at that stage should be rounded off to the nearest day i.e. fraction below half should be ignored and that of half or more should be reckoned as a day. Notes: 3.

Whenever the rate of earning leave changes, the fraction in the privilege leave accumulated in the earlier rate should be rounded off to the nearest day i.e. fraction below half should be ignored and that of half and more should be reckoned as a day. 4

Leave account to be repeated on pages 16 and 17 also. Note:

38: सामान्य वित्तीय एवं लेखा नियम

(Page 18)

पुलिस व अन्य इसी भांति के विभागों के कार्यालय उपयोग हेतु नियुक्तियों का लेख (Record of postings)

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			• •		
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Page 19

नियुक्तियों का लेख (Record of Postings)

	9				
जिला व पद	प्रसंग जिला	दिनांक	जिला व पद	प्रसंग जिला	दिनांक
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सामान्य वित्तीय एवं लेखा नियम

*APPENDIX II

अन्य आवश्यक फार्म

FORM OF DUPLICATE SERVICE BOOK

Government of Rajasthan SERVICE BOOK

- 1. Name
- 2. Designation
- 3. Department
- 1. Name
- 2. Address
- 3. Father's Name
- 4. Date of Birth
- 5. Identification Mark
- 6. Date of first appointment and Name of Department
- Date of confirmation in the post (which designation) along with reference viz. No. and date

Signature of Government Servant

Signature of the Attesting officer

Designation

Date

^{*}Prescribed vide F.D. (Exp. Rules) Memo No. F. 1 (2) F.D. (Exp-Rules) 65, dated 9.3.1965

	G.	A 37		
CEAR	17	TO CITY	144	

SERVICE ROLL

New Form No. G.A. 33 Rule 134 (1)

(To be printed on 17x27/4 containing 16 Pages) (For members of the constabulary and for those superior servants for whom no service books are maintained)

नाम
निवास-स्थान मय नाम जिला, गांव, थाना और डाकखाना
पिता का नाम (और स्त्री कर्मचारी के पति का नाम भी) व निवास-स्थान
जन्म तिथि (सन् में)
माप से ठीक ऊंचाई
पहिचान के निशान
हस्ताक्षर या निशान राज्य कर्मचारी के (मय तिथि)
प्रमाणित करने वाले अधिकारी के हस्ताक्षर मय तिथि व वर्ष और पद
The share entries should be renewed at reattered at least every five

Note: The above entries should be renewed or reattested at least every five years and the signatures in lines 7 and 8 should be dated.

बायें हाथ के अंगुष्ठ व अंगुलियों के निशान

Thumb अंगुष्ठ	Fore finger तर्जनी	Middle finger मध्यमा	Ring finger अनामिका	Little finger कनिष्ठा	हस्ताक्षर व पद अधिकारी के जिसके सामने निशान लगाए गए	Date तिथि
						

Note:- To avoid trouble about pension, take great care, in the following circumstances that the Service Roll clearly answers the following questions-

CIRCUMSTANCES

- 1. When substantive inferior servants e.g. Daftries Jamadars, etc. are appointed to act in the superior grade on pay exceeding Rs.
- 2. When service commences as,-
 - (a) 'acting'
 - (b) 'on probation'
 - (c) 'acting in a temporary appointment'
 - (d) upon reinstatement after suspension. During all leave other than leave on average pay.

QUESTIONS

What is the nature of vacancy? Is there a full vacancy or does any other officer count the same time for pension in the same appointment? (Rule 188 of R.S. Rules)

-Do-

Is it a probationer's appointment specially allotted? (Rule 189-A of R.S. Rules)

Is it the temporary appointment eventually made permanent? (Rule 187 of R.S. Rules)

Is the period ordered to count for Leave and pensions? What rate of leave allowance was drawn?

(Page 2)		į	Post held,	promotions, 1	Post held, promotions, reversion etc.			
पद व बर्ग	मियुक्ति मूल है बा स्थानपन्न और स्थाई है वा अस्थाई	ा है यदि स्थानापन, न तो लिखें मूल है नियुक्ति यदि कोई हो	10	स्थानापन का अतिरिक्त वेतन	अन्य परिलाभ जो वेतन शब्द में आते हैं	मियुक्ति तिथि	सूक्ष्म हस्ताक्षा अधिकारी के जो कालम 1 से 7 के इन्द्राज को	तिथि नियुक्ति पद समाप्ति
1	2	3	4	8	9	7	प्रमाणित करे 8	6
			Note-S	ix inner she	Note-Six inner sheets to be inserted	P8		(Page 15)
समाप्ति का कारण (जैस तरक्की, स्थानांतरण, पदच्युति, इत्यादि)		सुस्म हस्ताक्षर अधिकारी के ओ कालम ९ व 10 के इन्द्रांख को प्रनाणित करे	अवकाश किस्म व अवधि और दर अवकाश वेतन, मय सूक्ष्म हस्ताक्षर अधिकारी जो प्रमाणित करे		दंड, निंदा, पुरस्कार या प्रशंसा व सेवाकाल में अन्तर्काधाओं का प्रसंग। यदि मौतिल किया गया हो तो अवधि मौतिली अवकाश व पेंशन के लिए गणन योय है या नहीं - मय हस्ताक्षर प्रमाणित करने वाले अधिकारी के	दंड, निंदा, पुरस्कार या प्रशंसा व सेवाकाल में ग्लबोधाओं का प्रसंग। यदि मौतिल किया गय 1 तो अवधि मौतिली अवकाश व पेंशन के लि एगन योग्य है या नहीं – मय हस्ताक्षर प्रमाणित करने वाले अधिकारी के		विशेष विवरण
10		11	12			13		14
	:							
(Page 16)	Annual o	Annual certificate of verification of services with signature and designation of Head of Office.	cation of servi	ces with sign	ature and design	nation of Head	of Office.	

* *.

GA 190 GF & AR

GOVERNMENT OF RAJASTHAN

राजस्थान सरकार

New Form No. G.A. 34

(To be printed on $17x 27/\frac{1}{2}$ size)

Rule 134 (3)

REGISTER OF SERVICE BOOKS/SERVICE ROLLS

Department/Office

			Department/O	ffice		
S.No.	Name of assigned Government servant	Post held			Forwarded on transfer to Office, No. & Date	Remarks
Note:	separa separa	te serie te page	ng of Service Boo es and mixed up. V e should be allotte mber of Service B	Vhere a co d for each	ombined regist 1.	ter is kept

be done in alphabetical series for which separate pages be allotted and an Index kept. The numbers assigned will be such as A 28, B 3, G 6, M 5, S 5,

3. Where a Service Book is transferred from one office to another, fresh number as assigned in the register of the new office should be entered thereon. The old number being struct off neatly but not obliterated.

_				
	3A 62 AR 162	GOVERNMENT		New Form
		राजस्थान	। सरकार	No. G.A. 35
		(To be printed or	1 17 × 27/4 size)	Rule 145
ਰਿਪ	L ।।ग	ast Pay Certificate	: अन्तिम वेतन प्रमाण-पः	 X
1917	<u>c. </u>	•••		
	र्गलय्			
पुस्त	क सं			क्रम सं
1.	गत भुगतान प्रमा	ग पत्र श्री विभाग व	के जो भर से	को जा रहे हैं।
2.	्इनको भुगतान दि	नांक तक नि	नेम्नलिखित दर से किया जा	चका है :-
	विगत		दर	9
	(i) मूल वेतन		(ii) स्थानापन्न वे	तन
	(iii) विशेष वेतः	₹	(iv) भत्ते (अ)	
			(অ)	घोडा/ऊंट
			(ग)	सवारी
		कटौ		
3.	उन्होंने	विभाग का कार्यभार दिनांक	की मध्याह के प	हले /पीछे सौंप दिया।
4.	्रपञ्ज पर लिखे अ	नुसार कर्मचारी से वसुलियां	करनो है।	
5.	इनको निम्नलिए	ातू अवकाश वेतन दे दिया है	। पिछले पुष्ठ पर लिखी कर	ौतियां कर ली गई हैं।
	अ	वधि	ंदर	स्कम
	दिनांक से	दिनांक तक	दर रु.	मा ह वार
	1)	* * *	"	110-113

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7. इ व	नको दूर ज समय	ामल सब	कार्य जा	भार सं है।	भालने	के लिए							दिन तक
8. \$	नका।न	नालाखर	ा बा -	मा पारि	लेसी व	ा भुगतान	प्रोर्व	_			जाता है	1	
	का नाम		तय व	नीमा वि	वेभाग	पॉलिसी	नं.	रकम	किस	त ि	कस्त भु	गतान	की तिथि
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<i>y</i> . 9	।।भक्तर्	कः ।वगतः	. খা	चालू	वष स	आज तक	वसूर	न हुआ	है, रि	पेछले	पृष्ठ पर	लि	ख़ेत है।
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		सामान्य वित्तीय एवं लेख	ा नियम		
_(GA 76 Outer)	GOVERNMENT OF R राजस्थान सरका		New F No. G.A	
G	FAR 189	(To be printed on 22)	(29/2 size)	Rule 15	0 (1)
		·		ST	ΆΤΕ
OF	THE		Bill No EMPORARY ESTA20	BLISHM	
ent dra and	tries of classi wing officer. I correspondi	cation, stamp or manuscript fication to be filled in by Names of detailed heads ng amounts should be re- nadjacent columns:	Voucher No		
	Major Head Minor Head Sub-Head	:	List for		20
1.		mounts should be entered the appropriate columns	Pay of	Rs.	P.
	(3) (4), (5),	(6) or (7) as the case may	Permanent		
	be, and igno	red in totalling, Leave sal-	Estab	 	-
	ary, the amo	unt of which is not known	Pay of	ĺ	
	should simil	arly be entered in red ink	Temporary		
	in column (4) at the same rate as pay if	Estab		
	the official h	ad remained on duty.		- 4	_
2.	In the remar	ks column (23) should be	Allowances &	1]
	recorded all	unusual permanent events	Honoraria		Ì
	such as deat	hs retirements, permanent		i	
	transfers and	first appointments which	Conveyance		ļ
	uno no piac	e in the increment certifi-	Allowance		Ĺ
3.	When an inc	ntee statement.	Horse		
٥.	vv iteli ali ilici	rement claimed operates to rnment servant over an ef-	Allowance	i	į
	ficiency har	it should be supported by			
	a declaration	that the Government ser-	House		
	vant in quest	ion is fit to pass the bar.	Allowance		İ
4.	Names of Go	vernment servants in infe-	Dearness		
	rior service a	s well as those mentioned	Allowance		
	in GFA rule	122 may be omitted from	Autowalice		
	pay bills.		Other Fixed		
5.	A red line she	ould be drawn right, across	Allowances		
	the sheet aft	ter each section of the es-	7		

Total

tablishment and under it the total of columns (4), (5) and (10), for the section should be shown in red ink.

- 6. In cases where the amount of leave salary is based on average pay, a separate statement (Form GA 91), showing the calculations of average pay duly attested by drawing officer, should be attached to this bill.
- 7. The names of men holding posts substantively should be entered in order of seniority as measured by substantive pay drawn and below those will be shown the posts left vacant and the men officiating in the vacancies.
- 8. Officiating pay should be recorded in the section of the bill appropriate to that in which the Government servant officiates and transit pay should be recorded in the same section as that which the duty pay of the Government servant after transfer is recorded.
- The following abbreviations should be used in this and all other documents submitted with pay bills:

- A MARIE PAR OIL	- 21		
Leave on average pay			_
Leave on Half pay			
On other Duty	•••••		LHI
t are Suffy		*******	OD
Leave Salary			
Conveyance Allowance			L
Under Suspension			
On Foreign Service			SP
Vacant			FS
_			Vac
State Insurance Fund		******	CT
Last pay certificate			
Subcietanas	******		LPC
Transit Pay	•••••	Sub-(Grant
	•••••		TP

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b- of re	Contributory Provident Fund	redule d			
n n	State Insurance Fund	Separate Sci Attache			
t - -	Conveyance Advances				
	H.B. Advances			1	
	House and Furniture Rent		·—·	1	
l	Income Tax	-		4	
١	Attachment orders of Court				
ŗ	Miscellaneous ecoveries & verdrawals		-	+	_
	otal eductions	-		-	-
N	et Total	-		-	- -

For Accountant General's Office

Admitted Rs.

Objected Rs.

Auditor

Superintendent

G.O.

4**८** सामान्य वित्तीय एवं लेखा नियम

	_			सामान्य	(वस्ताः	ય	ા ભ	gi i	नयम		
ESTABLISHMENT	कटीतिया	सहायक निर्वाह निर्धः		13		GA 76 (Outer)	Spring	<u> </u>			47
ESTA	कटौ	राजकीय निर्वाह निर्वाह	-			Q.	विशेष	विवरण	,		67
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	नजी वतन	अथवा विश्व बतन, याद कोई है, तो वह भी इसी खाने में मूल वेतन के नीचे दिखाओ)					of T	अन्य कटौती	(दंड न्यायालय की कुकी) हत्यानि	SILLY	17
	मूल वतन (मिजा बेतन	अथवा वश्व ई.हे.तो वह भ ल वेतन के नी	3					मकान व	सामान किरावा	91	
9	नाम कर्मवार्		2					ऋण व आग्रेम	मकान वास्ते पेशगी	15	
		71			PAY BILL			ऋणेव	सन्नारी पेशगी	14	
I	Þ	₽.Ħ .ॡ	-		7				m ላው		

Total (Column 10) Rs. P. 1.	Rs. F	<u> </u>	Received contents and certified that I have satisfied myself that all emoluments
Deduct-Undisbursed pay as detailed	 -		
General Provident Fund (column 11)			by deductions from this bill have been disbursed to the proper persons, and that their acquit tances have been taken and held in my office with receipt stamps duly cancelled for every payment in excess of Rs. 500/
State C.P. Fund (column 12)		7.	Certified that no superior service has been absent either on other duty or suspension or with or without leave (except on casual leave) during the month
State Insurance Fund premia (col. 18)			of. Note-When an absentee statement accommanies the hill this cartificate should be
Income-tax (column 20)			struck out.
Conveyance Advances (column 14)		ю	Certified that no leave has been granted until by reference to the applicant's Service Book leave account and to the leave rules applicable to him. I had
H.B. Advances (column 15)	 -		satisfied myself that it was admissible and that all grants of leave and departures on and return from leave, and all periods of suspension and other duty and
Recoveries on account of house and furniture rent (column 16)		4,	other events which are required under the rules to be so recorded, have been recorded in the Service Books and leave accounts under my attestation. Certified that all apointments and substantive promotions at such of the
Fines Recoveries (column 17)		~	officiating promotions as have to be entered in the Service Books have been entered in the Service Books or the persons concerned under my attestation. Certified that all Government extracts whose names are comitted from but for
Fotal deductions			whom pay has been drawn in the bill, have actually been entertained during
Net amount required for payment		6	Certified that no person, for whom house-rent allowance has been drawn in
(in words) Rupees			this bill has been in occupation of rent free Government quarters during the period for which the allowance has been drawn.
		7.	Certified that except in the case of the Government servant whose names appear in the appended list and in whose case the appropriate certificate

Sionature Manager Bank	Signature	L	
Paid Rson Bank Seal	Received payment on	01	Paid Rs
For Bank Use	Payee's discharge	3ank Treasury	For Non-Bank
District	Loans and Advances Ks. Dated		Accountant
	G.P. Fund Rs. Insurance Premium Rs.	itered	Examined and entered
	In cash Rs. By Transfer credit to- IV-Taxes on Income, etc. Rs. XXXIX Civil Works Rs.	. as follows:	Pay Rs as
	For Treasury Use		
Designation of the drawing officer	Desig	20	Dated
Signature			Station
6. STATE ABBREVIATED CLASSIFICATION	က်		
11 etc. 4. 5.	1. 1. 4. 2. 5. 5.	,	
recorded) drawn in this bill foris debitable to any	recorded) drawn		
any coverimment servants is equal to me actual prov. Cortified that no leave salary for any Government servant (except the following in whose Service Books a note regarding allocation has been	Period Amount any Coveniment 8. Certified that no following in who	Name of incumbent	Sec. of Establishment
required under GFA rule 198 (2) has been furnished, no leave salary for		AY OF ABSENTEES REFUNDED	-DETAILS PAY

			सामा	न्य वित्तीय ए	वं लेखा नि	यम				
137		खर	놽							
(S)		सितकर	वेतन					विश्वाप विश्वाप	5	
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New Form No. GA 37 Rule 150 (5)		अगस्त	वेतन	•		:			मुप्	
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27/12 Dep	जो मा	E.	軐						10	
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राजस्थान सरकार पंठिका कर्मचारी वर्ग —— विभाग (To be printed on 17 × 27/2 size) nent Register of —— Departme		मर्	मत		मुख्य शीर्षक लघु शीर्षक	उप-शीर्षक		완	वेतन	
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GFAR 188	ᆲ				तनं.			अकटूबर	वंतन	
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GA	84 GOVERNMENT OF RAJASTHAN	New Form
RSR	42 राजस्थान सरकार	No. G.A. 38
	(To be printed on 17x 27/8 size)	Rule 150
	House-rent certificate by Head of Office	
	कार्यालयाध्यक्ष द्वारा निवास स्थान के किराये का प्रमाण-पः	
	Enclosure to Bill No of of	n ffice
"I.	प्रमाणित किया जाता है कि सरकारी कर्मचारी/कर्मचारियों ने, जिनके	moc. <u></u>
	किराया निवास-स्थान सम्मिलित है, सरकारी निवास-स्थान के लिए आवेट	।लए इस बिल म — ०
	कोई सरकारी स्थान नहीं दिया जा सका।	न किया था, परतु
2.	राज्य निर्धारित प्रमाण-पत्र सरकारी कर्मचारी /कर्मचारियों से, जिनके लिए	c
_	स्थान इस बिल में सम्मिलित है, प्राप्त कर लिया है, और मैंने समाधान कर	किराया निवास-
	नियमानुसार है।''	लिया है कि माग
तिथि .		
	ч ч ч ч ч ч ч ч ч ч ч ч ч ч ч ч ч ч ч	
GA S	COVENIMENT OF KAJASTRAN	New Form
RSR	42 राजस्थान सरकार	No. G.A. 39
		Rule 150 Note
	Certificate of H.R.A. by Govt. Servant	
1 .	T and C	
	I certify –	•
	(a) I do not own a house in or I own a ho	use but have
	been premitted to occupy rented accommodation by of Order No	Government
+	(b) I am residing in a rented house in from	
	and	
((c) The house rent allowance of Rs claimed	hy ma ic tha
	amount of the monthly tent actually paid by me in a	voces of 7 5
	p.c. in the case of unfurnished accommodation/10 n.	c in once of
2. I	an instead accommodation of my monthly pay of Pe	
2. I	certify that no portion of the accommodation in respect	C 1 1
	touse telli allowalice is claimed is sub-let or occupied by	
13	han those belonging to my family or who are wholly dependent.	ndent upon
	also certify that I applied for Government accommodation	. 1 . 1
41	for occur provided with such accommodation during the paris	on but have
0	f which the allowance is claimed.	ki in respect
	•	
	Signature	
	Designation	

New Form No. GA 40

Rule 154

(To be printed on 22x29/4 size)

राजस्थान सरकार

GA 90 GFAR 194

GOVERNMENT OF RAJASTHAN

Absentee Statement अनुपस्थिति विवरण-पत्रक

	गु	Lies Lies	- A	⊋		ļ	ιj			_		מפ
,	महालेखापाल	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		56		‡ <u>†</u>	с Ш	i				स्ताक्षर्
16 46	याद काइ हा)	TOTAL	14 Car	काराहर अधिक वेतन	;	1.5					6	वेतन-पत्र प्रथक आधकारी के हस्ताक्षर ्व पद
ľ	। आधकारी (FÞÉ	हे।क्रि	١	12					,	<u>प्र</u> थक
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	स्थानापन्न	F	<u>.</u>			2					ľ	कि
İ	1		लिय	पूरी हेत्				ō .	_			
	महालेखायाल		के कार्यालय	में पूरि		6	L	ز لا				
		·	। मासिक	<u></u>								
	क्रमास्य	5	मते की	র্		00						
	Barn.	44(4	पूर्वान्ह या	मध्यान्ह	5	7						
		अनुपाल्यात का	पुर्वान्ह या			9						
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	Ļ	_		1434	일	7	-				┨	
		194 (21 9) 194 (21 9)	पद एवं वेतन	स् भ		۲	,					00
	Ŀ	ט	ह य	म्तविक १इ.१		٠	,					
		अनुपास्थत	कर्मचारी का	-H		-	7					
	•					•		•				

दिनांक20.....

Notes :

- "suspended", etc., the date for each being specified as far as possible in columns 6 and 7. In case of suspension it should be noted In column 4 should be stated "full average pay", "without pay", "other duty", "officiating", "in transit", "transferred to whether or not the period counts for pension.
 - The statement should be divided off into sections corresponding to sections in the bill, arrangements affecting one section only being shown together. ri
- When the leave salary noted in column 8 differs from that based on the rate of pay noted in the last establishment return, particulars of the calculation should be given in Form GA 91 attached to the first bill in which the leave salary is drawn. If the calculation involves pay drawn outside the officer's substantive section, references to the vouchers in which sums were drawn should also be given.
- section, and if there is no unfilled post in any month facts should be recorded. Vacancies against which officiating arrangements have All changes in the personnel of the permanent establishment due to retirements, transfers, deaths and consequent new appointment and increases and decreases of cadres or establishment should be shown. The number of posts left unfilled should be noted at the end of each been made should be shown individually and in full details.

GA 92 GFAR 196 & 197

GOVERNMENT OF RAJASTHAN

राजस्थान सरकार

New Form No. G.A. 41 Rule 155

(To be printed on 17x 27/4 size)

Periodical Increment Certificate

सामयिक वेतन-वृद्धि प्रमाण-पत्र

1. Certified that the Government servants named below have earned the prescribed periodical increments from the date cited in column 7, having been the incumbent of the posts specified for not less than....... year from the date in column 6, after deducting periods of suspension for misconduct, etc. and absence on leave without pay and, in the case of those holding the posts in officiating capacity, all other kinds of leave.

 Certified that the Government servants named below have earned/ will earn periodical increments from the date cited, for reasons

stated in the explanatory memo, attached hereto.

क्रम सं.	वृद्धि-भोगी का नाम	स्थाई या स्थानापन्न	पद के वेतन की दर	वर्तमान वेतन	दिनांक जिससे वर्तमान वेतन लिया है	वर्तमान वेतन-वृद्धि का दिनांक
1	2	3	4	5	6	7

भावी वेतन	ऐसी अन्य	वहार के कारण उपस्थिति, जो वे लिए अमान्य हो	तन-वृद्धि के	अवैतनिक छुट्टी अधिकारी के अन्य	विवर्	
	वर्णन	कब से	कब तक	कब से	कब तक	विश्रोद
8	9	10	11	12	13	14

Signature and designation of Drawing Officer

- Notes:— 1. When the increment claimed is the first to carry a Government servant over an efficiency bar, columns 6, 7 and 8 should be filled up in red ink.
 - 2. The figures (1) or (2) should be placed against each name according as the reason (1) or (2) applies. The explanatory memo, should be submitted in any case in which reason (2) applies.

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सामान्य वित्तीय एवं लेखा नियम

GA 93 GFAR 198

GOVERNMENT OF RAJASTHAN

New Form No. G.A. 42 Rule 155

राजस्थान सरकार

(To be printed on 17x27/2 size) Register of Pay Increments

		7	रतन वृष	द्ध पाजका					
नाम कार्याल	4					मा	₹	*********	
क्रम सं.	नाम		पद	वर्ग या वि	वेभाग		वर्तमा	न वेतन	
	<u> </u>					मृ	ल	स्थानापन्न	
			<u> </u>						
वृद्धि की दर	तिथि गत वृद्धि पद पर नियुवि								
	वृद्धि कार्यक्षमता			वृद्धि से निलं	मान्य	मान्यता का प्रमाण-पत्र			
<u> अविरोध</u>	से आगे की है	दड या	अमान्य	। अवकाश व		<u> </u>			
	प्रतिवेदन				स्वीकृता	धेकारी व	की आइ		
						· · · · · · · · · · · · · · · · · · ·			
GA 82 GFAR 155	-		NMENT OF RAJASTHAN New I राजस्थान सरकार No. G.						
	Schedu	be prii ile of c आयकर	nted c leduc कटोरि	on 18x 22 :tion of ! वर्षे की अनु	ncome		R	ule 158 (1)	
	Classification- ductions by (-IV Ta	xes o	n Income					
क्रम सं.	नाम व पद		माहवार्र	वेतन	रकम व	टौती	विशे	ष विवरण	
	:			<u>.</u>					

GA	83	. GOVE		OF RAJASTHAN न सरकार	New Form No. G.A. 44
		आ	le of Incom यकर की संग	ne Tax Calculation जना का विवरण /ear	Rule 158 (2)
1. 2.		eznationSTA		OF INCOME	
(a)	Pay				Rs
(b)	D.A.				Rs
(c)	C.C.				Rs
(d)		orarium			Rs
(e)	Arre				Rs
(f)	Hous	se Rent Allowand	æ	Rs	Rs
- /	-Leas	t the following-			
	(i)	Rs. 4,600.00		Rs. 4,600.00	
	(ii)	10% of Salary		Rs	
	(iii)	Actual amount	of HRA	Rs	
	(iv)	Actual House re	ent paid		
		minus 10% of S	alary	Rs	
					Rs
(g)	Amo	ount of C.D.S. ret	urned		Rs
					Rs
		ount deposited un			Rs
Less-		dard deductions			
		irst Rs. 10,000.0			
		e remaining amo			
	-	ect to maximum	ot	D-	
	Ks. 3	3500/-		Rs	.a. 10 a
t	<i>(</i> 3)	Contributions to	DE		ie Ks
Less-	٠,			Rs	
	(ii)	L.I.C. Premium State Insurance		Rs	
	(iii)			Rs.	
	(iv)	•••••	*******	N3	
		Total:		Rs	
Reba		Upto Rs. 1 Next Rs.	Full	Rs	
					Rs
				B/F from page 1:	Rs

Less-I	Deductions for expenses on highe	er		
E	Education of children (see note be	elow)	Rs	
	7	Taxable Income	Rs	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	· · · · · · · · · · · · · · · · · · ·	Rounded off to	Rs	
Note:	Deduction for expenses on hig gross taxable income is less that ing a degree or postgraduate con neering or Technology, Business other degree, diploma or post-g restricted to two dependents in a	n Rs. and if the d urse in Medicine s Management, R raduate course R	epender , Archit s. per d	nt is undergo tecture, Engi ependent. Fo
	CALCULATIO	ON OF TAX		
(i)	Income not exceeding Rs.		Rs.	NIL
(ii)	Income exceeding Rs. 10,000.0	0 but not		
	exceeding Rs. 10,540.00 10% o	f the amount		
	exceeding Rs. 10,000/-		Rs	****************
(iii)	Exceeding Rs. 10,540.00 but no	t exceeding		
	Rs. 15,000.00–15% of the amou	int exceeding		
	Rs. 8,000.00		Rs	••••
(iv)	Exceeding Rs. 15,000.00 but no	t exceeding		
	Rs. 20,000.00–Rs. 1,050 plus 13			
	amount by which the total incon	ne exceeds		
	Rs. 15,000.00		Rs	
(v)	Exceeding Rs. 20,000.00 but no	_		
	Rs. 25,000 Rs. 1,950.00 plus 25			
	amount by which the income exc	ceeds		
	Rs. 20,000.00	•		***************
4 4 4		otal _		***************************************
Add	: Union Surcharge @ 15/- of Inc	come Tax	Rs	***************************************
Less	: Income tax already recovered t	hrough		
	pay bill	•	Rs	****************
	Balance tax payable		Rs	

Signature of Govt. servant

GA 82A

No. 66

Form No. 222A 82A (SEE RULE 155A) .

New Form No. G.A. 45 Rule 159

CERTIFICATE OF INCOME TAX

Book No.

Voucher No.

Name of Government Servant/Pensioner

Year of Payment

	Name of Month	Amount of Pay	Amount	of Tax Rec	overed
	Name of Month April May June July August September October November December January February March Total	& Allowances Pension	I.T.	S.T.	S.C.
	Month April May June July		Rs.	Rs.	Rs.
	April				
	May				
	June				
€					
ces servic	August				
Name of Govt. Servant/ Pensioner, Year of Payment Total Amount of pay & Allowances Pension paid Total amount of tax deducted of service	September				
nt/ & All	October				
Serva at of pay	November				
Name of Govt. Servant/ Pensioner, Year of Payment Total Amount of pay & Pension paid	December				
Name of Gi Pensioner, Year of Pay Total Amoi Pension pai	January				
Nar Yea Tot	February				
	March				
	Total				
; ·	Signature of Designation Date	the Disbursing Off	icer		

GA 86A GFAR 156

GOVERNMENT OF RAJASTHAN

राजस्थान सरकार

New Form No. G.A. 46 Rule 160 (1) (ii)

Particulars of Accommodation alloted to Govt. servant सरकारी कर्मचारियों को आवंटित वास सुविधा का विवरण

क्रमाक				$\boldsymbol{\mathcal{L}}$.
I.	राज्य कर्मचारी का ना	म एवं पट		दिनांक
2.	सरकारी आवास आव	रंटन आदेश का का	एंट एवं विकांत	
3.	- आपाटत आवास का	स्थिति श्रेणी तथा	ट्रांट	
4.	राज्य कमचारा द्वारा ३	गवास के करून हो	} / 	c
5.	्राज्यकातका । मुलाका q	भाग खाता माळा	ा/ खारा। फार्न का जिसमें कर्मचारी के	ादनाक आवास/सामान/गार्डन
•				
6.	आवंटित आवास का	निर्धारित अधिकता	। किराया (Standar	d rough
7.	1.14/1.ad ads 64.0010	a	William (Standar	a tent)
	(क) दिये गये स	ामान का मूल्य	•	
	(ख) दिये गये स	ामान की तिथि		
	(ग) मासिक कि	राया		
8.	अन्य विवरण			•
(Finance I	Janartmant () 1 3		··	हस्ताक्षर अधिकारी
(a metrico I	Department Order N	o. F 13 (10) FD	R & A I/68 date	d 10-11-76)
GA 86	GOVE	RNMENT OF	RAJASTHAN	New Form
GFAR 1:	50	राजस्थान सरव	कार	No. G.A. 47
1. कार्यालय	1 70 HM		वसूलियों की अन्	
्र ८. वतनाबर	न सख्या एव विश्वि			माह
3. वतन बिल	न की शुद्ध राशि			
क्रम संख्या	राज्य कर्मचारियों	मासिक वेतन	आवंटित	
	का नाम एवं पद		क्वार्टर संख्या	सा.नि.विभाग के
			नजादर सख्या	रजिस्टर खाता का
1	2	3	4	क्रमांक
			+	5
	कट	ौतियां		विशेष विवरण
क्वार्टर किराय	ग फर्नीचर किराया	गार्डन किराया	योग	्रावशंखाववरण -
<u>- 6</u>	7	8	9	10
मद सख्या ०३:				10
क-राजकीय अ ं	ावासीय भवनों से प्राप्ति राज्यातीय	तयों में जमा किये ज	ाने योग्य राज्ञि	₹
मद सख्या ०५९	निर्माण कार्य (च	र्क्तिचर) में जभा कि	ये जाने योग्य राजि	₹
		-	The state of the s	
				हस्ताक्षर
			आहर	ण वितरण अधिकारी

GA 61 GFAR 158

GOVERNMENT OF RAJASTHAN

राजस्थान सरकार

New Form No. G.A. 49 Rule 162 (6)

हस्ताक्षर पद

(To be printed on 17x27/2 size) **Register of Special Recoveries**

विशेष वसूलियों की पंजिका

कार्या	लय										
	आज्ञा का	किससे वसूल	म	रकम	वि	ब्स्ते		वसूरि	ायां जो व	ति गई	(d
आइटम नं.	नं., तिथि व सूक्ष्म विवरण	करना है	किस हिसाब	वसूली	तिथि	रकः	F	तिथि	रकम	बकाया	विशेष विवरण
- 29											
GI	GA 88 FAR 157 &		L	NIMEN		RA.I	AS	THAN	<u> </u>	New For No. G.A. Rule 16	₹ 50
		GOV	EK		रा छा स्थान सर		70	, , , , , , , , , , , , , , , , , , , ,	•		
	-	(To l	oe prir	nted or	17x	27	/8)			
		Schedul अन	e of य क	Othei टौतियों	Dedu /वसूलि	ction यों की	s/R ì अर्	tecove नुसूची	eries		
कार	र्गालय								माह		• • • • •
वर्गी	किरण										
勇	. सं .	राज्य कर्मचारी	का	7	स्लियों		र व	हम जो व		विशेष वि	वरण
		नाम व पद			विगत]		की गई		<u> </u>	
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	GA 77 AR 154		RNMEN राजस		New Form o. G.A. 52							
	0-4	(To be	e printed	d on 17	9)	D. I. defe						
	SCI	neunie of Ge	neral P	rovide	nt Fr	ind i	Dod	tions	(.			
Nan		भारत प्रार	शैडेंट फंड	के कटी	तेयों व	ने अनु	सूची					
Cla	Name of office कार्यालय Month मा Classification वर्गीकरण : R-UNFUNDED DEBT, State Provident Fu											
		nt Fur	nd G.P.F.									
	ा। सख्या	' नाम		प्राप्त	पेशगी							
संख		` 1 1		चन		कम	रकम की					
	व पृष्ठ		<u> </u>	_			वापसी		।। । अवस्य			
								 				
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टिप्पणी	:- विशेष	विवाण के कारे में	/al	ieu ove	r				<u> </u>			
	'कार्यात	विवरण के खाने में लय जिला	ः (1) चन्दा -	। बद करने *	काका	रण लि	र्खें, जैसे	कि 'छुट्	टी पर है',			
	किया'।	'कार्यालय/जिला	*********	······ म	तिबादर	ता हो ग	ाया', 'पुन	ः चन्दा ह	देना आरंभ			
खाता						•	_					
संख्या	खाता बही	नाम	वेतन	दर	प्राप	त रि	शिगी	*रकम	विशेष			
(1041)	व पृष्ठ	i	1	चन्दा	(का	ग रव		पेशगी	विवरण			
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'इनकी प	र्गि, यटि अ	विश्यकता को के				<u></u>						
	o;,	ावश्यकता हो तो,	महालखापा	ल के का	योलय ग	में की र	जावे ।					

Date दिनांक

Signature हस्ताक्षर

Designation पद

GA 78 GFAR 154

New Form No. GA 53

Rule 165 (2)

SCHEDULE OF PROVIDENT FUND DEDUCTION IMPORTANT INSTRUCTIONS

Please fill in the name of the Provident Fund

- This form should not be used for transactions of General Provident Fund for which form No. GA 77 has been provided. The Account Numbers should be arranged in serial order.
- In Col. 1 quote account numbers unfailingly. The guide letters e.g. (for I. C.S.P.F.) Gy. (for contributory P.F.) should be invariably prefixed to account number.

- 5. Separate schedules should be prepared in respect of persons whose account are kept by different Accounts Officer of the (Here write the designation of the drawing Officer and station).

 Arrange the a/c number in serial order.

of Accounts Officer who maintains these Accounts (See instruction 5)

Figures in Col. No. 3, 4, 5 & 7	Account No.	Name	Pay and Leave Salary	suscrip-		ind of rawals	Total Realised	SŽ
should be refund to whole Rs. Account Nos. may be written thus	of this month Ho. of Instalment			Remarks				
	1	2	3	4	5	6	7	8
					أ	Ì	}	

Do Not waste space
Use smaller form
if the names are few
The total of the schedule should be
written both in figures and words.

Dated Signature of Drawing Officer Designation

GA 87 GFAR 156-A Schedule of of	Sch recoverei	(To be	MENT O राजस्थान स printed c of Recov of advan	ारकार on 17x2 /ereis (27/4)	I	New Form No. G.A. 54 Rule 165 (iv)
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Total recovered end of the mo	upto F		3 Outstandin		marks reg ave of of	garding to ficial non stalment	ansfer and recovery etc.
* Strike out which GA 60 GFAR 149 पंजिका उन	GOVE (Ti कटौनियों :	ERNME राष	NT OF I	RAJAS गर	THAN	N No	the Office. ew Form . G.A. 59 ule 174
मदनं, नाम बर	कार्यालय का जिससे		भुगतान रकम	तिथि	नस्तियां रकम		विशोष विवरण
GA 55A क्रमांक यह प्रमाणित किय के वर्ष 20 20	 देखिये नियम	टौतियों क 81ए तथा	ा वार्षिक प्रम 156 सा.वि	. विभाग गण-पत्र दि वे.एवं लेख		No. Rule	w Form G.A. 60 177 (1)
वेतन प्रंथा भारता कि नात कि न	त्रुम	माह 8		ा के अन्तर	कटौतिय ति जी.पी. म्हार्यसम्बद्धाः	गं एफ. सी.च अंश्रह्म	

अप्रैल 20

मर्ड

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विभाग/कार्यालय

हस्ताक्षर विवरण अधिकारी

[वि.वि. आदेश सं. एफ.13 (106) वि.वि. (आर एंड आई) 68 दिनांक 28-6-76 द्वारा निविष्ट]

GA 94 GFAR 181

राजस्थान सरकार

New Form No. G.A. 64 Rule 189 (1) & 203 (10)

(To be printed on 18x22/2, 4 pages)

बिल नं.

यात्रा व्यय-बिल (राजपत्रित अधिकारी) वाउचर नं.. यात्रा व्यय बिल बनाने हेतु अनुदेश

भुगतान की सूची

- विभिन्न प्रकार की यात्राओं और यात्राओं व विश्रामों का विवरण एक ही लाइन में नहीं दर्ज करना चाहिए।
- 2. स्थायी यात्रा व घोड़ा आदि का भत्ता, राज्य कर्मचारी के वेतन बिल में ही सम्मिलित करना चाहिए न कि यात्रा बिलों में।
- प्रत्येक यात्रा के बिलों के योग में जो मील अंश हो, उस पर भत्ता न लगाया जावे।
- जब यात्रा बिल में 'विश्राम' प्रथम आइटम हो तो विश्राम के आरंभ की तिथि 'विशेष विवरण' के खाने में अंकित करनी
- 5. खाने 13 के प्रत्येक लेख अनुसार खाने 14 में लेख होना चाहिए।
- 6. यदि यात्रा भत्ता टी.ए. रूल्स के नियम 34 (ए) के अंतर्गत हो तो न्यायालय या अन्य अधिकारी का दिया हुआ उपस्थिति प्रमाण-पत्र इस बिल के साथ लगाया जावे।
- यदि यात्रा भत्ता पहाड़ी स्थान को जाने या वापसी के लिए हो, तो 'विशेष विवरण' के खाने में लिखा जावे कि विराम 10 दिन से अधिक है या नहीं।
- 8. यात्रा भत्ता का भुगतान इच्छानुसार किसी बैंकर अथवा एजेंट के द्वारा, जिसका नाम बिल पर लिखा जावे, किया जा सकता है। ऐसा करने से सरकारी कर्मचारी की स्वयं की उपस्थिति या अन्य व्यक्ति को भेजने की आवश्यकता न । पिर्पत

पद चात्रा और विश्रम का विवरण सम्यान देनंक समय स्थान दिनंक समय (सेल या साधारण) देनंक समय स्थान दिनंक समय (सेल या साधारण) देनंक समय स्थान दिनंक समय (सेल या साधारण) यात्रा का याव्रा का याव्रा का याव्रा का याव्रा का याव्रा का याव्रा का याव्रा का याव्र का याव्र क्षा विश्रम यात्रा की दिनं की यात्रा का याव्र का याव्र क्षा विश्रम यात्रा की दिनं की यात्रा का याव्र का याव्र के यात्र का याव्र के यात	Page -2										
पद उपात्रा और विश्राम का विकरण प्रस्थान अण्य स्थान विकर्ण अग्राका साथ के स्थान विकर्ण के स्थान के स्थान विकर्ण के स्थान विकर्ण के स्थान विकरण के स्थान विकरण के स्थान के स्थान विकरण के स्थान के स्थान विकरण के स्थान के स्थान विकरण के स्थान के स्थान विकरण के स्थान के स्थान विकरण के स्थान के स्थान विकरण के स्थान के स्थान विकरण के स्थान के स्थान विकरण के स्थान के स्थान विकरण के स्थान के स्थान विकरण के स्थान के स्थान के स्थान विकरण के स्थान के स	जिल				F						थात्र। व्यय ब्रह्म
स्थान समय स्थान विवस्ता समय समय समय समय समय समय समय समय समय समय	मेख्य ध	यान			<u></u>	ít					
स्थान समय स्थान दिनांक समय पात्रा का साधारण करा में सहिया न साधारण रहे में सिर्म का कार्य स्विकृत है मिरा साधारण रहे सिर्म का कार्य स्विकृत है मिरा साधारण रहे सिर्म का कार्य सिर्म का कार्य का का का का का का का का का का का का का			यात्रा और ह							1, 44	į.
देनांक समय स्थान दिनांक समय (मेल या साधारण) स्राध्याम संख्या 2 3 4 5 6 7 8 9 हार्य रि. ज्या स्थित होते साधारण दर से विशेष दर से सिके सता तिका माना स्थान		प्रस्थाः			भागमन		<u> </u>	_ <u>_</u> [] []	१८/ मार	लासा/जलयान/बा	युयान किराया
2 3 4 5 6 7 8 9 लेख शांकंक मीटर/बस/अन्य प्रकार से यात्रा की दूरी साधारण दर से 4 5 6 7 8 9 लेख शांकंक मीटर/बस/अन्य प्रकार से स्वात्रा की दूरी संख्या जिनके यात्रा का का का का का का का का का का का का का		दिनांक	<u> </u>		दिनांक	समय	(मेल या सा जलयान, ब सड़क या मो	बिन (ल खारण) स्युयान, टर लोरी	T T	कुल रिकटो की संख्या	# 6
मिटर/बस/अन्य प्रकार से यात्रा की हुरी संख्या जिनके का प्रवाक स्थान करने की सिधि साधारण दर से विशेष दर से विकृत है स्वान ता हों से साधारण दर से विशेष दर से विकृत है सिक भता ता है स्वान ता हों सिल हों स्वान ता हो से साधारण दर से विशेष दर से विकृत है सिक भता ता हो से सिल हों है। हिंद सिल हों सिल हों सिल हों सिल हों सिल हों है। हिंद सिल हों सिल हों सिल हों सिल हों है। हिंद सिल हों सिल हों सिल हों सिल हों सिल हों है। हिंद सिल हों सिल हों सिल हों है। हिंद सिल हों सिल हों है। हिंद सिल हों सिल हों है। हिंद सिल हों सिल हों है। हिंद सिल हों है। हिंद सिल हों है। हिंद सिल हों है। हिंद सिल हों है। हिंद सिल हों है। हिंद सिल हों है। हिंद सिल हों है। हिंद सिल हों है।	T-	,									
मोटर/बस/अन्य प्रकार से यात्रा की दूरी दिन की यात्रा का या विश्राम मिह स्थान विस्ता विद्या जिनके का प्रयोजन/सड़क पर पर्व में यात्रा विशेष दर से विशेष दर से स्विकृत है मिता चाहा जबकि दोनों स्थान करने की तिथि विशेष दर से स्विकृत है मिता चाहा जबकि दोनों स्थान नरने का कारण करने की तिथि विशेष दर से विशेष दर से स्विकृत है मिता चाहा जबकि दोनों स्थान नरने का निर्धि हों 13 14 15 16 16 17	1	7	5	4	5	9	7			6	5
मीटर/बस/अन्य प्रकार से यात्रा की दूरी दिन की यात्रा का या विश्राम माह 20 जिसके लिए संख्या जिनके का प्रबोजन/सड़क पर पर्व में यात्रा साधारण दर से विशेष दर से स्वीकृत है मिता चाहा जबकि दोनों स्थान करने की तिथि 12 13 14 15 16 17	(राजपत्रित ः	मधिकारी)									Page - 3
नादर/ बस्/ अन्य प्रकार से यात्रा की दूरी दिन की यात्रा का या विश्राम आगमन के स्थान जिसके लिए मार्ग प्रति कि. मी. जिसके लिए संख्या जिनके का प्रबोजन/सड़क पर पर्व में यात्रा व्यय स्वीकृत है दैनिक भता लिए दैनिक यात्रा करने का कारण करने की तिथि साधारण दर से विशेष दर से स्वीकृत है भता चाहा जबकि दोनों स्थान करने की तिथि यात्रा है रेल से मिले हों तिथि ताया है रेल से मिले हों तिथि ताया है रेल से मिले हों तिथि ताया है रेल से मिले हों	Marifice 5	1/ #66				1	E	ख शीषंक		माह	20
साधारण दर से विशेष दर से स्वीकृत है भता चाहा जबकि दोनों स्थान गया है रेल से मिले हों 12 13 14 15 16	अंतर म् अंतर म् सामान उत्त	E	नाटर/ ब जिसके लिए ग व्यय स	स/अन्य प्रकार स द गागें प्रति कि.मी. वीकृत है	ज्ञा को लू जिस दीन	में के लिए हमता	दिन की संख्या जिनके लिए दैनिक	यात्रा का का प्रबोध यात्रा करने	या विश्राम म-/सड़क का कारण	आगमन के स्थान पर पर्व में यात्रा करने की भिक्ष	विवरण
13 14 15 16	5 5 5	·	ाधारण दर से	विशेष दर से	ष्ट्रैं. 	कृत है	भता चाहा गया है	जबकि दे रेल से	मिं स्थान मिले हो		
13 14 15 16	=	+	13		-	$\neg \mid$					
		$\frac{1}{2}$		13		4	15	1	9	17	18

रेल/वायुयान/जलयान व	न (खाना 10) 🚡	पै. प्राप्त हुई
किराया मार्ग प्रति कि.मी.		"	श्री को भुगतान किया जावे
···· कि.मी.			हस्ताक्षर
	(411111))	प्र माण-पत्र प्रमाणित किया जाता है कि-
कि. मी. ट	रसे (खाना 12)		1. मुझे राजकीय या स्थानीय निकाय की
दिनों का दैनिक	भत्ता (खाना 13)	1 1	आर स कोई निःशुल्क सवारी नहीं दी गई थी।
दिनों का दैनिक भ	ात्ता (खाना 14)		2. इस बिल का भुगतान पहले नहीं लिया
	योग		 १था ह।
कटौती :-		$\vdash \downarrow$	 मैंने उस श्रेणी में यात्रा की है, जिसके लिए भत्ता लिया जा रहा है।
			4. रविवार या अन्य अवकाश का दैनिक
स्थायी यात्रा भत्ता दर से	···· दिनांक		भत्ता उसी सरत में लिया गया है
या सरकार को देय किराया			जबाक में बास्तव में किए में उन्हर
अन्य कटौती			दिनांक हस्ताक्षर
अन्य कटाता	कुल कटौती		ज्ञापन पत्र
	शुद्ध यात्रा भत्ता		विनियोजन वर्ष के रु. पै.
		-	लिए प्रावधान
	j		व्यय इस बिल की रकम
वर्गीकरण	। राज	π	का शुमार करते हुए
			अवधि शेष
स्वीकृत किया रुपया क्रमांक	प्रतिहस	ताक्षर ह	<u> </u>
क्रमांक	····· 40	ाया शब्द	
			नियंत्रक अधिकारी
र्बैक/कोषागार	कोषागार	उपयाग	ं हेतु
कृपया दीजिए	••••	XIII 1	
जांच की			सब्दों में
_			कोषाध्यक्ष
लेखापाल			जिला
बैंक/कोषागार उपयोग हेतु	रकम पाने वाले की	रसीद	*>
भुगतान किया रुपया	भुगतान प्राप्त किया		बैंक उपयोग हेतु
दनाक	तिथि	• • • •	भुगतान किया रुपया
खजांची	हस्ताक्षर		र्वैंक मैनेजर
लेख शीर्षक	ार्यालय महालेखा	पाल उ	पयोग हेतु
	स्वीकृत रकम		
	अस्वीकृत रकम		
निरीक्षक	अधीक्षक		
			राजपत्रित अधिकारी

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सामान्य वित्तीय एवं लेखा नियम

GA 95 GFAR 204		OF RAJASTHAN ान सरकार	New Form No. G.A. 6
	~	। भत्ता	Rule 189 (1 203 (10)
बिल संख्या	••••••	वाउचर संख्या	•••••
दिनांक		भुगतान की सूची .	•••••

ं यात्रा भत्ता बिल बनाने हेतु अनुदेश

- इस प्रपत्र का उपयोग सभी सरकारी कर्मचारियों (राजपत्रित तथा अराजपत्रित) के मामलों में किया जायेगा।
- 2. विभिन्न प्रकार की यात्राओं (यथा-रेल, बस, वायुयान द्वारा इत्यादि) एवं विश्रामों को पृथक से दिखलाया जाना चाहिए। कार्यस्थल से एयरपोर्ट/रेल्वे स्टेशन/बस स्टैंड तक पहुंचने या इसके विपरीत यात्रा के लिए मील भत्ता एक ही पंक्ति में दिखाया जाना चाहिए।
- साक्ष्य देने हेतु की गई यात्रा के मामले में उस न्यायालय या प्राधिकारी द्वारा दिया गया उपस्थिति
 प्रमाण-पत्र संलग्न करना चाहिए, जिसने सरकारी कर्मचारी को बुलाया है।
- प्रथम श्रेणी के रेल्वे टिकट की संख्या का उल्लेख कीजिए। बस द्वारा यात्रा के मामले में यह अंकित कीजिए आया यात्रा साधारण/डाक/डीलक्स बस द्वारा की गई थी।
- अभ्युक्ति के कॉलम में निम्न का उल्लेख कीजिए-
 - (i) स्थानांतरण पर यात्रा भत्ता के मामले में परिवार के सदस्यों का नाम, संबंध एवं आयु
 - (ii) यदि विश्राम के दौरान निःशुल्क आवास एवं भोजन प्रदान किया गया हो, तो वह तथ्य
 - (iii) कोई अन्य तथ्य या सूचना जिसका राजस्थान यात्रा भत्ता नियमों यथा नियम ७ (4) के अंतर्गत दावे पर महत्वपूर्ण प्रभाव पड़ता हो।

लेखा शीर्षक	महालेखाकार के	कार्यालय उपयोग हेतु	
	रुपये	····· के लिए स	वीकृत।
	रुपये	···· के लिए अ	गापत्ति की गई।
	आपत्ति का कारण	••••••	•••••
	अंकेक्षण	अधीक्षक	राजपत्रित अधिकारी

	٩]								या	त्रा	भत्त
	 ला	- •	मुख्या	लय	••••					श्रे	णी			•••		•
	यात्रा एवं विश्राम का विवरण							का	एयर	गेर्ट /	1 ;	न ।	यान/) ==	/==	
प्रस्थान आगमन							प्रकार					-	यात्रा <u>या</u> त्रा	_	•	
स्थान	ा दिन	ांक	समय	स्थान		त समय वायुयान/ स्टेशन/ श्रेणी दूर् बस/स्वंय वस स्टैंड टिकट कित की तक पहुंचने वाहन/ या इसके सरकारी विपरीत गाड़ी यात्रा हेतु मील भत्ता							ति लो टर		- ज्याया पै	
1	2	2	3	4	5	6	7		₹. 8		<u>۔</u>	,	ï	\exists		1
					_					П						Τ
बिल																
माह वेतन (विशेष वेतन को छोड़कर) रु.																
मील भत्ता स्वयं के वाहन में सड़क आनुषंगिक द्वारा यात्रा के लिए ि प्रभार की मील भत्ता व्हारा यात्रा के लिए व्हारा यात्रा के लिए दर से राशि दूरी किलो राशि र. पै. मीटर में रु. पै. 12 13 14							म का १ दर 16	स	शि ^ट पै.	ास्तरि व्यय य कोई । राशि ह.	ादि हो	पंवि	त्येक मेत व योग रु.	ग पै.	00 यात्रा का प्रयोजन	अध्यक्तिम्
	Ц					15							Í	_	7	<u> </u>
सरकारी कर्मचारी द्वारा प्रमाण-पत्र 1. प्रमाणित किया जाता है कि उक्त यात्रा मैंने वस्तुतः की है तथा पूर्व में मैंने इस बिल का भुगतान प्राप्त नहीं किया है। 2. प्रमाणित किया जाता है कि रविवारों या अन्य अवकाश के दिनों, जिनके लिये मैंने विश्राम भत्ते का दावा किया है, मैं वास्तविक रूप से शिविर में था।																
स्थानांत 1. वै	यक्तिव					जोड़िये- ोटर के रि	नेए	की	दर से .	••••				ì		•••
	हिन क मुश्र् -	र अर्	नुदान										• • • • •			
यात्रा भा शुद्ध राशि	ता अहि हो, जो	ग्रेम, 'भुग	यदि अ तान यो	ाहत वि य है।	व्या गय	। हो बिल	त संख्या	ī	दिनांक	••••			• • • • • •			

6¹⁷ सामान्य वित्तीय एवं लेखा नियम

विनियोजन	T	35.1	र्यालयाध्यक्ष द्वारा प्रमाण-पत्र
1. वर्ष 20 20 वे विनियोजन	के लिए	1 1	ण प्राप्त किया।
 इस बिल की राशि श करते हुए व्यय 	ामिल	2. प्रमार्ग की ग की ग	गेत किया जाता है कि इस बिल में शामिल ई राशि इस दिनांक से पूर्व आहरित नहीं ई है।
3. शेष			कार्यालयाध्यक्ष
		प्रतिहस्ताक्षर	
रुपए (शब्दों में	••••••••••••) के लिए पास किया गया।
दिनांक	••		नियंत्रण अधिकारी
र्बैक कोषागार कृपया रुपए जांच की		कार्यालय उपयो	ग हेतु) का भुगतान करें
लेखाकार			कोषागार अधिकारी
त्रखाकार			देनांक
			जेला
प्राप्तिकर्त्ता की रसीद	पृर	न्ठांकन -	बैंक/नॉन-बैंक कोषागार के लिए
दिनांक को भुगतान प्राप्त किया।	कृपया श्री जिनके नमूने वे प्रमाणित किए भुगतान करें।	हस्ताक्षर नीचे	दिनांक को रुपए का भुगतान किया गया। बैंक की मुहर
हस्ताक्षर		हस्ताक्षर	प्रबंधक कोषाध्यक्ष

GA 98 GFAR

GOVERNMENT OF RAJASTHAN

New Form No. G.A. 66

राजस्थान सरकार (To be printed on 17x27/2)

Rule 189 (2)

T.A. Bill Register To be maintained by Drawing officer यात्रा भत्ता पंजिका जो प्रेषक अधिकारी को रखनी है

कार्यालय	****************		ले	ोखा शीर्षक
नियोजन .	*************		वर्ष	•••••••••••
क्रम सं.	नाम यात्रा करने वाले कर्मचारी या वर्ग का	दिनांक यात्रा जब आवश्यकता हो	यात्रा का प्रयोजन	प्रति बिल की रकम
	2	3	4	5
:				
ĺ				

दिनांक भुगतान स्वीकृत	दिनांक भुगतान	नियंत्रण अधिकारी द्वारा स्वीकृत रकम	निरीक्षण कटौतियां, यदि कोई हो	विशेष विवरण
7	8	9	10	11
	7	7 8	7 8 9	7

(

GFAR 204

आइटम संख्या

69 सामान्य वित्तीय एवं लेखा नियम New Form No. GA 67 वर्ष विशेष विवरण Rule 189 (4) अस्वीकृत, यदि हो जाच प् Register of T.A. Claims submitted for countersignature to controlling Authority दिनांक वापसी पंजिका उन यात्रा भने बिलों की जो नियंत्रण अधिकारी को प्रस्तुत किए जावें पास की गई रकम **GOVERNIMENT OF RAJASTHAN** प्रत्येक बिल की रकम (To be printed on 17x27/4 size) यात्रा का प्रयोजन राजस्थान सरकार यात्रा के दिनांक यात्रा करने वाले का नाम व पद दिनांक प्राद्धि कार्यालय 哥哥

GA	100	
GFAR	207	$\overline{1}$

GOVERNMENT OF RAJASTHAN

राजस्थान सरकार

New Form No. G.A. 68

(To be printed on 17x27/4)

Rule 193 (1)

Acquittance Roll भुगतान पंजी

S. No. क्रम सं.

स्थाई या अस्थाई कर्मचारियों के वेतन व यात्रा के भत्ते का भुगतान-पत्र

बाबत मास दिनांक सहित चुकाने योग्य अवितरित लेख बिल नाम पद सं. सं. खरी रकम हस्ताक्षर (जहां आवश्यक हो. रकम हस्ताक्षर वहां टिकट के साथ) ₹. ₹. 2 3 1 4 5 6 7 8 कुल अवितरित योग रकम

	त्रेभाग के वेतन बिल/यात्रा भत्ता माह	के आधार पर
₹	के लिए स्वीकृत किया।	

खजांची

प्रेषक अधिकारी

प्रमाणित किया जाता है कि-

- प्रत्येक रकम का भुगतान असल अधिकारिक व्यक्तियों को ही किया है और उसकी उचित रसीद ले ली है।
- अवितरित रकम रु. का इन्द्राज अवितरित वेतन व यात्रा भत्तों की पंजिका (GA 102) के पृष्ठपर कर दिया है।

ह. वितरण अधिकारी

सामान्य वित्तीय एवं लेखा नियम	
-------------------------------	--

New Form No. GA 69 Rule 194	निक्रोप विवस्त	प्रशास विवरण और माह,	_	विशाप एवं लखा । नयम	
Ru Ru	10 713	एक्टी शक्स्य	फड़ीफ़ कांफ ह कि फ़िक्छी		
ZI ·		1	ग्रुक्ति किए श्रिक्ती (
ن ف	107 713	फ़िंग क्रिक	हड़ीम् कांन क ग़िकड़ी		
IAN	वरण	H.G.			
GOVERNMENT OF RAJASTHAN राजस्थान सरकार (To be printed on 17x27/2] Register of Undisbursed Pay and Allowances	अवितरित रकम का विवरण	पाने वाले	भा		
AENT OF RA राजस्थान सरकार printed on 17 sbursed Pay वेतन व भसों र्क	अविता	लेख सं.			
VERNN (To be r f Undis	拉维	क र्ह्य	किनिष्ध छत्		
GO)	भुगतान	की तिथि	•		
	NC.	कुल रकम	च अ		
	10 -	दिनांक			
GA 102 GFAR 207 (3)	Ĺ	वर्गकानाम सं.	<u>. , , , , , , , , , , , , , , , , , , ,</u>	,	
GFA A G		<u>ं</u> म. श्रेम म. श्रे	<u> </u>		

GA 89 GFAR 164

office.

GOVERNMENT OF RAJASTHAN

राजस्थान सरकार

New Form No. G.A. 70

	(To be printed on 17x27/8) Rule 195 (2) NO DUES CERTIFICATE अदेयता प्रमाण-पत्र
ecoveries eported a	ified that with the exception of the following in respect of which have been made in the pay bill for on demands have been soutstanding against Shri who has been retired from the int service—
1	
2.	
3,	
	Signature Designation
Notes: 1. 2.	GA 75, the disbursing officer is to satisfy himself by reference both to the Accountant General and his own record. In cases of other Govt. servants, payment is to be made without reference to the AG on the responsibility of the head of the office concerned (GFAR 164). The registers of retrenchments by audit and of special recoveries in Forms G.A. 60 & 61 and the demands for rent of building and furniture and for supply of water, electricity, etc. should invariably be referred to before the certificate is given.
	Enquiry about outstanding dues
	Shri Designation
	is due to retire from Government service on The recoveries
	if any, due from him may kindly be communicated to the undersigned
	within a fortnight of the receipt of this notice. If no reply is received
	within the period, it shall be assumed that there are no dues of your department outstanding against him.
	Please treat this as most urgent Signature Designation
4.	The enquiries are to be made as a precautionary measure only as otherwise according to the prescribed procedure, the informations about the recoverable dues, in respect of which the procedure as is laid down in rules 154 to 161 GFAR is followed, are ordinarily available in each

GOVERNMENT OF RAJASTHAN GA 63 **GFAR 166** राजस्थान सरकार

New Form No. G.A. 71

Rule 197

Indemnity Bond for payment of arrear claims

* Form of P
* Form of Bond of Indemnity for drawing arrears of pay & allowances or pensions of deceased Government Servants or pensioners by the claimants.
husband/son/dauchter of Shei/Chei
excluded by or repuggest to the "Obligor" which expression shall unless
of
expression shall unless evaluated the Surety" "Sureties" which
to pay to the Governor of Points and Severally
on demand and without a description monde his successors and assigns)
firmly by these presents. Dated this
of his/her death in the employment of the service of his/her death in the employment of the service of the serv
AND WHEDEAS the second of the
AND WHEREAS the said Shri/Shrimati
AND WHEREAS the above bounden obligor (a)
certificate to the properly and effects of Shrimati
to the aforesaid sum and that it would casue undue delay and hardship if she/he were effect of the said Shri/Shrimati
and whereas the Government, desire to pay the said sum to the Obligor but under Government rules and order it is necessary that she/he should first execute a hand
paid to the Obligor.
NOW THE CONDITION of this bond is such that if after payments been made to the Obligor, the Obligor or the Surety/Sureties shall in the respect to the aforesaid sum of Rs
shall be void but otherwise the said bond shall remain full force effect and virtue.

Substituted vide Finance (Accounts & Investment) Department Order No. F. 13 (19) FD/Accounts/69, dated the 5th May, 1970.

	IN WITNESS WHERE OF the part	ties he	nere to have hereinto set their respecti					
hands	the day the year first above written.							
		.,	Signed by the above name					
Signe	d by the above named		Surety/Sureties in the presence of					
Oblige	or in the presence of							
_	Witness							
	1	1.						
	2	2.						
	Accented for and on behalf of Go	vernm	ment of Rajasthan by in the					
preser	ice of							
Surety * ** *** @ @@	(f) Amount of the claim. Signature of the Obligor. Signature of the first surety. Signature of the second surety. Name and designation of the officer 299 (1) of the Constitution, to acce Name and designation of witness. E:- The Obligor as well as the surety.	director pt the l	e of claimant (d) First Surety (e) Second sted or authorised, in pursuance of Artic e bond for and on behalf of the Governo should have attached majority of that the					
	bond may have legal effect or for	rce.						
GA 8	87A		New Form No. G.A. 7					

SCHEDULE OF RECOVERIES OF FESTIVAL ADVANCES FOR THE MONTH OF20

Major Head of Account of which pay & Allowances of the incumbent are adjusted.

S.No.	Name & Date of Treasury Voucher in which advance has been drawn	Designation of the drawing officer by when the advance was drawn	Amount of Advance	Amount recovered	
					Ż

- Part A Recoveries in respect of advances drawn and disbursed by the drawing officer who makes the recoveries.
- Part B Recoveries in respect of advances paid by other Drawing Officers.
- CERTIFICATES: (i) Certified that total of recoveries shown in column No. 5 above agrees with the amount actually recovered and shown in the body of the bill.
 - (ii) Certified that the recoveries effected have been duly posted in the register of Advances Form A.

Signature of the Drawing Officer

GA 185 A

GOVERNMENT OF RAJASTHAN

New Form No. GA 75 Rule 10 (c)

Register for Watching Recoveries of Festival Advance

	narks	Rei	20	
	ls:	ЮΤ	19	
	ial amount adjusted ring March		18	
ı	arch Vr. No. & Date	W!	=	
	bruary Vr. No. & Date	9H ;	9	
1	nuary Vr. No. & Date	el ;	2	
Į,	scember Vr. No. & Date	a :	=	
RECOVERIES DI IDING TUE	ovember Vr. No. & Date	2 14	2	
	ctober Vr. No. & Date	20	3	
	eptember Vr. No. & Date	s =		
л П	ugust Vr. No. & Date	٧º		
VER	ily Vr. No. & Date	ત્ર ૦	\prod	
	une Vr. No. & Date	ſ ∞	. [
2	Asy Vr. No. & Date	1/		
	April Vr. No. & Date	10		
	Matanding balance IndA tal no s	S N	1	
	Amount of Advance	_	+	
 		+-	+-	
No. & Date of Vr. in which	the Advance wathe name of dravif the advance was by some other	3		
Name of	Servant	2		
Si	Š	1		

7.5 सामान्य वित्तीय एवं लेखा नियम

GA 125 GFAR 17-20

GOVERNMENT OF RAJASTHAN

राजस्थान सरकार

New Form No. G.A. 76 Rule 206-E

(To be printed on 17x27/4)

		भविष	य निधि से आहरण	nas	STATE	
बिल सं.	************	•••	ī	बाउचर नं	••••	
				क्वी भुगतान		
				गह		
वर्गीकरण	ग	!	R-Unfunded D			
Major	Head	;	State Provide	nt Funds		
Minor	Head			(a)		
वर्ग का न	ाम	******	माह	*****		
क्रमांक	सदस्य का नाम	निधि लेख	स्वीकृति या	वापसी		रसीद
	तथा वेतन	की संख्या	अधिकार-पत्र की		रकम	(6)4
		!	संख्या व तिथि	या अन्य भुगतान	(40-1	
				(b)		
		!				
l	Î					
1						
			<u> </u>	योग :		
कम जो १	भुगतान को चाहि। 	र (शब्दों में)	रुपया			
	********			<u> </u>	रकम	प्राप्त की
	• • • • • • • • • • • • • • • • • • • •					
ж		••••••	को भुगता	न किया जावे।		
				हस्ताक्षर	•••••	
स्ताक्षर				पद		
	शिर्षक हाथ से 1		-	· · · · · · · · · · · · · · · · · · ·		
म/ प्रति	लख क सम्मुख	आतम भुगत	न' 'अग्रिम' या '३	भन्य भुगतान' लिख	ा जावे !	

Reverse CERTIFICATE

* Give details he	re if more t	han one po	olicy has to be cited.
Auditor	Super	rintendent	4.0.
Objected Rs			
Admitted Rs	ror use	in A.G.'s	Office
Treasurer	S	ignature	Bank Manager
On	on		Bank Seal
Paid Rs	Received	Payment	Paid Rson
For Non-Bank Treasury	ł	Discharge	
			Dated Station
Accountant	· • • •		Pay Rs Treasury Officer
Examined and	For till lentered	he use of Tr	_
S.P.F.	<u></u>		·
R-U.D.	~nvali Ui	<u> </u>	Signature Designation
Abbreviated Clas	eification] .	
for which it was	s intended r	elevant pren	nium receipts has been duly enfaced
	~~~uu nas i	Ration to the second	O PW/ the gubecally
			at the amount withdrawn previously
	annum Called	i to anki acce	epted by the Accountant General in
Accountant (	General or t	he details o	of Kajasthan and submitted to the
	· ····································	JVC3 & 1 DP CH	n excess of Rs. 500. dit/the credit of each subscriber on m drawn in the bill. The Policy No.
	AMAYO OCCILIE	aken ana ni	to the proper persons, and that their ed in my office with receipts, stamp
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GA 70 GFAR 149D

# **GOVERNMENT OF RAJASTHAN**

राजस्थान सरकार

New Form No. G.A. 77 Rule 208 (2)

(To be printed on 17×27¼ size)
Salary Bill of Members of the Legislature

# विधानसभा सदस्यों का वेतन-बिल

(देखें 1952 का राजस्थान विधानसभा अधिनियम)

टिप्पणी- नाम	- सरकार की कोई जिम्मेदारी न होर्ग भुगतान के लिए भेजा जावे, किसी तर	ो, यदि व ह गबन	<b>कोई व्यक्ति, जि</b> सव या दुरुपयोग कर ले	ो नकद, <del>चै</del> क ।	या बिल
अध्यक्ष/उ तिथि जब	उपाध्यक्ष के लिए उपरोक्त पद के लिए चुने गए		सदस्यों के लिए लेने व प्रतिज्ञा करने	की तिधि	
पद रिक्त इ नाम कोष,	त्यादि की तिथि जहां से भुगतान लेना हो	सदस्य	ਗ ਦੇ ਰੱਚਿਨਿ <del>ਨੀ</del> ਕਿ	च्ये	
जांच सं.	मुख्य शीर्षक लघु शीर्षक नियोजन इकाई	7	वाउचर नं सूची भुगतानों की माह	************	*****
प्राप्त किया			मासिक दर	रकम	
ी उ कमी करें (1) उ (2) उ	सभाध्यक्ष/उप-सभाध्यक्ष/सदस्य विधानसभा का अपना वेतन बाबत माहसन् सवारी भत्ता, यदि कोई हो नकान किराया, यदि कोई हो कटौतियां, यदि कोई हों, नियम की धा उ व 5 के अनुसार (विगत अनुसूची में अन्य कटौतियां आय-कर व अधि-कर	रा )	कुल रकम	₹.	<b>Ů</b> .
	<b>बाकी</b>		कटौतियां योग्य रकम		<del></del> -

बाकी रकम को शब्दों में (रुपए शब्दों में)	सदस्य अपने हस्ताक्षरों से लिखें।	
<b>€</b> sar	को दीजिए।	टिकट
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Pay Rs (1) In ca	sh Rs (in words)	
2) By Transfer cred	***	
(i) (ii)	= Rs. = Rs. = Rs.	
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#### सहायतार्थ टिप्पणियां

- प्रत्येक सदस्य महोदय अपने बिल का वास्तविक प्रेषक अधिकारी है यद्यपि बिल पर सचिव 1. विधान सभा प्रति-हस्ताक्षर करेंगे। प्रत्येक बिल की दो प्रतियां तैयार की जावें और दोनों प्रतियां एक टिकट सहित सचिव महोदय को भेजी जावे, जो जांच कटौतियां व प्रतिहस्ताक्षर करके टिकट वाली प्रति को वापस करेंगे कि सदस्य महोदय भुगतान के लिए प्रवित कोषागार पर प्रेषित करें।
- सदस्य महोदय अपने बिल के भुगतान हेतु अपनी सुविधा अनुसार कोई कोषागार पसंद कर सकते हैं। जब कोषागार बदलने की आवश्यकता हो तो पुराने कोषागार से अतिम वेतन प्रमाण-पत्र (L.P.C.) प्राप्त करें और महालेखापाल से प्रति-हस्ताक्षर कराकर नये कोषागार को, जहां से भुगतान लेना हो, भेजें।
- सदस्य महोदय अपने हस्ताक्षर के नमूने सचिव से प्रमाणित कराकर, उस जिला के कोषाध्यक्ष 3. को भेजें, जहां से अपने बिलों का भुगतान लेना हो।
- मासिक वेतन बिल प्रवित कोषागार को मास की अंतिम तिथि के कुछ दिन पूर्व भेजा जा 4. सकता है।

- 5. वेतन बिल का भुगतान इच्छानुसार किसी बैंकर अथवा एजेंट के द्वारा, जिसका नाम बिल पर लिखा जावे, लिया जा सकता है। ऐसा करने से सदस्य महोदय की स्वयं उपस्थिति या अन्य व्यक्ति को भेजने की आवश्यकता भुगतान के लिए न होगी।
- 6. बिल पर उपयुक्त दो स्थानों पर हस्ताक्षर किए जावें।
- 7. कटौतियों का विवरण निर्धारित अनुसूचियों में दिया जावे।
- 8. शपथ लेने या प्रतिज्ञा करने की तिथि, अध्यक्ष या उपाध्यक्ष इत्यादि के चुने जाने की तिथि (जैसा नियम खंड 2 या 3 के अनुसार आवश्यक हो) प्रथम व अंतिम बिल पर उपयुक्त स्थान पर लिखी जावे।

पाने वाले की रसीद	नॉन-बैंक कोषागार उपयोग हेतु
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For use in Accounta	ant General's Office
Admitted Rs	
Objected to Rs(i)	

**Superintendent** 

**Auditor** 

G.O.

GA 71		₹	जस्थान	सरकार			1	New Form
GFAR 149 D	राष							lo. G.A. 78
		कटौ	तियों की	अनुसूची			R	ule 208 (2)
कोषाधिकारी	क्रमांक			,	जयपुर	, दिनांक.		20
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	•		₩0			्रतादा	र का	प्राथकोर्।

GA 72

## **GOVERNMENT OF RAJASTHAN**

New Form No. G.A. 79 Rule 208 (4)

GFAR 149 D-F

राजस्थान सरकार

(To be printed on 17×27/2 size) Travelling Allowance Bill (Officers and Members of Legislative Assembly) यात्रा भत्ता बिल (विधान सभा के अधिकारियों व सदस्यों का)

(1952 के अधिनियम 15, खंड 8 के अंतर्गत नियमों को देखें)

Bill No. .... Voucher No. *************

# सहायतार्थ टिप्पीणयां ..... for

- बिल दो प्रतियों से तैयार किये जार्वे-एक प्रति पर टिकट लगाकर रसीद के हस्ताक्षर किए जावें।
- सदस्य महोदय के निवास की जगह व प्रवरित कोषागार, जहां से भुगतान प्राप्त करना हो उनके 2. नाम यथास्थान पर हाथ से लिखे जावें।
- यदि सदस्य महोदय का साधारण निवास स्थान राजस्थान से बाहर हो, तो राजस्थान में उस 3. स्थान से सबसे समीप स्थान का नाम बताया जावे और उसे ही सदस्य महोदय का साधारण निवास स्थान माना जावेगा।
- शपथ लेने या प्रतिज्ञा करने या सदस्यता से वंचिति की तिथि उस माह के बिल में, जिसमें घटना 4. हो, उपयुक्त स्थान पर लिखी जावे।
- विधानसभा/कमेटी के अधिवेशन की तिथियां और स्थगन की अवधि या उस माह अथवा 5. अवधि का, जिसके लिए बिल बनाया जावे, उनको बिल में उपयुक्त स्थान पर लिखा जावे।
- विशेष विवरण के खाने में अधीलिखित सूचनाएं दी जावें। 6.
  - (अ) रेल द्वारा की हुई नि:शुल्क यात्रा का वर्णन-नियम 6 (4)।
  - (ब) अधिवेशन या समितियों की तिथियों में सदस्य महोदय का कम से कम 8 घंटे से कम रहने की तिथियां-नियम 5 (1)।
  - (स) तिथियां जब सदस्य महोदय अधिवेशन की अवधि में अस्वधता के अतिरिक्त कारणों से अनुपस्थित रहे-नियम 5 (1)।
  - जो सदस्य महोदय जयपुर में ही निवास करते हों, वो जयपुर के अपने निवास स्थान की दूरी या तिथि/तिथियां, जिन दिनों वे आधे से कम बैठक की अविध में अनुपस्थित रहें, लिखें-नियम (4)।
- खाना 13 के प्रत्येक लेख के सम्मुख खाने 14 में वैसे ही इन्द्राज होने चाहिए। 7.

# For use in the Accountant General's Office महालेखापाल के कार्यालय उपयोग हेतु

Admitted for Rs		
Objected to Rs	••••••	 ··
Reasons for objectio		-

Auditor

Superintendent

**Gazetted Officer** 

83 सामान्य वित्तीय एवं लेखा नियम

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अधिवे	शिन दिन	गंक								
समिति	बैठक '	दिनांक						,		
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	प्रस्थान	i		आगमन	1	(डाक गायुया (१)	श्रेणी	कुल टिकटों		
स्थान	दिनांक	समय	स्थान	दिनांक	समय	यात्रा का साधन, रेल (डाक या साधारण) जलयान, वायुयान, सड़क * या मोटर लोरी)		की संख्या		
1	2	3	4	5	6	7	8	9	10	
								Total		

^{*} Travelling by road includes travelling by sea or river in a steam launch or in any vessel other than a steamer, and travelling by canal (the particular kind should be specified in the bill).

# Travelling Allowance Bill

(Officer and Members of Legislative Assembly) यात्रा भत्ता बिल

(विधानसभा के अधिकारी व सदस्यों का)

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मसके लिए स्वीकृत	माइलज है	विसके लिए दैनिक भत्ता	जिनके लिए । गया है		कब	से		तक	昌	
ाधारण अं दर से		स्वीकृत है	दिनों की संख्या, ि दैनिक भत्ता चाहा ग	स्थान	दिनांक	समय	दिनांक	समय	यात्रा या विश्राम का प्रयोजन	विशेष विवरण
11	12	13	14	15	16	17	18			
								19	20	21

In cases where the Steamer company has two rates of fare, one inclusive and one exclusive of diet, the word "fare" should be taken to mean 'fare exclusive of diet.'

Abst		Rs.	P.	0-11	
Rail, Aeroplane or st	camer fare	1\3.	「	Contents received	
(Col. 10) Road Mile	age		ľ	i	
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Miles @	(Col. 12)	j			
days	for usida 1 7	J		Signature of the Officer	Member
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Cantion	COL 14 @ }		_		
Deduct him to a co	Total	j	i	D	ate
Deduct hire due to Go Other deductions—	overnment	- 1	ı		***************************************
	-			Appropriation for	MEMO
Ne	t Claim	- 1	- 1	II - I I	Rs. P.
Rupees (in words)			$\dashv$	Expenditure including	10.
	*****		- 1	this bill	
ABBREVIATED CL	ASSIFICATION		-	Balance.	
				Darance.	
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				****************	• • • • • •
				सचिव विधान	21917
				<u>ਰਿशि</u>	121211
	कोषाग	ार उपयं	ग	. स्ताप हेत	
खजांची/ बैंक				•	
दीजिए रु. (शब्दों में) रूपर	श			••••••••••	
·			• • • •		•••••
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				तिथि	_
				जिला	
नॉन बैंक कोषागार हेतु				<del> </del>	
	रकम पाने वाले की	रसीद		बैंक के उपयोग हेतु	
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खजांची		हस्ता	ATT		
				र्बैक मैनेजर	
<del>1111/01-2</del> 3.0	प्रमा	ण-पत्र			
प्रमाणित किया जाता है कि	-				
<ol> <li>उस दिन जिसका भर</li> </ol>	ता विधानसभा के अधि	विष्ठान ग	T <del>Ca</del> r	धानसभा की नियुक्त की हुई .	
कमेटी की बैठकों वे	निए बिल में लगाया	-3-	114	भागसम्। का नियुक्त का हुई .	•••••
2. मैंने इसी यात्रा का व	ग्रह्म स्वर्ध स्वर्ध स्वर्ध स्वर्ध	· · · · · · · · · · · · · · · · · · ·	٠	में रहा था। उपस्थिति का दैनिक भत्ता वि	
यातमी वर्ग में न	रकर खच व इसा विश	ाम या इ	सी	उपस्थिति का दैनिक भत्ता वि	त्सी अन्य
3. जिन दिनों का भत्ता	इस बिल में लगाया है	है, मैं वि	धान	सभा की सभाओं में उपस्थि	·
अस्वस्थता के कारण	ि दि 	त्य ज्ञा		ः । वयं समाजा म उपस्थि	त रहा या
4. आवश्यकतानुसार अ	न्य प्रमाण-पत्र	नल ७५१	~40	। ग्रह्म हम सका।	
^^					
<del>******</del>					
तिथि				हस्ताक्षर	

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#### सामान्य वित्तीय एवं लेखा नियम

**GA 72B** 

#### **GOVERNMENT OF RAJASTHAN**

राजस्थान सरकार

New Form No. G.A. 80

Rule 208 (4) (iii)

#### Register of Travelling Allowances for M.L.As विधायकों के यात्रा भन्तों का रजिस्टर

**GA 69** 

#### **GOVERNMENT OF RAJASTHAN**

राजस्थान सरकार

New Form

No. G.A. 81

Rule 209

#### Bill of allowances Payable to inmates of Zenana Deori and Rajmatas जनानी इयोदी एवं राजमाता के साथ निवासियों को देय भन्तों के बिल

GA 189

New Form

No. G.A. 82 Rule 212 (g)

GFAR 244 (vii)

#### **GOVERNMENT OF RAJASTHAN**

राजस्थान सरकार

(To be printed on 17x27/4)

#### Acknowledgement of permanent advance स्थायी अग्रिम की प्राप्ति स्वीकृति

No.

Dated .....

To,

The Accountant General

Rajasthan

Jaipur,

In continuation of this office memo cited above, it is hereby acknowledged that the amount of Permanent Advance due from and accountable for by myself as on the 31st March proceeding stood at Rs.

2. I took over charge of the office from Shri .....

Signature

Designation

Department

Note- 1. This acknowledgment must be forwarded to the Accountant General yearly on the 15th April and whenever transfer of charge takes

2. Para 2 should be deleted in the case of yearly acknowledgments.

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### सामान्य वित्तीय एवं लेखा नियम

**GA 106 GFAR 226 (2)** 

# **GOVERNMENT OF RAJASTHAN**

No. G.A. 83 राजस्थान सरकार

(To be printed on 17x27/8)

Rule 217 (2)

New Form

### Advice in respect of bills of Contingent charges endorsed for payment to Suplliers etc.

_	-	сег			
No. संव	ड्या	•••••		Date दिनांक	
have b ਤ	een endors गफ्को सूचित	ed in favour of the	persons n	nose particulars are g amed against each i का भुगतान उन व्यक्तिये	tem –
S. No. क्रम सं.	Bill No. Date बिल सं. व तिथि	Full particulars of the bill बिल का पूर्ण विवरण	Amount payable भुगतान योग्य रकम	Name of person in whose favour the bill is endorsed व्यक्ति, जिसके नाम बिल हो	Remarks विशेष विवरण
				:	
		•		Cia <del>stal</del> en	

Sig.	हस्ताक्षर	 	 •••••
Des.	पद	 • • • • •	 

**GA 108** GFAR 228 & 229

# GOVERNMENT OF RAJASTHAN

राजस्थान सरकार

New Form No. G.A. 84

Rule 219

(To be printed on 17x27/4) **Fully-Vouched Contingent Bill** 

परिपूर्ण आकस्मिक-व्यय बिल

बिल संख्या .				ST	ATE
जिला	का विस्तृत अन्य व्यय बिल माह तन्	माह	के व्य	य की सूच	
	*हिसाब का मद			का क्रमां	₹ <b>7</b>
उप-बाउचर का क्रमांक	व्यय का विवरण और जिस व्यय के लिए विशेष स आवश्यकता हो, उस स्वीकृति का क्रमांक एवं	वीकृति व दिनांक	की	रकम	T
	,	₹.	₫.	₹.	पै.
	योग				

- I certify that the expenditure included in this bill could not, with due 1. regard to the interest 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 on this bill. Vouchers for all sums above 25 in amount are attached to this bill save those noted below, which will be forwarded as soon as the amounts have been paid. I have as far as possible, obtained vouchers for other sums and, am responsible that they have been so defaced or multilated that they connot be used again. All work bills are annexed.
- **2. Certified that all 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.
- Certified that the purchases billed for have been received in good 3. order, that their quantities are correct and their quality 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

To be entered by drawing officer.

This certificate is required when proper store accounts of materials and stores purchased are required to be maintained.

(b) The Government servant concerned is not entitled to draw travelling allowance under the ordinary rules for the journey and 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.

Received co	ntents :			Appropriation for the current year Expenditure including this bill Amount of works bill annexed Balance available			
Signature an	_		on	Abb	previa	ted Classific	ation
Treasury/Bai Pay Rupe Examined & Accounta	ees ( entered	).		reasury u		Treasury Date Station .	Officer
For Non-Ban Paid Rs on	Treasu	ıry	Receiv on	s dischanged Rs Signa	ature	For Bank Paid Rs on Bank Seal	
Head of Account Admit			dmitted f bjected 1	or Rs.		·	
		Αι	uditor		Sı	ıpdt.	G.O.
पत्र संख्या	No CA 05						
	विभाग का	कंटि	टेनजेंट व्यय	-पत्र		जिसमें कोष से रव के लिए भेजा गया	
जिला	हिसाब का	मद			_	20 मूची का वाउचर	

उप-वाउचरों का विवरण	व्यय की विस्तृत मद (पूर्ण विवरण सहित जा और जहां विशेष आज्ञा अनिवार्य हो, वहां उ	हां आवश्यक हो) अधिकारी का उल्लेख	रकम
		₹. चै.	₹. चै.
		Carried over	

टिप्पणी- कोषाध्यक्ष इस फार्म पर जब-जब आवश्यकता हो भुगतान करेगा, परंतु प्रेषक अधिकारी को यह ध्यान रखना चाहिए कि एक माह के विस्तृत कंटिनजेंट बिल में वो तमाम रकर्मे शामिल हो जावें, जो कोषागार से उस माह में ली हों।

उप-वाउचरों का विवरण	व्यय की विस्तृत मद (पूर्ण विवरण सहित जहां आव और जहां विशेष आज्ञा अनिवार्य हो, वहां अधिका का उल्लेख हो।		रकम		
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	Brought Forward			•	
	 	योग	1		
	* :				
	काटिये :-रकम जो नियंत्रण अधिकारी ने बिल सं तिथि में से अस्वीकृत व				
	शब्दों में भुगतान योग्य				

		वित्ताय एवं लखा ग्नयम	
reg	month OT CS	er drawing this bill is respondent payment in the conting esent up with bills and sub-	
तिथि			
		<del></del>	रकम प्राप्त की प्रेषक अधिकारी
	Abbreviated cla	ssification in bold letters	×पक आधकारा
<del>*</del> / : 0	कोष	ागार उपयोग हेतु	<del></del> _
र्बैक/खजांची	दीजिए रु	•••••• शब्दों में :	रुपया
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War II()		तिथि	कोषाध्यक्ष
खजांची के लिए	रकम पाने वाले के	<u> </u>	
	(पान पान वाल क	बैंक उपयोग हे	तु
भुगतान किया रु.	भुगतान पाया	भुगतान किया रु	•••
तिथि	तिथि	तिथि	
हस्ताक्षर	हस्ताक्षर	बैंक की मुहर	मैनेजर
	For Use in Accou	intant General's Office	
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	j	or Superintendent Gazette	106
GA 110	GOVERNMEN.	T OF RAJASTHAN	
GFAR 234 & 236	राजस्थ	शन सरकार	New Form No. G.A. 86
	(To be print	ed on 22x29/8)	Rule 219
बेल संख्या	प्रमाणित रूपल्या सहितः	igned Contingent Bill स्विवरण कंटिनकेंट क्यर-पन	
रूचना :- यदि नियंत्र फार्म नं. ।	ण अधिकारी के प्रमाणित 11 काम में लाया जावे।	हस्ताक्षर रकम प्राप्त करने से पूर्व अ	भावश्यक हों, तो
	कोष में चक	ारा न होने योग्य	<u> </u>
नियंत्रण अधिव हित महालेखापाल व	गरी को ता हो ता	को शेका गणा । य	माणित हस्ताक्षर
जिला		टि व्यय-पत्र माह20	के लिये।
- '.''	हिसाब का मद		<del></del>

92 सामान्य वितीय एवं लेखा नियम

_	<b>ाउचरों</b>	व्यय का विवरण और जहां विशेष अ			रकम	
का वि	वेवरण	वहां क्रमांक और तिथि सहित अधि				4
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			Carried C	ver		
उप-व	गउचरों	व्यय का विवरण और जहां विशे	ष आज्ञा अनिवार्य	हो	रक	<del>-</del>
	वेवरण	वहां क्रमांक और तिथि सहित अ			₹.	पै.
	·	"Brought Forward				
		Rupees (in words)	Total			
		<del></del>	Drawn on Abst		· · · · · · · · · · · · · · · · · · ·	_
1.	_		Bill No. Da			İ
	in this !	bill could not, with due regard	-do-			ļ
		terests of the public service be	-do-			i
		. I have satisfied myself that the entered in this bill have been	-do-			
	really p	ਜ਼ੋਰੇ. Vouchers for all items of ੰ	Add-Amount of			ł
		this spoke were an in willoutiff,	owance refunded Bill No	from		•
		work bills are attached to the lawe, as far as possible, obtained a		c ner		1
		ers for other sums, and am.	ind to another .	s per		١
	respon	sible that they have been				
	_	ed or so defaced or mutilated				1
<b>@</b> 2.	'	y cannot be used again. I that all the articles detailed in				
<b>-</b>	the vou	chers attached to the bill and in				
		stained in my office have been	Total of this bill			
	account	ed for in the Stock Register.	LVIAL VI UIIS VIII		L	<u></u>

- 3. Certified that the purchases billed for have been received in good order, that their quantities are correct and their qualities good, that the rates paid are not in excess of the accepted and the market 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 included in this bill was actually incurred, was unavoidable and is whithin the scheduled scale of charges for the conveyance used, and
  - (b) the Government servant concerned is not entitled to draw travelling allowance 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.

Appropriation for  Expenditure including this Bill  Amount of work bills annexed  Balance available	
Dated 20	Signature of Drawing Officer
@ This certificate is required when proper stores purchased are required to be maintai	Store accounts of materials and
For use of Controlli Entered at item No of register in I Disallowed from sub-voucher Nododo- Passed for Rupees	Form GA 105.  Total of this bill
I certify that in support of every charge bill, a receipt for other voucher has been give for items in excess of Rs. 100 are attached to the receipts and vouchers for all other items form and order and are in my possession and that they cannot be again used to support clawork bills are also appended.	e of more than Rs. 25 made in this in to me. The receipts and vouchers the bill, and I am responsible that of more than Rs. 25 are in proper d that they have been so cancelled aims against the Government. All
	re of the Countersigning Officer.
For man in the A C?	- OC

GA 105 GFAR 236 & 237 GOVERNMENT OF RAJASTHAN राजस्थान सरकार

New Form No. G.A. 88

(To be printed on 17x27/2)

Rule 219 (iv)

# Register of Detailed Bills of contigent charges countersigned by

S. No	Try. Voucher No. & Date of A.C. Bill	Amount of the A.C. Bill	Bri partic for whi arno has t	ulars ch the unt been	Bill No. & date	Date of receipt of D.C. bills in the	A	tailed pproj r eac	oriati	on	Tota
1	2	3	4		5	office 6	7	8	9	10	11
Re P	sallowance -allowance articulars v b-vrs. No.	s (+) vith	Amount		amount ssed	initials of C.A.		Date of spatc	h	Rem	narks
	12		13		14	15		16	+	1	7

Note: Separate pages should be allotted for each disbursing officer whose Detailed Bills for contingent charges are scrutinised and countersigned by a Controlling Officer.

G/	172	?
CEAD	244	1.25

### **GOVERNMENT OF RAJASTHAN**

राजस्थान सरकार

New Form No. G.A. 89

Rule 221 (1)

(To be printed on 17x27/4)

Acknowledgement for making advance

अग्रिम देने के लिए प्राप्ति	च वयरबाएडड । स्वीकृति
नाम व पद कर्मचारी बिसको पेशगी चाहिए	
पेशगी का प्रयोजन	*************
व्यय का अनुमान	
रकम शब्दों व अक्षरों में	····· हस्ताक्षर क <b>र्म</b> धार
उच्च अधिकारी की सर	स्रति
पेशगी आवश्यक है और नियम	
रु से अधिक नहीं हो।	या जानुष्यूल ह, परंतु रकम
	हस्ताक्षर
	पद
आज्ञा स्वीकृत अधिक	जरी
दीजिए रु	हस्ताक्षर
	पद पद
भुगतान व वसूली	44
भुगतान पाया रु	Average Company
	भुगतान किया रु
दिनांक सहित हस्ताक्षर	दिनांकको
<b>पद</b>	खजांची
वसूल किए रु. दिनांक	को खजांची
बोट • यह वारूच गोर्ड ग्रामी का का गाए ।	Q-11-41

#### गोट : यह वाउचर पोते बाकी का भाग समझा जायेगा, जब तक वसूली न हो। सहायतार्थ टिप्पणियां

- इस पंजिका द्वारा लगातार जांच करना है कि कोषागार से बिलों पर ली हुई रकमों का गबन व दुरुपयोग न होवे और जाली बिल न प्रस्तुत हों और न उनका भुगतान होवे। पंजिका को सुरक्षित रखा जावे। प्रेषक अधिकारी को यह देखना जरूरी है कि खाना 7 से पूर्व के सब लेखों का निरीक्षण संबंधित कर्मचारी प्रतिदिन करता है और इसके प्रमाण में अपने हस्ताक्षर प्रतिदिन कर देता है।
- 2. सब बिल भुगतान के लिए भेजे जाने से पूर्व इस पंजिका में दर्ज किए जावें और यह निरीक्षणाधिकारी का कर्तव्य होगा कि कोषागार से स्वीकृत किया हुआ कोई भी बिल इस पंजिका में दर्ज होने से न रह जावे।
- 3. निरीक्षणाधिकारी शब्द में Accountant, Head Clerk व Accounts Clerk जिनको प्रेषक अधिकारी इस पंजिका के लेखों का जांच कार्य सुपुर्द करे, सम्मिलित हैं।
- 4. जब खजांची भुगतान प्राप्त करने भेजा जावे तो खाना 11 व 12 की पूर्ति जरूरी नहीं है।
- 5. प्रेषक अधिकारी इस पंजिका के लेखों पर रोकड़ बही के लेखों के साथ-साथ हस्ताक्षर करे और इस विधि का पालन दृढ़तापूर्वक किया जाये।
- विद कोषागार नान-वैंकिंग हो तो खाना 5 व 6 में लेख आवश्यक नहीं है।

GFAR 222		राजस्थान सरकार (To be printed on 17x27 full size) Register of Contingent· Expenditure	ा सरकार ∩ 17x27 f∪l igent• Exp	l size) enditure		New	New Form No. GA 91 Rule 222 (1)	GA 91
	•	आकत्मिक	आकस्मिक खर्च पंजिका			•	वर्षे	
हिं हिं	श्रेणी आकस्मिक खर्चंवभाग	विभाग						
<del></del> -	किसको भुगतान किया		विस्तृत मद व	विस्तृत मद व विस्तृत मद के उप-भाग जैसा आवश्यक हो, यदि स्वीकृत रकम	प-भाग जैसा ३	आवश्यक हो	, यदि स्वीकृ	त रकम
म् संख्या		उप-वाउचर गोशवारा					• .	-
	प्रत्येक शीर्षक के खर्चे की नीयत रकम	संख्या						
	माह ( )							
साधारण	।। विस्	बिका इकट्ठा	असाधारण खन	ल्य		Þ	1	
रकम चन्ह	न्ह ( ) लगाकर एकात्रत लिख दो बाव।		विगत र	रकम कि	P)ŧ	शि	શ્રેફ	
					न हे के हा	कि छ		<u>IV)</u> F
				िक्रिप्र म्क्राप्ति	म कक्रिए मिष्ट कि	विस्तृत वि	क क्तुन क .इ.पू. हम	न्ही <b>म</b> ह्नही

GA 112 GFAR 240

#### **GOVERNMENT OF RAJASTHAN**

राजस्थान सरकार

New Form No. G.A. 92

(To be printed on 20x26/8)

Rule 225 (1) (i)

### Bill for Service Postage Stamps सेवा डाक टिकटों के लिए बिल (Obverse)

नकद भगतान न किया जाकर जमा खर्च किया जावे

नकद मुगतान न किया जाकर			
बिल नं.	वाउचर सं	ख्या	
•	व्यय-सूची मास	20	•••••
कार्यालय का सर्विस पोस्टेज स् *हिसाब का मद विभाग	टाम्प्स का बिल मास	20	
निम्न रकर्मों के टिकट चाहिए		मूल्य	
एक रुपए वाले स्टाम्प्स पचास पैसे वाले स्टाम्प्स चालीस पैसे वाले स्टाम्प्स पच्चीस पैसे वाले स्टाम्प्स बीस पैसे वाले स्टाम्प्स पन्द्रह पैसे वाले स्टाम्प्स दस पैसे वाले स्टाम्प्स पांच पैसे वाले स्टाम्प्स यो पैसे वाले स्टाम्प्स यो पैसे वाले स्टाम्प्स एक पैसे वाले स्टाम्प्स एक पैसे वाले स्टाम्प्स		₹.	<b>पै.</b>
स्वीकृत द्रव्य का हिसाब स्वीकृत द्रव्य घटाओ व्यय :- वर्तमान बिल का योग- पिछले बिल नं का	रकम योग कुल योग शेष		

^{*}To be entered by Drawing officer

Received payment in service postage stamps, and certified that the expenditure included in this bill could not with due regard to the interest of public service be avoided, and also certified that the stamps will be used on pre-paying postage on communication bonafide on the Public service.

दिनांक	20			कार्यालयाध्यक्ष और प
	कोषा	गार के उ	पयोग हेतु	
Pay Rupees	· ( )		credit to Post	Office.
Dated	20			Treasury Officer Station
F	or use in Acc	ountant (	General's Offic	×e
Head of Account	Audit Reg	ister pag	je	
	Admitted	Rs.		
	Objected t	o Rs.		
	Reason of	objection	1	
	Auditor		Suptd.	<b>G.O</b> .

99 सामान्य वित्तीय एवं लेखा नियम

GFAR 24 GFAR 24  (To be us  Office of th	GFAR 240  (To be used only in cases in which value of the Treasury Officer	DENT FC	SOVEI R SEF h value	GA 113  GOVERNMENT OF RAJASTHAN  [To be used only in cases in which value of Stamps is paid by cheque)  In the Treasury Officer  Co be used only in cases in which value of Stamps is paid by cheque)  In the Treasury Officer  Date	ASTHAN 17X27/4) STAMPS cheque)	<u>७६₹</u> ₽	GOVERNIM (To be print) INDENT FO (To be used Office of the	ENT OF ed on 1. OR SER	GOVERNMENT OF RAJASTHAN (To be printed on 17x27/4) INDENT FOR SERVICE POSTATE S (To be used only in cases in which value of office of the Treasury Officer To	THAN STATE	GOVERNMENT OF RAJASTHAN  (To be printed on 17x27/4)  (To be used only in cases in which value of Starms is paid by cheque)  Office of the  The Treasury Officer	(1) (i)
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				Total Rs.							Total Rs.	
Cheque No. Cash Book	Cheque No. Cash Book Voucher No.	Dated Dated	2			A Tec	apt for t	he amou	nt sent he Dated	re with b	A receipt for the amount sent here with by cheque No. Dated is requested.	9
				" Å	Signature Designation						ă	Signature Designation

GA 114 GFAR

## **GOVERNMENT OF RAJASTHAN**

राजस्थान सरकार

New Form No. G.A. 94

(To be printed on 17x27/4)

Rule 225 (1) (ii)

#### Stock Register of Service Postage Stamps सेवा डाक टिकटों का स्टॉक रजिस्टर

कार्यालय	*****	स्टाम्प की द			
आमद व निर्गम की तिथि	विवरण	आमद	निर्गम	बकार	।। विशेष विवरण
GA 115 SM Para 53	GOVER	NMENT O	F RAJAST	THAN	New Form No. G.A. 95
ATIA E MEG JO	(To	राजस्थान स be printed o	Rule 225 (1) (ii)		

# Register Showing Service Postage Stamps used and their balance in hand

प्रयोग किये गये व बाकी सर्विस पोस्टेज स्टाम्प की पंजिका

नाम कार्यालय	************	••••			
प्रेषण तिथि/ रसीद	पत्र का विवरण रसीद	पत्र किसको भेजा	लगाये गये या प्राप्त टिकटों का मूल्य	बाकी स्टाम्प	विशेष विवरण

	सामा	न्य विकास १५ एखा निमन
GOVERNIMENT OF RAJASTHAN New Form No. GA 96 राजस्थान सरकार (To be: printed on 17x27/4 size)	विवरण सहित अधिकारी के हस्ताक्षर	
	यदि व्यय वसूल होना हो तो व्यक्ति का नाम व पता लिखा जावे	
	बिल स्वीकृति दिनांक	
	पूरा पता उस व्यक्ति का जिससे बात की	·
	स्थान एवं टेलीफोन नंबर	
IENT OF R राजस्थान सरकार nted on 17x runk Calls	कारण	
/ERNIM	िकस्म	
GOV (T	राज्ञकीय या व्यक्तिगत	
GA 116 SM Para 271 कोन नं	समय	
	दिनांक	
	बात करने वाले व्यक्ति का नाम	
G. SM ] कोन नं अधिक	ंमः श्रे	

New Form No. GA 100 Rule 255 (ii) Bill for Refund of Revenue राजस्य की बापसी का बिल **GOVERNMENT OF RAJASTHAN** (To be printed on 17x27/4 size) राजस्थान सरकार **GFAR 303 GA 117** 

σ. रकम जो वापस करनी ले Ŗ, राजस्व की वापसी रुपए शब्दों में योग नाम पान वाले का किए जाने की जांच के लिए कोषाध्यक्ष Refund of Revenue कोषागार में जमा के हस्ताक्षर जाने वाला रुपया शामिल था <del>.</del> रकम, जिसमें बापस किए जिसमें रकम जमा की और हिसाब की मंद नई धी ĸ. जमा की तिथि कोषागार में लेखा मद (ए) <del>,</del> जिला रकम जो जमा की गई نعو District Head of Account रकम जमा करने का प्रयोजन किसके नाम में जमा की गई

उन दशाओं में जब कि जुमीने के वापसी की आज्ञा सीधी उन कोषों या उप-कोषों को दी जाती है, जिन पर रुपया जमा नहीं कराया गया है तो कॉलम 5 के लेख में कोष या उप-कोष का नाम जिसे पर रकम जमा कराई गई है, दिया बावे और कॉलम 6 की पूर्ति जिला कोष नंबर की उप-कोष के कोषाध्यक्ष को करनी है।

(ए) यहाँ राजस्व मद का नाम अंकित करें।

प्रमाण – पत्र

प्रमाणित किया जाता है कि वापसी की यह आज्ञा विभागीय हिसाब में रजिस्टर में असल प्राप्ति इन्द्राज के सामने लिख दी गई है, जिस पर मेरे हस्ताक्षर हैं और इसी रकम की वापसी के पहले कोई और आज्ञा नहीं की गई है।

..... दिनांक ..... भुगतान के लिए स्वीकृति दी (आज्ञा नं.)

둭

हस्ताक्षर न्यायाधीश या अन्य अधिकारी

Claimant's Signature

Received Payment

स्वीकृति दी व भुगतान के लिए आदेश दिया		Claimant's Signature
रकम पाने वाले की रसीद	मु	कोषागार उपयोग हेतु
भुगतान प्राप्त किया	जांच किया	दीजिए ह.
हस्ताक्षर तिथि 20	कोषालय लेखापाल	कोषाध्यक्ष स्थान
नान-बैंक कोषागार उपयोग हेतु भुगतान दिया रु तिथि		महालेखापाल के कार्यालय के उपयोग हेतु

अस्वीकृत स्वीकृत खजांची बैंक मैनेजर बैंक उपयोग हेतु

भुगतान दिया है.

Bank Seal

सुपरिन्टेन्डेन्ट

आहेटर

GA 171	GOVERNMENT OF RAJASTHAN	New
GFAR 325 to 330	राजस्थान सरकार	
	(To be printed on 17x27/4 both sides)	
नाम कार्यालय		

New Form No. GA 102 Rule 263 (1) (a)		न की पंजिका
GOVERNMENT OF RAJASTHAN राजस्थान सरकार	(To be printed on $17x27/4$ both sides)	Register of Deposits & their Payments निक्षेप व उनके प्रतिशोधन की पंजिका
GFAR 325 to 330		नाम कार्योलय निक्षेप वर्ग

पद सं.		सव्यवहार का <del>िनांक</del>	रसीद स.	कोषागार	कोषागर में निक्षिप्त	निश्लेषक का नाम व पता तथा	त्र पता तथा	प्रत्येक निक्षेप की रकम
		<u> </u>		दिनाक	चालान स.	निक्षेप संबंधी अनावश्यक विवरण	श्यक विवरण	पु
		2		4	5	9		7
				:				
	长	प्रत्येक प्रतिशाधन की विगत	की विगत					अत्यामित जमा की
		4	1	रकम	रकम जो दी गई	प्रत्येक सञ्चवहार	सक्ष्म हस्ताक्षर	मूची में स्थानातरित
दिनाक	दिनाक अमाणक क्रम	<del>6</del>	क्तिका दिवा गया	नकद रु. पै.	स्थानांतरण द्वारा रु. पै.	જ લાલ સંતુલાન રુ. પૈ.		हान क नाह का प्रता देते हुए विशेष विवरण
∞	6		10	11	12	13	14	15

# INSTRUCTIONS :-

- Sufficient space should be left between two items for entries of subsequent repayments on Form GA 120 or GA 154.
- When a balance is treated as lapsed deposit (Form Ty. 55) red line should be drawn thereunder and subsequent repayments on Form GA 154 as passed by the Accountant General entered below it.
  - After Treasury Register of Receipts has been destroyed, the responsibility of verifying title to refund shall devolve on the departmental authority (GFAR 330). This register should always be kept in safe custody and posted upto date.
- The monthly total of receipts, entered in col. 7 in the order of their occurrence should agree with the accounts. For agreeing repayments, transactions be abstracted separately by picking up items pertaining to a month.

#### 7105

#### सामान्य वित्तीय एवं लेखा नियम

GA 120 GFAR 325

#### **GOVERNMENT OF RAJASTHAN**

राजस्थान सरकार

New Form No. G.A. 103

(To be printed on 17x27/4)

Rule 263 (c)

#### Deposit Repayment Order and Voucher अमानत वापसी की आजा व वापस

कोषागार	माह	20
बिल सं	*****	STATE
लेखाशीर्षक	••••••	वाउचर सं सूची की भुगतान
असल संख्या जमा की तिथि		नाम जमा कराने वाले का असली जमा रकम
कोषागार के	उपयोग हेतु	तिथि को
जांचा व इन्द्राज किया		अमानती रुपया
	कोषागार लेखापाल	जिसका विवरण ऊपर दिया है बाबत
	तिथि	**********
बैंक/खजांची	***************************************	प्राप्त किया।
कृपया दीजिए रु. (शब्दों	में) रुपया	
कोषा	ध्यक्ष	
तिथि	· · · · · · · · · · · · · · · · · · ·	हस्ताक्षर हकदार
खजांची उपयोग हेतु	पाने वाले की रसीद	भुगतान किया जावे श्री
रुपया दिया को	रकम प्राप्त की	रु रुपया
खजांची	हस्ताक्षर	जज, न्यायाधीश व अन्य अधिकारी
बैंक उपर	गोग हेतु	कृपया दीजिए श्री को
रुपया दिया		
तिथि	<del>}</del>	हस्ताक्षर हकदार
बैंक की मोहर	<del>9</del> 58	
	मैनेजर	महालेखापाल के कार्यालय हेतु

**GOVERNMENT OF RAJASTHAN** 

GA 155

New Form

GA 155	•	GOV	TI /I AIAIF		 ज्या			1	۸o. G	A. 104
GFAR 337				जस्थान सर		hoth s	ide	e) R	ule 26	64 (1) (v)
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नाम						_				
						कोषाग	к.	• • • • • • •		
लेन-देन की	चालान इ	त्यादि	चै. सं.	प्राप्त र	कम	भुगतान	की	बाकी		विशेष
तिथि	की सं. ि		जिनका	<b>!</b>		गई रक				विवरण
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GA 154	<u> </u>		<u></u>			LACT	J A N	:	Ne	w Form
		GO/	/ERNM				7/(1)	V	No.	G.A. 105
GFAR 230				ाजस्थान स् जंदर्भवर्त			`		Rul	e 265 (3)
		) 	To be p	nnieu i	And And	licatio	n R	. Vouc	her	
ļ	Refund	& La	psea D समानत के	eposii	<del>ει</del> πι	ofar-धन	เบล่	साउचर		
	काला	तात उ	तमानत क	वापसा	יוגומ	W41	1 44	, 410 A	•	
सेवा में,										
, _	खाकार, रा	लक्कान	·							
<del>oft</del>		•		े ने	निम्न	लिखित व	नला	तीत अम	ानत 1	जिसकी कुल
रक्ता आगा		(शब्दे	में) होती	है, की वा	पसी र	के लिए प्र	ार्थना	की है।	पैने उर	प्रकी पहचान
और रकम के	रकटार हो	ते के वि	. १, ८ षय में अप	े, ने को संता	प्ट कर	लिया है।	रका	न वापस	देने की	। स्वीकृति के
लिए आपसे	एक्स्सर एः चार्थना की	जाती है	:							_
	اجسسني سيده			बाकी रक	ए जो	काला	तीत	रकम	जो	विशेष
किस्म	<del></del>		की विगत					वापस म		ľ
अमानत	वर्ष	स	ख्या	में जमा व	1 W 1			" " "	4111 0 1991	
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# ै। 6⁷7 सामान्य वित्तीय एवं लेखा नियम

स [ [†]	ाहायता अनुदान  हेतु बाँड देखिए नियम 280 (5) (i)]	No. G.A. 106
आज दिनाक	माह	700 (2) (I)
······ पा। एक	पक्ष क	<u> </u>
अनुदानगृहाता कहा गया ह तथ	ो इस ओभेल्यक्ति ये. जहां ग्रहर्भ हता उन्हें	g
उत्तरायकारा, निष्पादक एवं प्रशास	ख शामिल होते । तथा गानुस्थान गान्त के	' <del></del> ' /
जान राज्यपाल कहा गया ह तथा	इस अभिव्यक्ति में जहां ग्रहर्भ से तेता आ	<del>16-2 = 1-2</del>
<u> ज्यारमध्यकारा एवं समनुदक्षाता ज्ञाप्त</u>	ल होंगे ) द्वितीय पक्ष के बीच एक बन्ध-एन	<del>Charles Company</del>
चूंकि राज्य सरकार न अनुद	नि गहीता (ग्राटी) को	T 15K
1646	मात्र ) अनदान सहायता के ऋष में टेने ह	ा निर्णय किया है तथा
३सका उचित रसाद प्राप्त हा गुइ ह		
एवं चूंकि अनुदान गृहीता (र	प्रांटी)राज्यु र	परकार को विञ्वसनीय
ज्यायतमा का या प्रात्तनातया प्रस्तुत	करगा।	
और अब अनुदान गृहीता	एवं जामिन स्ट	ीकृति सं
ाष्ट्रापरम विना	देष्ट अनुदान की शतों का निम्न एकार साहित	का महत्त्व क्रींने
<ol> <li>अनुदान का उपयोग उसी गया है;</li> </ol>	प्रयोजन के लिए किया जाएगा, जिसके लि	गए यह स्वीकार किया
<ol> <li>उसमें विनिर्दिष्ट लिक्षत त</li> </ol>	ारीखों की अनुपालना की जाएगी;	
<ol> <li>अव्ययित राशि, जिस कार</li> </ol>	र्म के लिए अनदान दिया गया है। उसके पर्ण ह	रोने के बाद की अक्रिक
य अग्राचाय कर दा जाएगा र	या अञ्यायत शर्ष राष्ट्रि को राम कार्न के किया	भग का बाद का अवाध अंग्राला अञ्चल <del>कवि</del>
कार हा, मजूर करत समय	सिमायोजित किया जाएगा-	
और भी चूंकि (अनदानगही	ता) मनं <del>जर्म</del>	वेन प्रशुक्त गर्न संस्कृत
रत्य राज्यविषय सम्मास्य स्वामाना का एट	। उस पर के ब्याज का अधना	र हमार एम समुपता कली गणि
नग अगरापाय राज्य सरकार का कर्न र	के लिए दायी होंगे।	
एवं चुंकि इस बोंड से उत्पन्न	। होने वाला कोई विवाद उभा का जेंक की	व्याख्या से संबंधित
चना अस्य राज्य सरकार द्वारा विनिष्	चत किए जाएगे तथा राजस्थान महस्ता कर	निर्मात अंक्षिक क्षेत्रक
श्लेक साक्य म पक्षकारा न र	भाज दिनाक	· · · · · · · · · · · · · · · · · · ·
^{सम्} का अ	पिने हस्ताक्षर किए।	
अनुदान गृहीता के हस्ताक्षर	राज्यपाल के लिए एवं उसर	की ओर से हस्ताक्षर
दिनांक	पदनाम	***************************************
	तारीख	*******
साक्षी I	साक्षी I	
साक्षी 🏻	साक्षी 🏻	
जामिनों के हस्ताक्षर		
1. (नाम व पूर्ण पता)	साक्षी ।	
2 /	साक्षी 🏻	
2. (नाम व पूर्ण पता)	साक्षी ।	
	साक्षी 🛘	

	(To be ill for Gran	राजस्थान सर printed or	i 17x27/8) ontribution		New Form No. G.A. 110 Rule 287 (a)
बिल सं लेखा शीर्षक अवधि के लिए स आपने पत्र संख्या प्राप्त हुए। (प्रतिलिपि सं	************	 न के रुपए तिथि	सूची भुगतान	ों की (शब्दों मे	को स्वीकृत किया,
तिथि 20 .	•••		हस्ताद		•
रुपयों के ति	ाए प्रतिहस्ताक्षां sification		हस्ताक्षर पद तिथि	********	•••••••••••••
दीजिए रु. जांच की कोषागार लेखापाल	·····	होष के प्रयोग	हेतु	तिथि .	कोषाधिकारी
	দ্রত	ांची के उपयो	ग हेतु	<u> </u>	
भुगतान किया रु		के उपयोग हे _{र्}	Ţ	· .	खजांची
भुगतान किया रु	de	कि की मोहर			बैंक मैनेजर
	महालेखापाल	के कार्यालय	। उपयोग हेत		- भनः नगजर
स्वीकृत रु. अस्वीकृत रु. अस्वीकृत का कारण			<del> </del>		
निरीक्षण		अधीक्षक		राज-पत्रि	त अधिकारी

#### Register of Grants-in-aid सहायता अनुदान का रजिस्टर [देखिये नियम 287 (ग)]

New Form No. G.A. 111 Rule 287 (c)

				स्वीकृति	ो प्राधिव	गरी	••••••
क्र सं.	<b>अनुदान</b> गृहीता का नाम	कुल वार्षिक अनुदान जो संदेय हो	किरतों की संख्या	स्वीकृ संख्या एवं तारीख	ति राशि	प्रयोजन जिसके लिए अनुदान स्वीकृत किया गया	कॉलम 1 से 6 तक को स्वीकृति प्राधिकारी द्वारा प्राधिकृत राजपत्रित अधिकारी द्वारा अभिप्रमाणित किया जाएगा
1	2	3	4 .	5		- 6	7 -

बिल सं. एवं तारीख	राशि	कालम 8 व 9 कालम 7 में वर्णित राजपत्रित अधिकारी द्वारा अभिप्रमाणित किए जाएंगे	स्वीकृति प्राधिकारी के लघु हस्ताक्षर मय दिनांक	दिनांक जिसको उपयोजन प्रमाण-पत्र प्राप्त हुआ	उपयोजन प्रमाण-पत्र के अनुसार ब्यौरा	जमा करायी गयी या समायोजित कराई गई अव्यतित राशि	अव्यतित अनुदान की राशि
8	9	10	11	12	13	14	15

New Form No. GA 112 Rule 291 (1) STATE	oflist for	निशेष विवरण	<b>₩</b>
- ' > :	of of	रकम जो उठाई गई	भूत भूत
AN. His		दिनों की संख्या जिसके लिए छात्रवृति मांगी गई है	Carried over
: RAJASTH कार 17x27/4 size] य/स्कूल	<u>क</u>	मासिक छात्रवृत्ति ,	
GOVERNMENT OF RAJASTHAN राजस्थान सरकार (To be printed on 17x27/4 size] न महाविद्यालय/स्कूल	लेखे का शिष्क	छात्रवृति या वृत्तिका पाने वाले विद्यार्थी का नाम	
( छात्रवृत्ति का बिल		छात्रवृत्ति या वृत्तिका का किस्म	
313	बिलनं	स्वीकृति का वर्ष	
GA 119 GFAR 313	बिलनं.	अभाक	

				XII.	1114 14	ताप एप	लखा।नयम				
	विशेष विवरण		रकम शब्दों में	under which their	the proper persons		Principal/Manager College/School		Officer		Gazetted Officer
,	रकम जो उठाई गई	Rs.		formed to the rules	have been paid to	Received payment	<b>β4</b>	For use in Treasury Rupees in (words)	Pate Treasury Officer For use in Accountant General's Office		ndent
- 0 - 0	ादना का सख्या जिसक लिए छात्रवृत्ति मांगी गई है	Brought forward	ंटाता पिंछले माह का अवितरित शेष घटाया जावे शेष जो हासिल करनी है।	n attendance, and have con	the last bill, with the exception of those refunded by deduction have been paid to the proper persons office.	R	Date	Foy Rs.	Date For use in Acco	Addmitted Rs. Objected to Rs.	Reason for objection. Auditor Superintendent
L	न।।सभ छात्रवृत्ति		 पिछले माह का शेष जो	ve been regular	exception of th	2	• .	ury/Bank Examined and Entered	Accountant	<del></del> -	Signature A
छात्रवसि या विनिक्र	पाने वाले विद्यार्थी का नाम			amed in this bill, hav	the last bill, with the office.	Countersigned for Rs.	Signature Designation Date	Treasury/Bank Examined	Payee's Discharge	Received payment on	
छात्रवृति या	वृत्तका का किस्म			sipend holders n	ipends drawn en rolls kept in my	<u> </u>	<b>E</b>	1		<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	ger
स्वीकृति का वर्ष	जीं.			I hereby cartify that the scholarship of stipend holders named in this bill, have been regular in attendance, and have conformed to the rules under which their scholarship or stipends are tenable.	cartitied also that the scholarships or stipends drawn on and their receipts taken in acquittance rolls kept in my	Abbreviated classification	STATE	For Non-Bank Treasury	For Bank On	Bank Seal	Bank Manager
क्रमांक		<del>- 1,</del>		I hereby a scholarshi	and their			For N Paid Rs	Paid Rs.	Ban	

ऋणों एवं अग्रिमों की	मंजरी हेत ब	New Form
दिखिये नियम 297	(1) (v)]	No. G.A. 113
and Bridge		No. G.A. 113 Rule 297 (1) (v
आज दिनांकमाह		न् को ए
पक्ष के(इसमें इसे आगे 'उधारगृह	ता कहा गया है	तथा इस अभिन्यक्ति में जह
संदर्भ द्वारा अपेक्षित हो, उसके वारिस, उत्तराधिकारी, निष्प	दिक एवं प्रशासक	शामिल होंगे) तथा राजस्था
राज्य के राज्यपाल (जिन्हें इसमें आगे 'सरकार' कहा गया	है तथा इस अभिव	यक्ति में जहां संदर्भ द्वारा ऐस
अपेश्वित हो, उनके पद के उत्तराधिकारी एवं समनुदेशिती श निष्पादित किया गया।	गिमल होगे)। द्वित	यि पक्ष के बीच एक बंध-प
•		
चूंकि राज्य सरकार ने (उधार गृहीता)	को ऋणी एवं ३	अग्रिम के रूप में
रुपए प्रदान किये हैं, जिसकी कि उचित रसीद प्राप्त हो गई है।		
एवं चूंकि उधारगृहीता ऋणों एवं अग्रि	मि को प्रदान करने	की शर्तों को मानेगा तथा साध
हो इनका प्रयोग उसी प्रयोजन के लिए किया जाएगा,	बिनके लिए यह	प्रदान किये गये हैं अर्थात
····· (कार्ब का नाम) के लिए उपयोजन प्रमा	<b>ण-पत्र प्रस्तुत कर</b>	दिया जाएगा।
एवं चूंकि उपरोक्त ऋण एवं अग्रिम पर	प्रतिशत प्रति	वर्ष की दर पर ब्याज देय होग
एवं चूंकि ऋणों एवं अग्रिमों की तथा उस पर ब्याज का पुनर्भुग	तान उधारगृहीता द्व	ाराकस्तों मे
अद्भवाषक आधार पर तथा भुगतान की नियत तारीख की जो	नीचे निर्धारित की	गई है, किया जाएगा। अंतिम
किस्त का भुगतान दिनांक को देय होग	TI	
मूल ऋण एवं अग्रिम		
1.		
2.		•
3.		
4.		
<b>ब्याज</b>		
1.		
2.		
3.		
4.		
एवं चूंकि (उधारगृहीता) द्वारा उपर्युक्त	वर्णित तरीके से ऋष	गों एवं अग्रिमों का पुनर्भुगतान
न करन परप्रतिशत प्रतिवर्ष की दर	पर टांटिक क्याज	रस वारीव से नियमे क
्षकाया था तथा उस ताराख तक, जिसको इसका भूगतान किया	गया है। राज्य मह	हार को सकाने के बिया राजी।
्राण तथा राज्य सरकार मूलधन का आधबकाया (अविरह्य)	राशि को दांडिक	ब्याज की राशि के साथ भू-
राजस्व/पा.डा.आर . एक्ट के अंतर्गत वसल करेगी।		-
एवं चूंकि इस बांड से कोई विवाद उत्पन्न होने पर तथा इ	स बांड की व्याख्या	के संबंध में सभी प्रश्न राज्य
चरकार द्वारा विनाश्चेत किए जाएग तथा राज्य सरकार का जिल	य अतिप्र होगा ।	
इसकी साक्षी में पक्षकारों ने आज दिनांक		माह सन
वर्ग अपने हस्ताक्ष	ार किए।	`
उधार गृहीता के हस्ताक्षर	राज्यप	गल के लिए
तारीख :		सकी ओर से हस्ताक्षर
		Ч
	तारीख	T
साक्षी सं. 1	साक्षी सं. 1	*****
साक्षी सं. 2	साक्षी सं. 2	4

GA 187

#### **GOVERNMENT OF RAJASTHAN**

New Form No. G.A. 115

**GFAR 363** 

राजस्थान सरकार (To be printed on 17x27/2)

Rule 303 (2)

#### Register of irrecoverable loans and advances written off अवसूलनीय ऋणों एवं अपलिखित अग्रिमों का रजिस्टर

वि	भाग/कार्यालय	· · · · · · · · · · · · · · · · · · ·		••						
- क्रम संख्या		खारिज की गई	185 के इन्द्राज का प्रसंग	प्रसंग आज्ञा जिससे खारिज होना स्वीकृत हुआ	जु	वसूली या होने के प तारीख वसूली	श्चात हुः	ई हो	लघु हस्ताक्षर	विशेष विवरण
1	2	3	4	5	6		7		8	9
		Rs. P					Rs. P			

GA 121	<b>GOVERNMENT O</b>	F RAJASTHAN	New Form			
GFAR 368 & 375	राजस्थान स	<b>ा</b> स्कार	No. G.A. 116			
(To be printed on 17x27/4 Green Paper) Ri Bill for Loans and Advances ऋणों व अग्रिमों हेतु बिल						
Bill No		Vouc List N	cher No			
Name Received fit particulars give	rom the Government Trea	sury the sum of Rs	as per			
Sanction No. and date	Particulars and refere authority for drawing necess	g money, where	Amount			
			Rs. P.			
	ords) Rupeesived Payment necessary Signature of payee	Designation Address				
	se the advance is payable concerned (GFAR 373)	Countersigned for Re				
party (name	t the proper receipt of the ) has been taken d filed in my office.	Signature				
<ol><li>Certified that Form GA 12</li></ol>	t the detailed accounts in 2 of Advances previously been rendered.	Designation				
	Signature esignation	Date				
Please pay to	Endorsement by	the Drawer				
whose specimen Specimen Signat	signatures are given belo ture	Signature	n			
Signature of the	payee					
Bank/Treasury	For use in Tr	·				
Pay Kupe Examined and er	es (in words)					
Accounts	•	Treasury O	THEEL			

#### Directions for Note:-

- Government accepts no responsibility for any fraud or misappropriation in respect of money made over to a messenger.
- 2. This form is to be used for drawing loans and advances described in Chapter XVII of Rajasthan General Financial & Account Rules which are classified under the debt heads 'S Deposits and advances' and 'P-Loans & Advances by the State Government'.
- 3. Subject to the fulfilment of conditions applicable to each, the bills for various classes of loans and advances can be drawn by the following for purposes mentioned against each:
  - (a) By a Gazeetted Officer

Advances on his personal account.

- (b) By a Drawing Officer
- (i) Advances for departmental purpose.
- (ii) In lump sum for disbursement to the non-gazetted staff such as advances for purchase of conveyance, house building, etc., the receipts, being taken separately and filed in the departmental office.
- (iii) Permanent advance.
- (c) By a duly authorised representative (countersigned by a competant authority.)
- Loans on behalf of a Municipality Local Fund, Panchayat or other quasipublic body.
- (d) By the party concerned (countersigned by a duly authorised Revenue or other officer.
- Revenue or other advances, duly receipted by the payer or supported by a certificate from the Collector or duly authorised officer if the receipt is taken separately for departmental record.
- (e) By a duly authorised Revenue or other officer.

Revenue or other advances in lump sum, for disbursement to individuals.

An officer disbursing Advances as per items (b-i) and (e) must render a detailed account of disbursements in Form GA 122 to the Accountant General by the end of the month following that in which the Advance was drawn.

4. Rubber stamps Indicating Major, Minor and Detailed Heads of accounts may be used for recording classification in the space provided for the purpose.

For Treasurer Paid Rs	Payee's discharge Received payment	For B Paid Rs on	
Treasurer	Signature	Bank Seal	Manager
· F	was in Assemblant Co.	11 0.00	

For use in Accountant General's Office

Classification	
	₹s
	\s

**Auditor** 

Superintendent

**Gazetted Officer** 

GOVERNMENT OF RAJAȘTHAN         New Form Nature 30           भाग         Rule 30           करण         Register of Loans & Advances ऋणों व अग्रिमों की पंजिका         Raflu वर्ष           करण         प्रतिवाद की         प्रतिवाद की         प्रतिवाद की         प्रतिवाद की         प्रतिवाद की         प्रतिवाद की         प्रतिवाद की         प्रतिवाद की         प्रतिवाद की         प्रतिवाद की         प्रतिवाद की         प्रतिवाद की         प्रतिवाद की         प्रतिवाद की         प्रतिवाद की         प्रतिवाद की         प्रतिवाद की         प्रतिवाद की         प्रतिवाद की         प्रतिवाद की         प्रतिवाद की         प्रतिवाद की         प्रतिवाद की         प्रतिवाद की         प्रतिवाद की         प्रतिवाद की         प्रतिवाद की         प्रतिवाद की         प्रतिवाद की         प्रतिवाद की         प्रतिवाद की         प्रतिवाद की         प्रतिवाद की         प्रतिवाद की         प्रतिवाद की         प्रतिवाद की         प्रतिवाद की         प्रतिवाद की         प्रतिवाद की         प्रतिवाद की         प्रतिवाद की         प्रतिवाद की         प्रतिवाद की         प्रतिवाद की         प्रतिवाद की         प्रतिवाद की         प्रतिवाद की         प्रतिवाद की         प्रतिवाद की         प्रतिवाद की         प्रतिवाद की         प्रतिवाद की         प्रतिवाद की         प्रतिवाद की         प्रतिवाद की         प्रतिवाद की         प्रतिवाद की	3A 117	F F	•••••••••••••••••••••••••••••••••••••••		1 <del>6</del> 7		  		2	71	41 to	: - ;
GOVERNIMENT OF RAJAŞTHAN  Tidievalin सरकार  (To be printed on 17x27/2 both sides)  Register of Loans & Advances ऋणों व अग्रिमों की पंजिका  (1) व्यक्ति स्वीकृति प्रत्यादेय की प्रीरदेत प्रिरंत संख्या विभरतों की तिर्थि रकम संख्या वर्षे में देय हुए ने हि. पै.	Form No. (	TALC DIMA	:	-					-		47	
GOVERNMENT OF RAJAŞTHAN  ाजस्थान सरकार  To be printed on 17x27/2 both sides)  Register of Loans & Advances ऋणों च अग्रिमों की पंजिब  तै/ व्यक्ति स्वीकृति प्रत्यादेय की तिथि रकम योग निलंबित संतुलन  संख्या विभेरतों की तिथि रकम वाग निलंबित संतुलन  उ 4 5 6 7 8 9	New	<b>Æ</b> 3	<u>역</u> 대	क्राख					- 01			
GOVERNMENT OF RAJAŞTHAN  ाजस्थान सरकार  (To be printed on 17x27/2 both sides Register of Loans & Advances ऋणों च अग्रिमों तै/ व्यक्ति स्वीकृति प्रत्याद्यकी परिदन  (पता स. व तिथि रकम विश्लों की तिथि रकम वाग निलांकेत  3 4 5 6 7 8		ने पंजिका		- अपोल को	で シスト・	संतलन	;,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		6	<b> </b>	कं क	_
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Register o	)F RAJA: सरकार	'x27/2 bc ces ऋणो		परिदेत	Г				7			
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Register o	GOVERNM	o be printed Loans & /		प्रत्वायय का	4	किर्ता की	सख्या	,	~			
/पता स. व		() Jister o	1	=		+ (e)		,		<u>च</u> च	<del>-</del>	
GFAR 364 कार्योलय/विभाग लेखों का वर्गीकरण मद नाम कर्मचारी/ व्यक्ति सं. मय पद/पता				5	111	स. व ।ताथ		٤				
GFAR 364 कार्योलय/विभा लेखों का वर्गीका मद नाम कर्म सं. मय		п Э	$\geq$	<u>- J</u>	105/07			7				
· •	GFAR 364	कार्योलय/विभा लेखों का वर्गीका	-	· :			+					

अप्रल मह जून जुलाइ अगस्त <del> </del> 13 14 15 16 17	सितवर अक्टूबर 18 19	नवबर वि	र्य नवबर   दिसकर जनवरी				7		
13 14 15 16 17	18 19			। ५वरा	माव	यम	की गंजलव	नई पाजका क	विशेष विवरण
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					·			<u> </u>	
Instructions 1 Delegan /:				1	-	7			

Balance (in red ink) in individual case each month ensures Correct recoveries. Monthly entries should be totalled by the 10th of next month to secure agreement with the monthly Schedule which should be certified by a responsible officer under his dated initials.

GA 188 GFAR 360

#### GOVERNMENT OF RAJASTHAN

New Form No. G.A. 118

राजस्थान सरकार

Rule 305 (3)

# (To be printed on 17x27/4 both sides) Annual Statement of Loans and Advances sanctioned by Rajasthan Government

	OI P	AL SOLK	Delita	Due date		Rate of		
	eceiving adva		in/	advance	sanctioned	Interest		and date of orders norising the loan/ advances
_					2	3		4
	lalance om the		ount Nced	Total	R	epayment of	princi	pal
	st year	this			instaiments due for repo the year ar instalments to earlier y	s of princips	nl Am ng re- f	paid during the year
	5	<del></del> -6		<del></del>		wise)	1	••
				7	<u> </u>	3		9
D-1			P	ayment o	f Interest			
ad\ clos	ance of vance of the of the .7 (–) C	the year	in due up year	terest for and to the under	interest received an credited to	Amount of Balance interest interest unpair credited to during revenue		Remarks (Please see note below)
	10			11	12	13		14

Submitted to the Secretary to Government, Finance Department, Rajasthan Jaipur with reference to Rule 365 of the Rajasthan General Financial and Account Rules.

Accountant General, Rajasthan Jaipur.

Note- 1. To indicate particulars of any intimation from State Government regarding steps being taken for clearance of arrears of instalments.

Note— 2. To indicate the No. and Date of intimation under which particulars of defaults were sent to sanctioning authorities by Accountant To General under Rule 365 of General Fianancial and Account Rules

GA 122 GFAR 373 & 374 GOVERNMENT OF RAJASTHAN	New Form No. G.A. 119
राजस्थान सरकार	Rule 305 (4)/
(To be printed on 17x27/4 green Paper)  Detailed Disbursement Account of Advance	310
पेशमी वितरण का विस्तत हिसाब	es

नाम कार्याल	य	•		·	रकम
बिल संख्य	ा, जिससे रकम ली	••••••	(वा. सं	तिथि	) =
11	"	***********	,,	,,	=
**	"	***********	,,	11	· =
		पेशगी	रकम का योग		
	। जो जमा की गई, चाल जो वितरित की				
		वितरण का वि	वरण		
उप-वाउचर	भुगतान की विगत	खर्चा जाब्ता	रकम् वसूल	योग	विशेष
की सं.	और स्वीकृति का प्रसंग		योग्य		विवरण

Carried over ....

*। । 9* सामान्य वित्तीय एवं लेखा नियम

उप वाउचर की सं.	भुगतान की विगत और स्वीकृति का प्रसंग	खर्चा जाब्ता	रकम वसूल योग्य	योग	विशेष विवरण
	Brought Forward		-		
	योग				· · · · · · · · · · · · · · · · · · ·
	रकम (शब्दों में) रु	• • • • • • • • • • • • • • • • • • • •	**************************************	·····	•••••

#### प्रमाणित किया जाता है

Countersigned

- (1) कि उपरोक्त वसूल योग्य पेशगी रकमों की स्वीकृति मैने दी है और उसका भुगतान मेरे सामने किया गया है,
- (2) कि इस हिसाब में सम्मिलित भुगतान असल व्यक्तियों को किया गया हैं और उनकी रसीदें (मय स्टाम्प जहाँ आवश्यकता है) प्राप्त करली है और वे मेरे कार्यालय में रखी है और
- (3) कि इन भुगतानों का इन्द्राज वसूली निगरानी वाले 'कर्म पंजिका' में कर दिया गया है।

हस्ताक्षर	हस्ताक्षर
पद र	पद
दिनांक र्	दिनांक

टिप्पणी: इस फार्म में उन पेशगियों का हिसाब देना है जिनको एक रकम में GFAR नियम 373 व 374 के अनुसार दिया गया हो या जिनको सामान्य नियम व विशेष कानून के अनुसार दिया जावे।

#### Computer Printed Salary Bills

Directions were earlier issued vide circular No. 28/2001 dated 9.11.2001 for submission of computer printed salary bills by DDOs having computer facility in their office. It has now been decided to further extend the system to all other DDOs attached with the main treasuries (not Sub Treasuries). It has also been decided to maintain Master Data (MD) of employees at the treasury level. DDOs who do not have computer facility (own or hired) in their office may get Master Data (MD) of employees and salary bills, including arrear bills, computer printed from approved Computer Service Providers (CSPs) in the open market.

Procedure for preparation and storage of Master Data (MD), preparation, submission and passing of bills as well as approval of Computer Service Providers (CSPs) in the open market is given below:—

#### 1. Preparation and Submission of Master Data (MD):

- (i) DDOs would prepare one time MD in respect of all employees posted in their office in Appendix-I and submit it alongwith the first computerised bill in a hard copy (computer printed duly signed by DDO) and a soft copy (computer floppy) to the treasury. He would also retain one hard copy as office copy.
- (ii) In the treasury, information contained in the hard copy as well as the soft copy would be compared and in case both of them tally, the soft copy will be entered in the memory of treasury computer and returned to the DDO for reuse.
- (iii) In future, whenever there is any change, whatsoever, in the MD earlier supplied, the revised information may be submitted by DDO to the treasury as indicated above. The treasury will keep on updating such information from time to time.
- (iv) Instructions given in Appendix-I should be meticulously followed by DDOs in the preparation and submission of MD.
- (v) DDOs will have the MD entered in the computer memory for use as permanent record.

#### 2. Preparation and Submission of Bills:

- (i) All salary bills including arrear bills, will be prepared on computer in the enclosed proforma. There will be two parts of the bill- Outer Sheet (Appendix II) and Inner Sheet (Appendix III).
- (ii) Inner Sheet will be prepared in a hard copy as well as a soft copy. After tallying the information of both the copies, the hard copy will be signed and retained by DDO as office copy while the soft copy will be sent to treasury for further action. Outer Sheet containing summary details of the Inner Sheet will be prepared in three hard copies, one of which after reconciliation with the Inner Sheet will be signed and retained by DDO as office copy while the

Finance Department Circular No. F. 1(3) GF&AR/2002, dated 28.5.2002.

other two signed copies, one of which to be defaced NOT FOR PAYMENT, will be sent alongwith the soft copy of the Inner Sheet to treasury for further action.

(iii) DDOs will have all the details of payments and deductions etc. entered in the computer memory for use as permanent record.

#### 3. Passing of Bills:

- (i) The treasury on receipt of soft copy of the Inner Sheet will take out a hard copy on the treasury printer and tally the information with that of the MD as also the Outer Sheet. In case any of the information does not tally, the bill will be returned to DDO for necessary correction and the bill(s) will not be passed until receipt of the correct information.
- (ii) If the information tallies, the treasury officer will authenticate the hard copy of the Inner Sheet taken out in the treasury and enclose it to the Outer Sheet duly passed and return to the DDO. The soft copy of the Inner Sheet will be entered in the memory of treasury computer and returned to the DDO for reuse. The other hard copy of the Outer Sheet defaced NOT FOR PAYMENT will be retained in the treasury for record.
- (iii) DDO on receipt of the passed bill will compare the contents of the authenticated hard copy of the Inner Sheet with those of the office copy already retained in his office and certify the authenticated copy of the treasury as correct and submit the bill to the bank for encashment.
- (iv) Since the computer of the treasury will now have all details pertaining to payments and deductions in respect of each employee, deduction schedules shall not be attached with the bills by DDOs.
- (v) Treasury will provide deduction details to the concerned accounting departments, such as State Insurance, GPF, Group Insurance, LIC, LTA section etc. etc. Such information may be sent to the concerned departments monthly or as frequently as required.
- (vi) DDOs will provide annual statement of payments and deductions to each employee in Form GA-55-A as well as in Form No. 16 for Income Tax purposes.

#### 4. Approval of Computer Service Providers (CSPs):

- (i) A committee consisting of a nominee of District Collector, not below the rank of an Additional Collector, Treasury Officer and DIO/NIC representative nominated by the state office, will approve the CSPs which meet the following requirements:-
  - (a) Computer with adequate memory and hardware capacity.
  - (b) A printer
  - (c) Requisite software
  - (d) UPS
  - (e) Technically qualified and/or experienced operators with backing of a Programmer (Programmer need not necessarily be in house).
  - (f) Financially sound.

- (ii) Sealed technical offers will be invited by advertising in local papers. Approval will be granted on the basis of their technical competence. Preference may be given to individuals trained in computer operation and fulfilling above requirements.
- (iii) A list of approved CSPs will be sent to the Director, Treasuries and Accounts, Rajasthan, Jaipur.
- (iv) An irrevocable bank guarantee for a sum of Rs. 1 lac, valid for three years from the date of submission, will be taken from approved CSPs in favour of the Treasury Officer. In case of breach of any of the conditions and/or upon receipt of a complaint from any DDO, the Treasury Officer after verification of the complaint and obtaining committee's approval, will invoke the bank guarantee and also disqualify/delist/blacklist the concerned CSP for future. The committee will hear the CSP before taking a decision.
- (v) CSP will have to use his own stationery, including Tape, CD, Floppies etc. It will be the responsibility of the CSP to ensure safe storage of data/programs in computer memory or any other electronic device, such as Tape, CD, Floppy etc. which will be the property of the DDO.
- (vi) It will be ensured that no unauthorised person has any access to data and nobody is in a position to temper with it.
- (vii) Consolidated data will be provided by CSP to DDO on request on monthly/quarterly basis or as may be required.
- (viii) DDOs will be free to patronise any of CSPs approved by the committee.
- (ix) Payments will be made directly by DDO to the CSP on monthly basis out of office expenses or from budget meant for computer hiring/purchase.
- (x) Rates payable to the CSP will be determined by the Director, Treasuries and Accounts with approval of Finance Department.
- (xi) Approval of the CSP will be initially for one year, extendable from time to time, but not more than one year at a time.
- (xii) There is no ceiling on the number of CSPs to be approved. However, the number should be adequate enough to serve all DDOs who do not have their own or hired computers.
- (xiii) NIC district office will organise familiarisation training of operators of CSPs.

#### 5. Continuance of Existing System:

Since it will take some time in switching over to the above system, the existing system of preparation, submission and passing of salary bills including arrear bills, will also continue wherever adoption of new system takes time. However, such DDOs who have computers would adopt the new proforma without delay. The treasuries would pass the computerised hard copy of bills till the hardware for new system is made available to them.

MASTER DATA OF EMPLOYEES Appendix - I DDO CODE ...... Office Name .....

Bill No. & Date ...... Month ..... year

Particulars of Bank A/c Branch Name 19 A./C No. 18 (MA9) Permanent Account No. State Insurance Policy No. 16 Pay & Pay scale Particulars of Since which date Basic Pay 14 (With Number) Pay Scale MASTER DATA (TABLE - I) Present DDO Date of Joining with Service Date of Joining in Regular Date of Birth 10 Father's/Husband's Name Sex (Male/Female). (SC/ST/OBC/GENERAL) ~ Reservation Category Category Code 9 (Permanent/Temporary) S Status Designation 4 CPF No. Name S. No.

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MASTER DATA (TABLE - II)

	Cag		1 AIC	2	State		3. Subc	Min	Clas	6. Worl	$\Xi$	(ii)	7. Othe
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27 TO D. C.	T LIC Policies	Premium (in Re)	T TOTHER (THE TOP)	Y	<b>+</b>							•	
Montas Data	Master Data of LIC Policies	LIC Policy No (s)	(a):au faun i air	"	2								
100	<u>.</u>	o N		•	7								
SN U				-	-								

		Category of Employees	Code
	1.	AIS	¥
	7	State Service	B
	e,	Subordinate Services	ບ
	4	Ministerial	Ω
	5.	Class-IV	Ш
	6.	Work Charged Employees	
*		(i) Permanent	<u>;</u> [ <u>L</u> ,
		(ii) Semi-permanent	G
	7.	Others (Specify)	н

Signature of DDO With Seal.

### Note:

- This statement (Master Data) should be submitted with the first computerised salary bill in the revised format in pursuance of circular No. 7/2002 dated 28.5.2002 and also subsequently whenever there is any change, whatsoever, in the master data i.e., to say whenever there is any addition/deletion of any name of an employee for whatever reason, and also whenever there is any change in the information earlier supplied.
- Clear & specific information must be filled-in in all the columns in respect of each employee. ď

Outer Sheet (Appendix-II Front Page)

ESTABLISHMENT PAY BILL

GF & AR Rule 150

DDO CODE (Stamp or manuscript entries of classification to be filled in by Major Head..... Sub-Major Head..... Prop-Head Minor Head ..... Group Head ..... Detailed Head Space for Classification drawing officer) District Rs. Rs. Handicapped Allowance Pay / consolidated Pay Conveyance Allowance (As per Col. 8 of Inner sheet) Others if any (Specify) Washing Allowance (A) PAYMENTS Leave Salary Spl Pay H.R.A. C.C.A Details of pay bill of PERMANENT/TEMPORARY establishment of D.A. Total (A) 10. 9 œ. ٥. Please order to pay the claim contained in this bill Signature of Drawing Officer Seal for the month of ...... 20 Bill No. ...... Date & also arrange to intimate T.V. no. & date. Signature of Expenditure up-to-date (2+3) Accountant Jr. Acctt./ The Treasury Officer, Balance Available (1-4) Previous Expenditure Amount of this Bill Budget Allocation Signature of bill clerk Ţo, 7 κi 4.

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Certified that I have personally examined and satisfied	(B) DEDUCTIONS	For Treasury Use
allowances of the employees included in this pay bill are	1. G.P.F. (Contribution + Loan)	;
strictly in accordance with rules and that the said employees	2. C.P.F.	
It is further certified that I have personally ensured	3. State Insurance (Premium + Loan + Int)	for 20
observance of all formalities regarding necessary entries in relevant record/register(s)/service book(s), as the case may	4. RPMF	Try. Code No.
be, before presenting this claim.	S. LIC	Signature of Tresuary
	6. FGA Principal	Accountant
Signature	7. FGA Interest	
(Drawing Disbursing Officer)	8. Group/Accidental Insurance	
(with Deal)	9. MCA Principel	
Category-wise Employees Covered under this bill	10. MCA Interest	
S.No. Caterogy Code No.	11. OCA Principal	
	12. OCA Interest	**·
	13. HBA Principal	
2. State Services B	14. HBA Interest	
Subortunate Services     Ministerial Services	15. HUDCO Principal	
<b>ў</b> ш	16. HUDCO Interest	
	17. HDFC Principal	

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	For Accountant General's Office	Admitted Rs.	Objected Rs.		Auditor	Superintendent	Gazetted Officer		
18. HDFC Interest	19. AHF (Conveyance)	20. AHF (HBA)	21. Income Tax	22. Profession Tax	23. House/Furniture/ Garden Rent	24. Others if any (Specify)		TOTAL (B) (As per Col. No. 21 of laner sheet)	(C) NET AMOUNT (A-B) (As per Col. No. 22 of Inner sheet)
6. Work Charged Employees	(a) Permanent F	7. Other (specify) H		Total				Note:	by the Government from time to time regarding preparation of bills should be meticulously followed by Drawing & Disbursing Officer.

126 सामान्य वित्तीय एवं लेखा नियम

Establishment Pay Bill वेतन बिल

Inner Sheet (Appendix - III)

Bill No. & Date ...... Month ...... Year payment (Col. 4 to 7) Total œ Others if any (Specify) <u>_</u> Allowances Washing Handicap. Payments Convey. ø DA HRA Pay Leave Salary Spl. Pay DDO Code ...... Office Name 4 S. No. Name and Designation GPF Number SI Policy Number With Pay Scale Total d

٦	1	<u>-</u>					
-			t payable Amount ol. 8-21)	о) И		22	
			ol. 9 to 20)			71	
			thers it any pecify)	s) O	ç	707	
			HFR House Furniture Garden		10	17	
		į	Tax Income prof.		18	2	
			AHF Conv. HBA		17		
			HBA HUDCO HDFC	_	16		
	Deductions	CHOTO	HBA TUDCO HDFC rincipal		15		_
	Dedi		MCA Principal Interest OCA Principal	]	14		
			GI AIS Accide- ntal	13	CT		
			LIC Principal (Total of Interest all premium)	12			
		aMdd	LIC Principal AIS (Total of Interest Accideal) premium)	11		_	
		18	Premium Loan Interest Total	10			
		GPF	Contr. Loan Total CPF	٧ ا			

# Notes:

# A. Instructions for preparation of soft copy by DDO:

- Pey/leave salary includes Basic pay + other allowances on which D.A. is also admissible.
- e.g. Mess Allowance (MA), Rural Allowance (RA), Residential Office Library Allowance (ROLA), Academic Allowance (AA), Project Allowance (PA), Desert Allowance (DA), Border Road Allowance In column No. 7, specific mention should be made of the nature of allowance being paid to the employee. (BRA) etc.
- In column No. 20, specific mention should be made of the nature of deduction, e.g. Recovery of Over Payment (ROP), Postal Life Insurance (PLI), etc. ω.
- Certificate to be recorded by Treasury Officer on the hard copy to be sent to DDO alongwith outer sheet (Appendix- $\Pi$ ) m

This copy has been generated in treasury on the basis of the soft copy provided by DDO. If the information contained in this copy does not tally with the office record of DDO, the bill passed may not be presented for encashment but must be returned to the Treasury. Treasury Officer

सामान्य वित्तीय एवं लेखा नियम

Total Darmonder (A		Outer Sheet (Appendix - II Back Page)
Total Layments (As per Col. No. 8 of inner sheet)	Rs.	
Deduct : Undisbursiable amount as detailed below .		FOR TREASURY USE
GPF (Contribution 1	KS.	Pay Rs.
1		(in words) Rs
2. C.P.F.		
3. State Insurance (Premium + Loan + Interest)		***************************************
4. RPMF		***************************************
JI V		As follows :
-		- STOTOL ST
6. FGA Principal		(i) In cash Rs.
7. FGA Interest		in words) Rs.
8. Group/Accidental Insurance		
9. MCA Principal		
1		
		(ii) By Transfer Credit to
11. OCA Principal		
12. OCA Interest		
13. HBA Principal		
14. HBA Interest		
15. HUDCO Principal		
16. HUDCO Interest		
17. HDFC Principal		
18. HDFC Interest		***************************************
19. AHF (Conveyance)		
20. AHF (HBA)		
21. Income Tax		***************************************
	<u></u>	***************************************

131 सामान्य वित्तीय एवं लेखा नियम

72 II TELESSION LAX			<del>-  </del>	Total Credit Rs.
23. House/Furniture/Garden Rent	n Rent			(in words) Rs
24. Others if any (Specify)			: .	
			· 	
***************************************				Examinad and antered
***************************************				
•••••			1	
TOTAL DEDUCTIONS (As per Col. No. 21	s per Col. No. 21 of inner sheet)	heet)		Accountant Treasury Officer/ATO/STO
STATE A	STATE ABBREVIATED CLASSIFICATION	ATION		Dated
1				Treasury/Sub-Treasury
DETAILS OF REF	DETAILS OF REFUND OF ABSENTEES' PAY [Rule 193(3)]	AY [Rule 15	3(3)]	Payee's discharge
Section of Establishment	Name of Incumbent	Period	Amount	Received Payment on
Total net amount required for payment (As per Col. No. 22 of inner sheet) Rs				Signature of DDO (With Seal)
Station	Signati	Signature		For Non Bank Sub-Treasury/Bank
Date 20	Designati	on of the dra (with seal)	Designation of the drawing officer (with seal)	Paid Rs.
	OGG	DDO Code		Sub-Treasury Officer/Bank Manage

#### राजस्थान सरकार वित्त विभाग (सामान्य वित्तीय एवं लेखा नियम अनुभाग)

क्रमांक: प.1(2)वित्त/साविलेनि/2005

जयपुर, दिनांक : 4-10-2016

#### आदेश

विषय : सामान्य वित्तीय एवं लेखा नियमों के खण्ड-11 में संशोधन

राज्यपाल महोदय सामान्य वित्तीय एवं लेखा नियमों के खण्ड—II में निम्न संशोधन करने के आदेश एतद्वारा प्रदान करते हैं:—

- 1. The existing New Form No. GA 36, 65, 76, 84, 85, 86, 100, 103, 105, 110 and 112 shall be substituted (as enclosed).
- 2. The existing New Form No. GA 64 shall be deleted.
- After the existing New Form No. GA 36 so amended, New Form No. GA 36A to 36O shall be inserted (as enclosed).
- 4. After the existing New Form No. GA65 so amended, New Form No. GA 65A to 65D shall be inserted (as enclosed).
- After the existing New Form No. GA 100 and 112, New Form No. GA 100A and 112A shall be inserted respectively (as enclosed).

These amendments shall be effective with effect from January 1, 2017.

आज्ञा से,

Encl.: As above Formats of New GA Forms.

﴿ ५\४\।६ ( रामावतार शर्मा ) शासन संयुक्त सचिव

प्रतिलिपि निम्नलिखित को सूचनार्थ, आवश्यक कार्यवाही एवं अपने अधीनस्थ कार्यालयाँ को सूचित करने हेतु प्रेषित है :--

- 1. निजी सचिव, राज्यपाल / मुख्यमंत्री / समस्त मंत्रीगण / राज्य मंत्रीगण ।
- निजी सचिव, मुख्य सचिव/अति मुख्य सचिव/समस्त प्रमुख शासन सचिव/समस्त शासन सचिव/ समस्त विशिष्ट शासन सचिव।
- 3. सचिव, राजस्थान विधान सभा, राजस्थान, जयपुर । 4. सचिव, लोकायुक्त सचिवालय, राजस्थान, जयपुर ।
- सचिव, राजस्थान लोक सेवा आयोग, अजमेर ।
   समस्त उप शासन सचिव/सचिवालय के समस्त अनुभाग/विभाग।
- प्रधान महालेखाकार (सिविल लेखा परीक्षा) राजस्थान, जयपुर ।
- महालेखाकार (प्राप्ति एवं वाणिज्यिक लेखा परीक्षा) / (ए एण्ड ई) राजस्थान, जयपुर ।
- 9. समस्त जिला कलक्टर/संमागीय आयुक्त ।
- 10. समस्त विभागाध्यक्ष को प्रेषित कर लेंख है कि इन संशोधनों बाबत् सभी कार्यालयाध्यक्षों/आहरण—वितरण अधिकारियों को सम्यक् रूप से जागरूक (sensitize) कराना सुनिश्चित करावें।
- 11. निदेशक, कोन एवं लेखा विभाग, राजस्थान, जयपुर इन संशोधनों बाबत् सभी संबंधित अधिकारियों को उचित रूप से जागरूक (sensitize) कराना/अनुपालना में आवश्यकतानुसार सहयोग कराना सुनिश्चित करावें।
- 12. पंजीयक, राजस्थान उच्च न्यायालयं, जोधपुर/जयपुर ।
- 13. समस्त कोषाधिकारियों को प्रेषित कर लेख है कि इन संशोधनों बाबत् सभी विभागाध्यक्ष / आहरण वितरण अधिकारियों को अपने स्तर से भी सम्यक् रूप से जागरूक (sensitize) कराएं एवं व्यावहारिक रूप से अनुपालना बाबत् आवश्यक सहयोग प्रदान करावें।
- 14. कार्मिक एवं प्रशासनिक सुधार विभाग(कोडीफिकेशन) अतिरिक्त प्रति सहित ।
- 15. पंजीयक, राजस्थान सिविल सेवा अपील अधिकरण, जयपुर ।
- 16. विधि रचना संगठन को भेजकर लेख है कि इस आदेश / परिपत्र का हिन्दी अनुवाद करवाकर इस विभाग को अविलम्ब भिजवायें तािक हिन्दी अनुवाद प्रेषित किया जा सके ।
- 17. अतिरिक्त निदेशक, वित्त विभाग को भेजकर लेख है कि वित्त (समन्वय) विभाग के आदेश संख्या प.17 (1) वित्त (समन्वय)/04 दिनांक 22.6. 2004 के क्रम में इस परिपत्र को वित्त विभाग की वेबसाइट पर प्रकाशित करवाने की व्यवस्था करावें।

मुख्य लेखाधिकारी

GA 76						New Form No. GA 36
GFAR 189			Government of Rajasthan	of Rajasthan		Rule 150 (1)
Reference No.			Salary Bill (Outer Sheet)	uter Sheet)		Month/Year:
Detailed Pay Bill of Permanent/Temporary est	of Temporary es	tablishment of :	(Office Name)			Office ID :
Bill No.: Date	ite:	DDO Code		Name of DDO:		Object Head:
Budget Head: 0000-00-000-00 NP/P	0-00 NP/P V/C	Demand No.: 00		Plan : 0.00	Non Plan: 0.00	TAN No. :
To The Treasury Officer, (Concerning T Please Order to pay Rs	(Concerning Ss.	rea	sury) as per claim contained in this bill.	==		
			Sign of Clerk	Sign of .	Sign of Jr.ACC/AAO-I/II	Sign (With Seal)/ e-Sign/ Digital Sign of DDO
Certificates:  1. The Amount claimed in this bill has not been drawn earlier.  2. It is further certified that I have personally ensured observance of all formalities regarding necessary entries.  3. The Amount of this bill is within the limits of allotted budget for the Year (Current Financial Year).  4. This bill is drawn against the Sanctioned Post(s) of this Office.	in this bill has rated that I have personal is within the I institute the Sanction	not been drawn earling on ally ensured obserminits of allotted budgoned Post(s) of this	ier. rvance of all formalit get for the Year ( <i>Cu</i> r Office.	ies regarding nece rent Financial Yea	ssary entries.	
Total Sanctioned Post: 00 (1) All India Service: 00 (2) State Service: 00 (3) Subordinate Service: 00 (4) Ministerial Service: 00 (5) Class IV: 00	1) All India Ser	vice:00 (2) State S	service: 00 (3) Subo	ordinate Service :	00 (4) Ministerial S	ervice: 00 (5) Class IV: 00
				-	į.	Sign (With Seal)/ e-Sign/ Digital Sign of DDO
Allowances		Deduction	uo		Treasury Voucher	Voucher
Allowance Name Payid	Amount	Deduction Name	Payid Amount	No.	For Treasury Use	Date : ury Use
				Pay Rs. (In words)		
				(In Cash) :		
				By B.T. Total Credit Rs.	T. Ss.	
				Auditor	AAO-1/II	Treasury Officer
					For Accountant General Office	General Office
Gross Amount :		Total Deduction:	raines Sinn-bankar frankanska kontraktora mentos samma esta esta del del del del del del del del del del	Admitted (RS.)		Objected (RS.)
Net Amount :	in a de la company de character de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company de company d	and the feedback of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of t	ARRIANTA AND AND AND AND AND AND AND AND AND AN	Auditor	Supdt.	Gaz, officer
Discussioner All contents related to this bill are provided by Head of Office/DDO and he/ she is solety responsible for it.  Groun Name:  Print Date & Time:	to this bill are p	provided by Head of O	office/DDO and he/ she	nd he/ she is solety responsib Print Date & Time:	e for it.	-

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	-	Government of Rajasthan	Rajasthan	,	New For	New Form No. GA 36
Reference No.		Salary Bill (Inner Sheet)	er Sheet)		Month/Year:	
Detailed Pay Bill of Permanent/Temporary establishment of:	t/Temporary establish	ment of: (Office Name)			Office ID:	
Bill No.: Date	: e:	DDO Code:	Name of DDO	000:	Object Head:	
Budget Head: 0000-00-000-00-00 NP/P	0-00 NP/P V/C	Demand No.: 00	Plan: 0.00	Non Plan: 0.00	TAN No. :	
S.No. GPF/PRAN No. Date Of Birth Belt No. PAN No. St. Ins. No. Pay Scale Grade Pay/DP	Name Designation EmployeeID Nominee Name(s) Date of Death (only where Payment is made to Nominee) Bank Ac. No. Aadhar No.	{Pay Allowance}	Gross	{Pay Deduction}	Sum Of Deduction	Net Total
7						
Gross Amount:		Deduction Amount	ınt :	Ž	Net Amount:	
Amount in words:						
Certificates:  Certificates:  Certificates:  Certificates:  Certificates:  Certificate that I have Personally Examined and satisfied myself about the genuineness of claim that the pay and allowance of secondance with rules and that the said employee(s) are entitled to such pay and allowance.  It is certified that no superior service has been absent either on other duty or suspension or with or without leave (except on C Noise: When the Absentee Statement accompanies the oill, this certificate should be struck out.  Certified that no leave has been granted until by reference to the applicant's Service Book Leave Account and to the Leave R admissible and that all grants of leave and departures on and return from Leave, and all period of Suspension and other duty so recorded, have been recorded in the Service Book(s) and Leave Account(s) under my attestation.  Note: Attached Absentee Statement has been checked and verified.  It is certified that Annual Verification of Service with Local Records in respect of all the incumbents (whose pays drawn in this bill has been in accupation of rent free allowance has been drawn.  So the seculation of Income Tax of all the incumbents (whose pays drawn in this bill has been droen; and dues have been death in salary bill of pay month Educany every year).  The calculation of Income Tax of all the incumbents (whose pays drawn in this bill) has been droen; and dues have been death in salary bill of pay month Educany every year).  The racluclation statement received from employee and kept in office record. (This Certificate is applicable in salary bill of pay month the Educany every year).  All required information including Bank Account Details in hits bill has been checked and verified.  Enclosures (System generated/Scanned)^:  It is certify that I have carefully examined & verified the master data of the said claim.  Enclosures (system generated to this bill are provided by Head of Office/DDO and he/she is solely responsible for it.	Certified that I have Personally Examined and satisfied myself about accordance with rules and that the said employee(s) are entitled to st it is certified that no superior service has been absent either on other Mote: When the Absentee Statement accompanies the bill, this certified that no leave has been granted until by reference to the aparanissible and that all grants of leave and departures on and returns or recorded, have been recorded in the Service Book(s) and Leave Note: Attached Absentee Statement has been checked and verified it is certified that Annual Verification of Service with Local Records it Book(s) under my attestation (This Certificate is applicable in salary it is Certified that no person, for whom House Rent Allowance has lallowance has been drawn.  The calculation of Income Tax of all the incumbents (whose pays drin in salary bill of pay month February every year).*  Income Tax Calculation statement received from employee and kep All required information including Bank Account Details in this bill hat it is certify that I have carefully examined & verified the master es (System generated/Scanned)^:  Ext. All contents related to this bill are provided by Head of (etc.).	Certified that I have Personally Examined and satisfied myself about the genuineness of claim that the pay and allowance of the employee(s) included in this pay bill are strictly in accordance with rules and that the said employee(s) are entitled to such pay and allowance.  It is conflided that in osuperior service has been absent either on other duty or suspension or with or without leave (except on Casual Leave) during the month of (from database).  Note: When the Absentee Statement accompanies the full, this certificate should be structed on with or without leave (except on Casual Leave) during the month of (from database).  Note: When the Absentee Statement accompanies the full, this certificate should be structed on the Service Book! Leave Account and to the Leave Rules applicable to him. I had satisfied myself that it was admissible and that all grants of leave and departures on and return from Leave. and all period of Suspension and other event which are required under the rules to be so recorded, have been recorded in the Service Book! and verified.  Note: Altabaced Absentee Statement has been checked and verified.  It is certified that no person, for whom House Rent Allowance has been drawn in this bill has been in occupation of rent free Government Quarters during the period for which the allowance has been drawn.  The calculation of horomer Tax of all the incumbents (whose pays drawn in this bill) has been done, and dues have been deducted from their salary. (This Certificate should be printed in salary bill of pay month Ebruary every year).  All required information including Bank Account Details in this bill has been checked and verified.  All required information including Bank Account Details in this bill has been checked and verified.  Sign (With Seal)/e-Sign/ Digital Sign of DDO)  Residuation of this bill are provided by Head of Office/DDO and he/she is solely responsible for it.	claim that the pay toe.  or with or without I is out.  k Leave Account a krestation.  cumbents (whose revery year)* I has been in occul een done, and due is Certificate is apprecified.  im.	and allowance of the employee(s) eave (except on Casual Leave) dind to the Leave Rules applicable on and other duty and other event on and other duty and other event pays drawn in this bill) completed, bation of rent free Government Question of rent free Government Question of rent free Government Question of rent free Government Question of rent free Government Question of rent free Government Question of rent free Government Question of rent free Government Question of rent free Government Question of rent free Government Question of rent free Government Question of rent free Government Question of rent free Government Question of rent free Government Question of rent free Government Question of rent free Government Question of rent free Government Question of rent free Government Question of rent free Government Question of rent free Government Question of rent free Government Question of rent free Government Question of rent free Government Question of rent free Government Question of rent free Government Question of rent free Government Question of rent free Government Question of rent free Government Question of rent free Government Question of rent free Government Question of rent free Government Question of rent free Government Question of rent free Government Question of rent free Government Question of rent free Government Question of rent free Government Question of rent free Government Question of rent free Government Question of rent free Government Question of rent free Government Question of rent free Government Question of rent free Government Question of rent free Government Question of rent free Government Question of rent free Government Question of rent free Government Question of rent free Government Question of rent free Government Question of rent free Government Question of rent free Government Question of rent free Government Question of rent free Government Question of rent free Government Question of rent free Government Question of rent free Government Question of rent free Governmen	of the employee(s) included in this pay bill are strictly in n Casual Leave) during the month of (from database).  Rules applicable to him. I had satisfied myself that it was tay and other event which are required under the rules to be his bill) completed, same has been recorded in Service ee Government Quarters during the period for which the educted from their salary. (This Certificate should be printed y bill of pay month Dec every year) *  Sign (With Seal)/e-Sign/ Digital Sign of DDO) it.	rate strictly in ratebase).  ryself that it was der the rules to be ed in Service of for which the should be printed.  Sign of DDO)
Group Name:		Prin	Print Date & Time:			

Certificates marked (*) are to be printed in the bill of respective Pay Month only.

Enclosures marked (^) are to be printed in the bill as per selection from dropdown menu according to the requirements defined under relevant rules.

GA 76			New Form No. GA 36 A
GFAR 189	Government or	Kajastnan	Kule 150 (1)
Reference No.	Salary Arrear Bill (Outer Sheet)	(Outer Sheet)	Month/Year:
Detailed Salary Arrear Bill of Permanent/Ten	Femporary establishment of: (Office Name)		Office ID:
Bill No. : Date :	DDO Code:	Name of DDO : Ot	Object Head :
dget Head: 0000-00-000-00-00 NP/P	V/C Demand No.: 00 Plan: 0.00	0.00 Non Plan : 0.00	TAN No. :
To The Treasury Officer, (Concerning Treasury) Please Order to pay Rs as p	ig Treasury) as per claim contained in this bill.		
	Sign of Clerk	Sign of Jr.ACC/AAO-I/II	Sign (With Seal)/ e-Sign/ Digital Sign of DDO
Certificates:  1. The Amount claimed in this bill has not been drawn earlier.  2. It is further certified that I have personally ensured observa  3. The Amount of this bill is within the limits of allotted budget  4. This bill is drawn against the Sanctioned Post(s) of this Off	cates:  The Amount claimed in this bill has not been drawn earlier.  It is further certified that I have personally ensured observance of all formalities regarding necessary entries. The Amount of this bill is within the limits of allotted budget for the Year (Current Financial Year).  This bill is drawn against the Sanctioned Post(s) of this Office.	ng necessary entries.	
			Sign (With Seal)/ e-Sign/ Digital Sign of DDO
Allowances	Deduction	Treasu	Treasury Voucher
Allowance Name Payid Amount	Deduction Name Payid Amount	No. For Tre	Date : For Treasury Use
		Pay Rs. : (In words) :	
		(In Cash) : (In words) :	
		By B.T. Total Credit Rs.	
		Auditor   AAO-1/11	/II Treasury Officer
		For Accounta	For Accountant General Office
Gross Amount:	   Total Deduction :	Admitted (RS.)	Objected (RS.)
Net Amount : (In words) :		Auditor Supdt.	Gaz. officer
Disclaimer: All contents related to this bill ar Group Name:	Disclaimer: All contents related to this bill are provided by Head of Office/DDO and he/she is solely responsible for it. Group Name:	solely responsible for it. & Time :	

					Governn	Government of Raiasthan	iasthan				New Form No. GA 36 A	. GA 36 A
Refer	Reference No.				Salary Arrear Bill (Inner Sheet)	ear Bill (In	ner Sheet)			Mont	Month/Year:	
Detail	ed Salary Arre	ear Bill of Pern	Detailed Salary Arrear Bill of Permanent/Temporary establishment of:	y establis		(Office Name)	ne)			Office ID :	: QI	
Bill No.		Date:		) Odd	DDO Code:		Name of DDO			Object	Object Head :	
Budge	ot Head: 0000	Budget Head: 0000-00-000-00 NP/P V/C	NP/P V/C	Dema	Demand No.: 00	Pla	Plan : 0.00	Non	Non Plan: 0.00	TAI	TAN No. :	
S.No.	<del></del>	Employee Name Designation Employee ID	Nominee Name Date of Death (only where Payment is made to Nominee Conty	Month & Year	Pay Allowance already drawn	Pay Allowance to be drawn	Difference of Gross Amount to be drawn	Gross	Pay Deduction already deducted	Pay Deduction to be deducted	Difference of Amount to be deducted	Net Amount to be paid
	Pay Basic Pay		Name of Branch/ Account No.									
<u></u>												5.
2.												
Gros	Gross Amount:		1		Deduction	Deduction Amount:				Net Amount	nt :	
Amo	Amount in words											
	Details of Prev	Details of Previous Arrear Bills for the same		period (If any):								
	S. No.	Bill No. & Date	Date	For the Month of	nth of	Amount	unt			Reason		
Certii C		cates: All required information including bank ac Certified that I have Personally Examined bill are strictly in accordance with rules ar The calculation of Income Tax of all the in The catulation of Income Tax of all the in The centry of this arread has been made in The centry of this arread parts.	cates:  All required information including bank account details in this bill has been checked and verified.  All required information including bank account details in this bill has been checked and verified.  Certified that I have Personally Examined and satisfied myself about the genuineness of claim that the pay and allowance of the employee(s) included in this bill are strictly in accordance with rules and that the said employee(s) are entitled to such pay and allowance.  The entry of this arrear has been made in sevord/relevant record(s) whose arrear drawn in this bill. (According GF&AR rule 186 & 187(2)).	t details in satisfied nut the said bents (who ice record)	this bill has b nyself about the employee(s) and rise pays draw	een checked ne genuinene: are entitled to m in this bill) F rd(s) whose a	count details in this bill has been checked and verified.  and satisfied myself about the genuineness of claim that the pay and allowance of the employee(s) included in this pay and that the said employee(s) are entitled to such pay and allowance.  roumbents (whose pays drawn in this bill) has been done, and dues have been deducted from their salary. (If any) as service record(s) whose arrear drawn in this bill. (According GF&AR rule 186 & 187(2)).	the pay and llowance. and dues h his bill. (Ao	d allowance or lave been de cording GF&	of the employ educted from AR rule 186	/ee(s) included their salary. (If & 187(2)).	in this pay any)
Enclo	iures (System ge	Enclosures (System generated/Scanned)^ :	d)^:									
2.												
								S	ign (With	Seal)/e-Sigr	Sign (With Seal)/e-Sign/ Digital Sign of DDO	n of DDO
1	Disclosing All confe	A 11		J. L Ting	UU/25 740 32	O and holche	Line I Lond of Office/DDO and he/che is colely responsible for it	scible for it				

پيم م Disclaimer: All contents related to this bill are provided by Head of Office/DDO and he/she is solely responsible for it.

Group Name:

Enclosures marked (*) are to be printed in the bill as per selection from dropdown menu according to the requirements defined under relevant rules.

GA 76			New Form No. GA 36 B
GFAR 189	. Government of	Rajasthan	Rule 150 (1)
Reference No.	DA Arrear Bill (Outer Sheet)	Outer Sheet)	Month/Year:
Detailed DA Arrear Bill of Permanent/Temporary establishment of			Office ID :
Bill No. : Date :	DDO Code:	Name of DDO:	Object Head:
dget Head: 0000-00-000-00 NP/P	V/C Demand No.: 00 Plan: 0.00	0.00 Non Plan : 0.00	00 TAN No. :
To The Treasury Officer, (Concerning T Please Order to pay Rs	g Treasury) as per claim contained in this bill.		
	Sign of Clerk	Sign of Jr.ACC/AAO-I/II	I/II Sign (With Seal)/ e-Sign/ Digital Sign of DDO
Certificates:  1. The Amount claimed in this bill has not been drawn earlier.  2. It is further certified that I have personally ensured observa  3. The Amount of this bill is within the limits of allotted budget  4. This bill is drawn against the Sanctioned Post(s) of this Off	Cates:  The Amount claimed in this bill has not been drawn earlier.  It is further certified that I have personally ensured observance of all formalities regarding necessary entries. The Amount of this bill is within the limits of allotted budget for the Year (Current Financial Year).  This bill is drawn against the Sanctioned Post(s) of this Office.	ng necessary entries. a' Year).	
			Sign (With Seal)/ e-Sign/ Digital Sign of DDO
Allowances	Deduction	Treas	Treasury Voucher
Allowance Name Payid Amount	Deduction Name Payid Amount	No.	Date : For Treasury Use
,		Pay Rs. : (In words) :	
	,	(In Cash) : (In words) :	
		By B.T. Total Credit Rs.	
		Auditor	AAO-I/II Treasury Officer
		For Accou	For Accountant General Office
Gross Amount :	Total Deduction :	Admitted (RS.)	Objected (RS.)
Net Amount : (In words) :		Auditor Supdt.	dt. Gaz. officer
Disclaimer: All contents related to this bill are Group Name:	Disclaimer: All contents related to this bill are provided by Head of Office/DDO and he/she is solcly responsible for it.  Group Name:	solely responsible for it. & Time :	
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Reference No.  Detailed DA Arrear Bill of Permanent/Temporary establishment of: Office Name)  Budget Head: O000-00-00-00 NpP V/C  SNo. GPF No. Name Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate Payicate			Governme	Government of Rajasthan	asthan				New Form No. GA 36 B	. GA 36 B
any establishment of: (Office Name)  DDO Code:  Demand No.: 00  Plan: 0.00  Non Plan: 0.00  TAN No.:  Month Pay Gross  Amount Deduction Amount to be drawn  Amount to details in this bill has been checked and verified.  Deduction Amount:  Deduction Amount:  Deduction Amount:  Deduction Amount to astisfed myself about the ganulnenses of claim that the pay and allowance of the employee(s) included in this bill are strictly on database) & Date (from database) and that the said employee(s) are entitled to such pay and allowance.  Sign (With Seal)/e-Sign/ Digital Sign			JA Arrear	Bill (Inne	· Sheet)			Month/Y	ear:	
DDO Code:    Damand No.: 00   Plan: 0.00   Non Plan: 0.00   TAN No.:	of Permanent/Temporary	establishme	ent of: (O	ffice Name)				Offic	se ID :	
Temand No.: 00 Plan: 0.00 Non Plan: 0.00 TAN No.  me Month Pay Pay Difference of Gross Amount Deduction Amount to declared may and allowance of the emptoyee(s) included in this bill are strictly not the said claim.  Deduction Amount:  Deduction Amount:  Deduction Amount:  Deduction Amount:  Deduction Amount:  Deduction Amount:  Deduction Amount:  Deduction Amount:  Deduction Amount:  Deduction Amount:  Deduction Amount:  Deduction Amount:  Deduction Amount:  Satisfied myself about the genuineness of claim that the pay and allowance of the emptoyee(s) included in this bill are strictly and elebase) & Date (from databases) and that the said employee(s) are entitled to such pay and allowance.  I relevant records whose arrear drawn in this bill. (According GF&AR rule 186 & 187(2)).  Sign (With Seal)/e-Sign/ Digital Sign	Date:	D DDO C	ode:		Name of DD(			Objec	t Head :	
muster Name Name Name Name Name Name Name Name	00-000-00-00 NP/P V/C	Deman	d No.: 00	Pla	n : 0.00	Non	Plan : 0.00		N No. :	
nk account details in this bill has been checked and verified.  In and satisfied myself about the genuineness of claim that the pay and allowance ar No. (from database) & Date (from database) and that the said employee(s) are entity made in relevant records whose arrear drawn in this bill. (According GF&AF) amined & verified the master data of the said claim.	ee ID	Month & & Year Year	Pay Allowance already drawn	Pay Allowance to be drawn	Difference of Gross Amount to be drawn	Gross Amount	Pay Deduction already deducted	Pay Deduction to be deducted	Difference of Amount to be deducted	Net Amount to be paid
Deduction Amount:  National and verified.  In made in relevant records whose arrear drawn in this bill. (According GF&AF amined & verified the master data of the said claim.										
Deduction Amount:  Ne account details in this bill has been checked and verified.  Inned and satisfied myself about the genuineness of claim that the pay and allowance for (from database) & Date (from database) and that the said employee(s) are entity made in relevant records whose arrear drawn in this bill. (According GF&AF amined & verified the master data of the said claim.										
nk account details in this bill has been checked and verified.  nined and satisfied myself about the genuineness of claim that the pay and allowance are No. ( <i>from database</i> ) & Date (from database) and that the said employee(s) are entity made in relevant records whose arrear drawn in this bill. (According GF&AF amined & verified the master data of the said claim.			Deduction	Amount:				Net Amou	mt :	
amined & Vernied the master data of the sald claim.	rmation including bank account de ave Personally Examined and sati n rules and FD Circular No. (from c	ails in this bill P sfied myself abv atabase) & Dat evant records	as been chec out the genuin e (from databis)	ked and verifie neness of claim ase) and that the ar drawn in the	d. that the pay and se said employee iis bill. (Accordi	allowance o	f the employeed to such payrule 186 & 1	e(s) included it y and allowanc 187(2)).	this bill are strict	i vi
	it i nave careruily examined a ve	med the mast	er data or the	said ciaim.						
Sign (With Seal)/e-Sign/ Digital Sign of DDO	nerateu/Scanned)									
						5,	Sign (With	Seal)/e-Sig	n/ Digital Sig	of DDO

Enclosures marked (^) are to be printed in the bill as per selection from dropdown menu according to the requirements defined under relevant rules.

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GA 76 GEAR 189	Government of Rajasthan	Rajasthan	New Form No. GA 36 C Rule 150 (1)
Reference No.	Surrender Bill (Outer Sheet)	Outer Sheet)	Month/Year:
Detailed Surrender Bill of Permanent/Temporary establishment of :	: (Office Name)		Office ID:
Bill No.: Date: DDO Code:	Na	Name of DDO:	Object Head:
Budget Head: 0000-00-000-00-00 NP/P V/C Demand No.: 00	: 00 Plan : 0.00	0.00 Non Plan : 0.00	TAN No.:
To The Treasury Officer, (Concerning Treasury) Please Order to pay Rs	easury) as per claim contained in this bill. Sign of Clerk	Sign of Jr.ACC/AAO-I/II	Sign (With Seal)/ e-Sign/
Certificates:  1. The Amount claimed in this bill has not been drawn earlier.  2. It is further certified that I have personally ensured observance of all formalities regarding necessary entries.  3. The Amount of this bill is within the limits of allotted budget for the Year (Current Financial Year).  4. This bill is drawn against the Sanctioned Post(s) of this Office.	barlier. bservance of all form budget for the Year his Office.	malities regarding necessary (	Digital Sign of DUO
			Sign (With Seal)/ e-Sign/ Digital Sign of DDO
Allowances Deduction		Treasury	Treasury Voucher
Allowance Name Payid Amount Deduction Name I	Payid Amount	No. For Trea	Date: Por Treasury Use
		Pay Rs. : (In words) :	
		(In Cash) : (In words) :	
		By B.T. Total Credit Rs.	
		Auditor AAO-I/II	Treasury Officer
		For Accountan	For Accountant General Office
Gross Amount : Total Deduction :		Admitted (RS.)	Objected (RS.)
Net Amount : (In words) :	FRANCISCO LINE OF SECULO MATERIAL SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND THE SECTION AND	Auditor Supdt.	Gaz. officer
Disclaimer: All contents related to this bill are provided by Head of Office/DDO and he/she is solely responsible for it.	fice/DDO and he/she is solely re Print Pate & Time	solely responsible for it.	

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Reference No. Detailed Surre Bill No.: Budget Head: S.No. GPE	c			•			
Bill No.: Budget Head S.No. GP	i		Surrender Bill (Inner Sheet)	Inner Sheet)		Month/Year:	
Bill No. : Budget Head S.No. GP Da	ender Bill of Perm	Detailed Surrender Bill of Permanent/Temporary establishment of:	blishment of: (Office Name)	me)		Office ID:	
Budget Head S.No. GP Da Be	Date:		DDO Code :	Name of DDO	: 00	Object Head :	
	Budget Head: 0000-00-000-00 NP/P V/C		Demand No. : 00	Plan : 0.00	Non Plan : 0.00	TAN No.:	
PA St. Pa Ba Gr.	GPF/PRAN No. Date of Birth Belt No. PAN No. St. Ins. No. Pay Scale Basic Pay Grade Pay/DP	Name Designation Employee ID Bank Ac. No. Aadhar No. Sanction No./Date	{Pay Allowance}	Gross	{Pay Deduction}	Sum Of Deduction	Net Total
2.							
For the Fina	For the Financial Year of:						
Gross Amount:	unt :		Deduction Amount:	nt :	4	Net Amount:	
Amount in words:	words:						
Certificates: 1. All req 2. Certifice employ	s: equired informal lified that I have aloyee(s) include	tion including bank ac Personally Examined ed in this bill are strictl	tificates:  1. All required information including bank account details in this bill has been checked and verified.  2. Certified that I have Personally Examined and satisfied myself about the genuineness of claim that the pay and allowance of the employee(s) included in this bill are strictly in accordance with rules and that the said employee(s) are entitled to such pay and	has been chec out the genuir es and that th	cked and verified. neness of claim that the e said employee(s) are	e pay and allowand entitled to such p	ice of the
3. Enc.	enowance. Encash of above leave has been at is certify that I have carefully	ave has been entered ave carefully examin	directives. Encash of above leave has been entered in Service Book of employee(s) with RED lnk. It is certify that I have carefully examined & verified the master data of the said claim.	oloyee(s) with lier data of the	RED Ink. said claim.		
Enclosures (Sy 1. 2.	Enclosures (System generated/Scanned)^ : }.	nned)^:					

Group Name: Enclosures marked (^) are to be printed in the bill as per selection from dropdown menu according to the requirements defined under relevant rules.

Reference No.  Detailed Surrender Arrear Bill of Permanent/T 3ill No.: Date:	emporary establishm		r Bill (Outer St	neet)	Month/Year
Surrender Arrear	emporary establish		,	/	
Bill No. : Date :	DDO Code	ment of: (Office Name)	(ame)		Office ID :
			Name of DDO:		Object Head:
Budget Head: 0000-00-000-00 NP/P V/C	Demand No.: 00		Plan : 0.00	Non Plan : 0.00	TAN No. :
To The Treasury Officer, (Concerning Treasury) Please Order to pay Rs as pa	reasury) as per claim o	easury) as per claim contained in this bill.	E		
		Sign of Clerk	Sign of	Sign of Jr.ACC/AAO-I/II	Sign (With Seal)/ e-Sign/ Digital Sign of DDO
Certificates:  1. The Amount claimed in this bill has not been drawn earlier.  2. It is further certified that I have personally ensured observance of all formalities regarding necessary entries.  3. The Amount of this bill is within the limits of allotted budget for the Year (Current Financial Year).  4. This bill is drawn against the Sanctioned Post(s) of this Office.	en drawn earlier. ensured observance of allotted budget for the Post(s) of this Office.	of all formalities regar	rding necessary eni	ries	
					Sign (With Seal)/ e-Sign/ Digital Sign of DDO
Allowances	Deduction			Treasury Voucher	oucher
Allowance Name Payid Amount D	Deduction Name	Payid Amount	NO.	For Treasury Use	Date : ur <u>v Use</u>
			Pay Rs. (In words)		
			(In Cash)		
			By B.T. Total Credit Rs.	7. Ss.	
			Auditor	AAO-1/11	Treasury Officer
				For Accountant General Office	Seneral Office
Gross Amount :	Total Deduction :	designations provided and experience of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second	Admitted (RS.)		Objected (RS.)
Net Amount : (In words)	enspirar und des solutions des solutions des solutions des solutions des solutions des solutions des solutions	skilikjankunistifikasjanistioneritiesi, ekunekanakanakanistioneritiesi,	Auditor	Supdt.	Gaz. officer

					Governmer	Government of Rajasthan	an			New Form No. GA 36 D	o. GA 36 D
Refer	Reference No.			Surre	inder Arrea	Surrender Arrear Bill (Inner Sheet)	Sheet)		Mont	Month/Year:	
Detail	ed Surrender A	Vrrear Bill of Pel	Detailed Surrender Arrear Bill of Permanent/Temporary establishment of :	ary establish		(Office Name)			Off	Office ID :	
Bill No. :	. :	Date:		DDO Code:		Name of DDO:	: 000		(qO	Object Head:	
Budg	st Head: 0000-	Budget Head: 0000-00-000-00-00 NP/P	NP/P V/C	Demand No.: 00	00::00	Plan : 0.00	Z	Non Plan : 0.00		TAN No. :	
S.No.		Employee Name	Name of Bank/ Name of Branch/	Pay Allowance	Pay Allowance	Difference of Gross Amount	Gross	Pay Deduction	Pay Deduction	Difference of Amount to be	Net Amount to
	St. Ins. No. PayScale Dp/Grade Pay Basic Pay	Designation Employee ID	Account No.	already	to be drawn	to be drawn		already	to be deducted	deducted	be paid
2.											
Gros	Gross Amount:			Dec	Deduction Amount	vunt :		•	Net Amount	ount :	
Amo	Amount in words:										
	Details of Previ	ous Arrear Bills f	Details of Previous Arrear Bills for the same period (If any):	(If any):							
	S. No.	Bill No. & Date	Ð	Amount			Reason				
Cert	Certificates :										
- 2		formation includi I have Personally	All required information including bank account details in this biil has been checked and verified. Certified that I have Personally Examined and satisfied myself about the genuinehess of claim that the pay and allowance of the employee(s) included in this bill	etails in this b	ill has been ch about the genu	ecked and verifie ineness of claim	ed. I that the pay	/ and allowan	ce of the emp	oloyee(s) included	I in this bill
რ•		accordance with his arrear has be	are strictly in accordance with rules and that the said employee(s) are entitled to such pay and allowance.  The entry of this arrear has been made in relevant record(s) whose arrear drawn in this bill. (According GF&AR rule 186 & 187(2))	said employee it record(s) wh	e(s) are entitled hose arrear dra	I to such pay and	d allowance.	8AR rule 18	3 & 187(2)).		
<del>-</del>		iat i nave careru	it is certify that i have carerully examined & vermed the master data of the said Gialm.	rmed the ma	aster data of t	ne sald cialin.		;			
								V) ugis	/ith Seal)/e-	Sign (With Seal)/e-Sign/ Digital Sign of DDO	ign of DDO
Discla	Disclaimer: All conter Group Name:	nts related to this	Disclaimer: All contents related to this bill are provided by Head of Office/DDO and he/she is solely responsible for it. Print Date & Time	y Head of Of	fice/DDO and	nd he/she is solely re Print Date & Time	responsible f	or it.			
5	JYamiro .				1	IIII Law or 1111					

Enclosures marked (^) are to be printed in the bill as per selection from dropdown menu according to the requirements defined under relevant rules.

GFAK 189	0	Government of Rajasthan		New Form No. GA 36 E Rule 150(1)
Reference No.		Bonus Bill (Outer Sheet)		Month/Year:
Detailed Bonus Bill of Permanent/Temporary establishment of:		(Office Name)		Office ID :
Bill No.: Date:	DDO Code:	Name of DDO		Object Head :
Budget Head: 0000-00-000-00-00 NP/P	P/P V/C Demand No.: 00	.: 00 Plan: 0.00	Non Plan: 0.00	TAN No.:
The Treasury Officer, (Concerning Treasury) Please Order to pay Rs as p	erning Treasury)	y) per claim contained in this bill.		
		Sign of Clerk Sign	Sign of Jr.ACC/AAO-I/II	Sign (With Seal)/ e-Sign/ Digital Sign of DDO
<ol> <li>The Amount of this bill is v</li> </ol>	within the limits of allotted t	The Amount of this bill is within the limits of allotted budget for the Year (Current Financial Year).	ancial Year).	Sign (With Seal)/ e-Sign/
	Bonus		Treasury Voucher	her
ror Financial Tear Allowances	Deduction	No.		Date:
ć	; ;		For Treasury Use	ise
Allowance Fayld Amount Name	Deduction Payid Name	Amount Pay Rs. : (In words) :		
		(In Words) :		
		By B.T. Total Credit Rs.		
		Auditor	AAO-I/II	Treasury Officer
			For Accountant General Office	eral Office
Gross Amount :	Total Deduction :	Admitted (RS.)	(:0	Objected (RS.)
Net Amount : (In words) :		Auditor	Supdt.	Gaz. officer

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			Government of Rajasthan	f Rajasthan		Ne Ne	New Form No. GA 36 E
Reference No.	No.		Bonus Bill (Inner Sheet)	ner Sheet)		Month/Year:	ear:
Detailed Br	onus Bill of Permanen	t/Temporary establishr	Detailed Bonus Bill of Permanent/Temporary establishment of: (Office Name)			Office ID :	D:
Bill No. :	Date:		DDO Code :	Name of DDO:		Object Head	ad:
Budget He	Budget Head: 0000-00-000-00 NP/P	N/C	Demand No.: 00	Plan: 0.00	Non Plan: 0.00	TAN No.:	
S.No.	GPF/PRAN No. Date of Birth Belt No. SI No. PAN No. PayScale Basic Pay Grade Pay/DP	Name Designation Employee ID Bank Account No.	Pay Allowance	Gross	Pay	Sum of Deductions	Net Amount
Gross Amount:	tount:		Deduction Amount :	unt:		Net Amount	]   
Amount in words	n words :						
Certificates: 1. Certificates: include emplo neces: 2. All req 3. It is co	cates: Certified that I have personally eximingly eximingly equipments in this bill are strictly in employee(s) are entitled to such Enecessary entries.  All required information including Et is certify that I have carefully etc.	ersonally examined are strictly in accordared to such Bonus. In including Bank Acceptant of ecarefully examine	<ul> <li>tificates:</li> <li>1. Certified that I have personally examined and satisfied myself about the genuineness of claim that the Bonus Bill of the employee(s) included in this bill are strictly in accordance with rules and FD circular no. (from Database)&amp; date (from Database) and that the said employee(s) are entitled to such Bonus. It is further certified that I have personally ensured observance of all formalities regarding necessary entries.</li> <li>2. All required information including Bank Account Details in this bill has been checked and verified.</li> <li>3. It is certify that I have carefully examined &amp; verified the master data of the said claim.</li> </ul>	out the genuiner circular no. (fro t I have persons has been check er data of the si	ness of claim that the man Database)& date the sured obserted and verified.	the Bonus Bill o ( <i>from Database</i> ) vance of all fon	of the employee(s) and that the said malities regarding
Enclosures (	Enclosures (System generated/Scanned)^ : 1. 2.	; _~ (pa			Sign (With	Seal)/ e-Sign/ Di	Sign (With Seal)/ e-Sign/ Digital Sign of DDO
Disclaimer. A Group Name	All contents related to 1	this bill are provided by l	Disclaimer. All contents related to this bill are provided by Head of Office/DDO and he/she is solely responsible for it. Group Name:	nd he/she is solely respon Print Date & Time:	sible for it.		
Enclosur	es marked (^) are to be prin	nted in the bill as per selecti	Enclosures marked (^) are to be printed in the bill as per selection from dropdown menu according to the requirements defined under relevant rules.	ding to the requiremen	its defined under relevan	nt rules.	

GA 76		400000000000000000000000000000000000000		New Form No. GA 36 F
GFAR 189	GOVE	Government of Rajastnan		Rule 150(1)
Reference No.		eave Encashment Bill (Outer Sheet		Month/Year:
Detailed Leave Encashment Bill of Permanent	anent establishment of: (Office Name)	ime)	Office ID	
Bill No.: Date:	DDO Code:	Name of DDO:	:	Object Head:
1get Head: 0000-00-000-00 NP/P	V/C Demand No.: 00	Plan: 0.00	Non Plan : 0.00	TAN No. :
To The Treasury Officer, (Concerning T Please Order to pay Rs	ing Treasury) as per claim contained in this bill.	n this bill.		
		Sign of Clerk Si	Sign of Jr.ACC/AAO-I/	D-I/ Sign (With Seal)/ e-Sign/ Digital Sign of DDO
Certificates: 1. The Amount claimed in this b 2. It is further certified that I hav	cates: The Amount claimed in this bill has not been drawn earlier. It is further certified that I have personally ensured observance of all formalities regarding necessary entries.	e of all formalities regar	ding necessary e	ntries.
				Sign (With Seal)/ e-Sign/ Digital Sign of DDO
Allowances	Deduction		Treasury Voucher	ther
Allowance Name Payid Amount	Deduction Name Payid Amount	ON	For Treasury Use	Date :
		Pay Rs. : (In words) :		
		(In Cash) : (In words) :		
		By B.T. Total Credit Rs.		
		Auditor	AAO-I/II	Treasury Officer
			For Accountant General Office	eral Office
Gross Amount:	Total Deduction :	Admitted (RS.)		Objected (RS.)
Net Amount : (In words) :		Auditor	Supdt.	Gaz. officer
Disclaimer: All contents related to this bill are provided by Head of Office/DDO and he/she is solely responsible for it.	are provided by Head of Office/DDO an	nd he/she is solely responsibl	e for it.	

				Government of Rajasthan	nt of Raja	asthan		New Forr	New Form No. GA 36 F
Reference No.	ce No.		Leave	Encashm	ent Bill (II	Leave Encashment Bill (Inner Sheet)		Month/Year:	
Detailed	Leave Encashm	Detailed Leave Encashment Bill of Permaner	ment establishment of :	î: (Отісе Name)	iame)		Office ID	:Q:	
Bill No. :		Date:	DDO Code		Naı	Name of DDO:		Object Head :	
Budget	Head: 0000-00-0	Budget Head: 0000-00-000-00 NP/P V/C	V/C Demand No.: 00	10.:00	Plan: 0.00		Non Plan: 0.00	TAN No.:	
S.No.	GPF No.	Employee	Nominee Name	No. of	Basic	Pay	Gross	Pay	Net
	St. Ins. No.	Name Designation	Name of Branch/	leaves to	Fay	Allowance	Amount	Deduction	Amount
	PayScale	Employee ID	Account No.	enchased					
	Dp/Grade Pay	Sanction No./Date		(days)					
; [									
2.									
Date of	Date of Retirement/Death:		(To be filled by DOO)				-		
Gross 4	Gross Amount:	٦I		Deduction Amount	mount :			Net Amount	
Amoun	Amount in words:								
Certificates:	cates:	All cacanage of contra	cates:	float myself	od todo	o o o o o o o o o o o o o o o o o o o	dt todt miclo	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Bill of the
:	employee(s) ir Encashment B	employee(s) included in this bill Encashment Bill. It is further cert	ecrimes that thave personally examined and satisfied in secondance with rules and that the said employee(s) are entitled to such Leave Encashment Bill. It is further certified that I have personally ensured observance of all formalities regarding necessary entities in	ccordance v	with rules	are strictly in accordance with rules and that the said employee(s) are entitled to such Leave tiffed that I have personally ensured observance of all formalities regarding necessary entries in	id employee(	(s) are entitled to	such Leave
	relevant record	// register(s)/ ser	relevant record/ register(s)/ service book as the case may be, before presenting this claim. All required information including Bank Account Details in this bill has been checked and w	ise may be,	before pre	the book as the case may be, before presenting this claim.  Bank Account Details in this bill has been checked and verified	n. verified		
i က်	It is certify the	It is certify that I have carefully		rified the m	aster dat	examined & verified the master data of the said claim.	m.		
Enclosur	Enclosures (System generated/Scanned)^ :	ed/Scanned)^:							,
2,									
							Sign (With Se	Sign (With Seal)/ e-Sign/ Digital Sign of DDO	Sign of DDO
Disclain	ner. All contents re	lated to this bill are	Disclaimer. All contents related to this bill are provided by Head of Office/DDO and he/she is solely responsible for it.	office/DDO and	d he/she is s	olely responsible for	it.		
Group Name	ame:			F	Print Date & Time	Time:			
Enclo	sures marked (^) are	to be printed in the b	Enclosures marked (^) are to be printed in the bill as per selection from dropdown menu according to the requirements defined under relevant rules.	opdown menu a	ccording to tl	he requirements defined	l under relevant n	ules.	-

Reference No.  Detailed Leave Encashment Bill of Permanent establishment of:  Bill No.  Budget Head: 0000-00-000-00 NP/P V/C  Demand Nc	Government of Rajasthan	Rajasthan	 	New Form No. GA 36 G Rule 150(1)
No. : Date : U000-000-000-00 NP/P V/C	Leave Encashment Arralishment of: (Office Name)	Leave Encashment Arrear Bill (Outer Sheet)	Mon Office ID	Month/Year:
lget Head: 0000-00-000-00-00 NP/P V/C		Name of DDO:		Object Head:
	Demand No.: 00	Plan: 0.00 No	Non Plan: 0.00	TAN No.:
The Treasury Officer, (Concerning Treasury) Please Order to pay Rs as p	sury) as per claim contained in this bill.		MLOAA/OOA il jo nois	Sign (Mith Coal)
	io ligio		HOOFFO-IIII	Digital Sign of DDO
<ul><li>Certificates:</li><li>1. The Amount claimed in this bill has not been drawn earlier.</li><li>2. It is further certified that I have personally ensured observa</li></ul>	oeen drawn earlier. ly ensured observance	en drawn earlier. ensured observance of all formalities regarding necessary entries.	g necessary entrie	ķ
				Sign (With Seal)/ e-Sign/ Digital Sign of DDO
Allowances	Deduction		Treasury Voucher	
Allowance Name Payid Amount Deduction I	Deduction Name Payid Amount	NO.	For Treasury Use	Date:
		Pay Rs. : (In words) :		
		(In Cash) : (In words) :		
		By B.T. Total Credit Rs.		
		Auditor	AAO-I/II	Treasury Officer
		For A	For Accountant General Office	Office
Gross Amount : Total Deduction :	tion:	Admitted (RS.)		Objected (RS.)
Net Amount : (In words) :	ender orderen er forest de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la ferrancia de la	Auditor	Supdt.	Gaz. officer
Disclaimer: All contents related to this bill are provided by		Head of Office/DDO and he/she is solely responsible for it. Print Date & Time:	ır it.	

					Governme	Government of Rajasthan	nan			New Form No. GA 36	o. GA 36 G
Reference No.	nce No.			Leave E	ncashment	Leave Encashment Arrear Bill (Inner Sheet)	Inner She	et)	2	Month/Year:	
Detaile	d Leave Encas	Detailed Leave Encashment Bill of Permanent		establishment of:	: (Office Name)	ame)			Office ID:		
Bill No.		Date:		DDO Code		Name of DDO :	f DDO :		ð	Object Head :	
Budget	Head: 0000-0	Budget Head: 0000-00-000-00 NP/P	NP/P V/C	Demand No.: 00	10.:00	Plan: 0.00	ž	Non Plan: 0.00		TAN No. :	
S.No.	GPF No.	Employee	Nominee Name	Pay	Pay	Difference of	Gross	Pay	Pay	Difference of	Net Amount to
	St. Ins. No.	Designation	Name of	already	to be drawn	to be drawn		already	to be	deducted	be paid
_	PayScale   Dn/Grade	Employee ID	Account No.	grawn				deducted	deducted		
	Pay Racio Pay	No./Date									
1-	Tage of										
,											
.,											ŀ
Date	Date of Retirement/Death:	/Death:									
Payab	le on or after	Payable on or after (date): ( $r_0$ be filled by	(To be filled by DDO)	_							
Gross	Gross Amount:				Deduction Amount:	mount :			Net /	Net Amount:	
Amon	Amount in words:										
	Details of Previ	ous Arrear Bills	Details of Previous Arrear Bills for the same period (If any):	l (If any):							
_	oN N	Bill No. & Date	9	Amount			Reason			Τ-	
	- satisfyan				-					7	
	Certified th	at I have pers	cates . Certified that I have personally examined and satisfied myself about the genuineness of claim that the Leave Encashment Arrear Bill	ed and satis	sfied myself	about the gen	uineness c	of claim tha	at the Leave	e Encashment	Arrear Bill
	of the emp	loyee(s) inclu	of the employee(s) included in this bill are strictly in accordance with rules and that the said employee(s) are entitled to such Leave	are strictly	in accordance	ce with rules a	and that the	e said em	oloyee(s) ar	re entitled to s	uch Leave
	Encasnmel	nt billi. It Is It cord/registeri	Encashment bill. It is luturer certilled that i have personally ensured observative or all formalities regarding necessary entries in relevant record/register(s)/ service book as the case may be, before presenting this claim.	Kas the car	se may be. t	erisured obse before present	ting this of	all formal	ues regard	ing necessary	
		1 information	All required information including Bank Account Details in this bill has been checked and verified.	Account De	stails in this I	bill has been c	shecked an	d verified.			
ب		that I have	It is certify that I have carefully examined & verified the master data of the said claim.	nined & ver	ified the ma	aster data of	the said cl	laim.			
Enclos	ures (System ger	Enclosures (System generated/Scanned)^:	 <								
<u></u>											
2.								Sign (M)	ith Spally a.	Sign (With Seal)/ e-Sign/ Digital Sign of DDO	Of D PO
Diecks	imer. All conter	nts related to this	Disclaimer All contents related to this bill are provided by Head of Office/DDO and he/she is solely responsible for it.	by Head of O	ffice/DDO and	he/she is solely	responsible f	or it.	a dinaa iii	Distriction of the second	
Group	Group Name:				Pı	Print Date & Time					
En	closures marked (	Enclosures marked (^) are to be printed in the bill as		lection from dre	opdown menu ac	per selection from dropdown menu according to the requirements defined under relevant rules.	uirements defin	ned under rele	want rules.		

GFAR 189		Government of Rajasthan	of Rajast	than		New Form No. GA 36 H Rule 150 (1)
Reference No.	Salary	Bill-Reverse [	Deputation	Salary Bill-Reverse Deputation (Outer Sheet)		Month/Year:
Detailed Pay Bill of Permanent/Temporary est	ablis	ablishment of: (Office Name)				Office ID :
Bill No.: Date:	OGG	DDO Code:	Nai	Name of DDO:		Object Head:
iget Head: 0000-00-000-00 NP/P	V/C Dema	Demand No.: 00	Plan : 0.00		Non Plan : 0.00	TAN No. :
To The Treasury Officer, (Concerning Tr Please Order to pay Rs		easury) as per claim contained in this bill. Sign of Clerk	ined in this bill. Sign of Clerk	Sign of Jr.ACC/AAO-I/II	/AAO-I/II	Sign (With Seal)/ e-Sign/
Certificates:  1. The Amount claimed in this bill has not been drawn earlier. 2. It is further certified that I have personally ensured observance of all formalities regarding necessary entries. 3. The Amount of this bill is within the limits of allotted budget for the Year (Current Financial Year). 4. This bill is drawn against the Sanctioned Post(s) of this Office.	s not been drawr rsonally ensured e limits of allotted tioned Post(s) of	n earlier. observance of a d budget for the \textstyle	all formalities Year (Currer	regarding necessary	entries.	
Total Sanctioned Post::00 (1) All India Service::00 (2) State Service::00 (3) Subordinate Service::00 (4) Ministerial Service::00 (5) Class IV::00  Sign (With Seal)/ e-Sign of DD	ervice : 00 (2) S	state Service : 00	(3) Subord	linate Service: 00 (4)	Ministerial S	ervice: 00 (5) Class IV: 00 Sign (With Seal)/ e-Sign/ Digital Sign of DDO
Allowances	Dec	Deduction			Treasury Voucher	
Allowance Name Payid Amount	Deduction Name	ame Payid	Amount	NO.	For Treasury Use	Date :
				Pay Rs. : (In words) :		
				(In Cash) : (In words) :		
				By B.T. Total Credit Rs.		
				Auditor	AAO-I/II	Treasury Officer
				For	Accountant	For Accountant General Office
Gross Amount :	   Total Deduction :	ion :		Admitted (RS.)		Objected (RS.)
Net Amount :	mounestabeling and family finishing topy system spanning to Palagogous surpress to the	aria e independent de particular de germana comparte de materia de destructuar en la comparte de la comparte d		Auditor	Supdt.	Gaz. officer

			Government of Rajasthan	sthan		New For	New Form No. GA 36 H
Reference No.	ce No.	S	Salary Bill-Reverse Deputation (Inner Sheet)	utation (Innel	r Sheet)	Month/Year:	
Detailed	Detailed Pay Bill of Permanent/Temporary estab	t/Temporary establish	olishment of: (Office Name)			Office ID:	
Bill No :		Date:	DDO Code :	Name of DDO :	: 000	Object Head:	
Budget	Budget Head: 0000-00-000-00 NP/P V/C	0-00 NP/P V/C	Demand No.: 00	Plan: 0.00	Non Plan : 0.00	TAN No.:	
S.No.	S.No. Date Of Birth PAN No. Pay Scale Grade Pay/DP	Name Designation Nominee Name(s) Date of Death (only where Payment is made to Nominee) Bank Ac. No. Aadhar No.	{Pay Allowance}	Gross	{Pay Deduction}	Sum Of Deduction	Net Total
Ţ.							
2.							
Gross A	Gross Amount:		Deduction Amount	unt :	Net	Net Amount:	

## Amount in words:

Certificates:

₽:

- Ŕ
- Certified that I have Personally Examined and satisfied myself about the genuineness of claim that the pay and allowance of the employee(s) included in this pay bill are strictly in accordance with rules and that the said employee(s) are entitled to such pay and allowance.

  It is certified that no superior service has been absent either on other duty or suspension or with or without leave (except on Casual Leave) during the month of (from database).

  Note: When the Absentee Statement accompanies the bill, this certificate should be struck out.

  Certified that no leave has been granted until by reference to the applicant's Service Book Leave Account and to the Leave Rules applicable to him. I had satisfied myself that it was admissible and that all grants of leave and departures on and return from Leave, and all period of Suspension and other duty and other event which are required under the rules to be so recorded, have been recorded in the Service Book(s) and Leave Account(s) under my attestation. က်
  - It is certified that Annual Verification of Service with Local Records in respect of all the incumbents (whose pays drawn in this biil) completed, same has been recorded in Service Book(s) under my attestation (*This Certificate is applicable in salary bill of pay month June every year*)[≄] 4
    - It is Certified that no person, for whom House Rent Allowance has been drawn in this bill has been in occupation of rent free Government Quarters during the period for which the allowance has been drawn. 5 ė.
- The calculation of Income Tax of all the incumbents (whose pays drawn in this bill) has been done, and dues have been deducted from their salary. (This Certificate should be printed in salary bill of pay month February every year)*
  - Income Tax Calculation statement received from employee and kept in office record. (This Certificate is applicable in salary bill of pay month Dec every year)* r. ⊗ **6** 
    - All required information including Bank Account Details of Employee & Parental Institution in this bill has been checked and verified. It is certify that I have carefully examined & verified the master data of the said claim.

# Enclosures (System generated/Scanned)^:

Disclaimer: All contents related to this bill are provided by Head of Office/DDO and he/she is solely responsible for it. Print Date & Time Group Name

Sign (With Seal)/e-Sign/ Digital Sign of DDO)

Certificates marked (*) are to be printed in the bill of respective Pay Month only.

Enclosures marked ('') are to be printed in the bill as per selection from dropdown menu according to the requirements defined under relevant rules.

Pay Bill of Perma	establishment of (Office Name)			Month/Year
		me)	of: (Office Name)	Office ID :
Bill No.: Date:	DDO Code:	Na	Name of DDO:	Object Head:
Budget Head: 0000-00-000-00-00 NP/P \	V/C Demand No.: 00	Plan : 0.00	0.00 Non Plan : 0.00	.00 TAN No. :
o The Treasury Officer, (Concerning Treasury) Please Order to pay Rs as p	g Treasury) as per claim contained in this bill.	ed in this bill.		
	Sig	Sign of Clerk	Sign of Jr.ACC/AAO-I/II	-I/II Sign (With Seal)/ e-Sign/ Digital Sign of DDO
Certificates:  1. The Amount claimed in this bill has not been drawn earlier.  2. It is further certified that I have personally ensured observance of all formalities regarding necessary entries.  3. The Amount of this bill is within the limits of allotted budget for the Year (Current Financial Year).  4. This bill is drawn against the Sanctioned Post(s) of this Office.	s not been drawn earlier. rsonally ensured observance o e limits of allotted budget for th ctioned Post(s) of this Office.	of all formalities	s regarding necessary entrien nt Financial Year).	
Total Sanctioned Post: 00 (1) All India Service: 00 (2) State Service: 00 (3) Subordinate Service: 00 (4) Ministerial Service: 00 (5) Class IV: 00	iervice: 00 (2) State Service:	00 (3) Subord	linate Service: 00 (4) Minist	arial Service: 00 (5) Class IV: 00
		·		Sign (With Seal)/ e-Sign/ Digital Sign of DDO
Allowances	Deduction		Trea	Treasury Voucher
Allowance Name Payid Amount	Deduction Name Payid	Amount	No.	Date : For Treasury Use
			Pay Rs. : (In words) :	
			(In Cash) : (In words) :	
			By B.T. Total Credit Rs.	
			Auditor	AAO-1/II Treasury Officer
			For Accou	For Accountant General Office
Gross Amount :	Total Deduction :		Admitted (RS.)	Objected (RS.)
Net Amount:	jarokili kurk szapok kazet körvekkere veze vezetéjéji a kajkszóbaszt kikálust velőtéjé pressisson kélekkekes Szapok	and Appropriate and the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire of the desire	Auditor	Supdt. Gaz. officer

			Government of Rajasthan	Rajasthan		New F	New Form No. GA 361
Reference No.	∌ No.	Sak	Salary Bill - Re-employment: Fix Pay (Inner Sheet)	ıt : Fix Pay(	Inner Sheet)	Month/Year:	
Detailed F	ay Bill of Permaner	ht/Temporary establish	Detailed Pay Bill of Permanent/Temporary establishment of: (Office Name)			Office ID:	
Bill No.:	Date	te :	DDO Code :	Name of DDO	000	Object Head:	
Budget He	Budget Head: 0000-00-000-00 NP/P	0-00 NP/P V/C	Demand No 00	Plan: 0.00	Non Plan : 0.00	TAN No. :	
S.No.	Date Of Birth Belt No. PAN No. Pay Scale Grade Pay/DP	Name Designation Nominee Name(s) Date of Death (only where Payment is made to Nominee) Bank Ac. No. Aadhar No.	{Pay}	Gross	{Pay Deduction}	Sum Of Deduction	Net Total
1.							
2.							
Gross Amount:	nount :		Deduction Amount :	nt :	Ne	Net Amount:	
Amount	Amount in words:						
Certificates: 1. Certificates: 2. It is $\alpha$ Note: 3. The $\alpha$ in self. 4. Incom 5. All rec	tes: Certified that I have Personally Examined and societified that I have Personally Examined and societified that the said employee(s) are entitled it is certified that no superior service has been a Note: When the Absentee Statement accompan The calculation of Income Tax of all the incumbrin salary bill of pay month February every year) income Tax Calculation statement received from All required information including Bank Account it is certify that I have carefully examined & v	certified that I have Personally Examined and satisfied myserules and that the said employee(s) are entitled to such pay. This certified that no superior service has been absent either Note: When the Absentee Statement accompanies the bill, the calculation of Income Tax of all the incumbents (whose in salary bill of pay month February every year)* Income Tax Calculation statement received from employee all required information including Bank Account Details in the it is certify that I have carefully examined & verified the	Certified that I have Personally Examined and satisfied myself about the genuineness of claim that the pay of the employee(s) included in this pay bill are strictly in accordance with rules and that the said employee(s) are entitled to such pay.  It is certified that no superior service has been absent either on other duty or suspension or with or without leave (except on Casual Leave) during the month of (from database).  Note: When the Absentee Statement accompanies the bill, this certificate should be struck out.  The calculation of income Tax of all the incumbents (whose pays drawn in this bill) has been done, and dues have been deducted from their salary. (This Certificate should be printed in salary bill of pay month February every year)*  Income Tax Calculation statement received from employee and kept in office record. (This Certificate is applicable in salary bill of pay month Dec every year)*  All required information including Bank Account Details in this bill has been checked and verified.  All required information including examined & verified the master data of the said claim.	claim that the pay c or with or without le % out. sen done, and dues s Certificate is app. verified.	of the employee(s) included in this eave (except on Casual Leave) du s have been deducted from their si licable in salary bill of pay month E	pay bill are strictly in a ring the month of (fron alary. (This Certificate bec every year)*	accordance with n database).
Enclosures	Enclosures (System generated/Scanned)^	nnned)^ :					
2.							
					Sign (With Sea	Sign (With Seal)/e-Sign/ Digital Sign of DDO)	Sign of DDO)
Disclaimer: A Group Name	r: All contents related me:	to this bill are provided	Disclaimer: All contents related to this bill are provided by Head of Office/DDO and he/she is solely responsible for it. Group Name:	nd he/she is solely res Print Date & Time:	sponsible for it.		

Certificates marked (*) are to be printed in the bill of respective Pay Month only. Enclosures marked (^) are to be printed in the bill as per selection from dropdown menu according to the requirements defined under relevant rules. No Allowances should be given if employed on fix pay basis.

CEAD 180	Government of E	Bajasthan	Rule 150 (1)
Reference No.	Bill	- Re-employment: Pay Minus Pension (Outer Sheet)	Month/Year:
of Permanent/Tempor	establishment of: (Office Name)		Office ID:
Bill No. : Date :	DDO Code	Name of DDO:	Object Head :
, <del></del>	reasun as		
	Sign of Clerk	srk Sign of Jr.ACC/AAO-I/II	Sign (With Seal)/ e-Sign/ Digital Sign of DDO
Certificates:  1. The Amount claimed in this bill has not been drawn earlier.  2. It is further certified that I have personally ensured observance.  3. The Amount of this bill is within the limits of allotted budget for 4. This bill is drawn against the Sanctioned Post(s) of this Office.	S:  The Amount claimed in this bill has not been drawn earlier.  It is further certified that I have personally ensured observance of all formalities regarding necess. The Amount of this bill is within the limits of allotted budget for the Year (Current Financial Year). This bill is drawn against the Sanctioned Post(s) of this Office.	S:  The Amount claimed in this bill has not been drawn earlier.  It is further certified that I have personally ensured observance of all formalities regarding necessary entries. The Amount of this bill is within the limits of allotted budget for the Year (Current Financial Year). This bill is drawn against the Sanctioned Post(s) of this Office.	
Total Sanctioned Post: 00 (1) All India Service: 00 (2) State Service: 00 (3) Subordinate Service: 00 (4) Ministerial Service: 00 (5) Class IV: 00	rvice: 00 (2) State Service: 00 (3) S	ubordinate Service: 00 (4) Ministerial	Service: 00 (5) Class IV: 00
		·	Sign (With Seal)/ e-Sign/ Digital Sign of DDO
Allowances	Deduction	Treasury	Treasury Voucher
Allowance Name Payid Amount	Deduction Name Payid Amount	N.	Date : For Treasury Use
		Pay Rs. : (In words) :	
		(in Cash) : (in words) :	
		By B.T. Total Credit Rs.	
		Auditor AAO-I/II	Treasury Officer
		For Accountan	For Accountant General Office
Gross Amount :	Total Deduction :	Admitted (RS.)	Objected (RS.)
Net Amount : (In words) :	disamment or one and the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of	Auditor Supdt.	Gaz. officer
Lin words): Disclaimer: All contents related to this bill are provided by Head of Office/DDO and he/ she is solely responsible for it.	provided by Head of Office/DDO and he	she is solely responsible for it.	

			Governmer	Government of Raiasthan	lan	CH WAN	New Form No GA 36
Reference No.	ce No.	Salary Bi	Salary Bill - Re-employment : Pay Minus Pension (Inner Sheet)	ay Minus Pe	ension (Inner Sheet)	Month/Year:	
Detailed	Pay Bill of Permaner	Detailed Pay Bill of Permanent/Temporary establishment of:	ment of: (Office Name)			Office ID:	
Bill No.	Date	et e	DDO Code:	Name of DDO	: Ogc	Object Head:	
Budget	Budget Head: 0000-00-000-00 NP/P	0-00 NP/P V/C	Demand No.: 00	Plan: 0.00	Non Plan: 0.00	TAN No.:	
,	$\vdash$			(			
S.No.		Name	{Pay Ailowance}	Gross	{Pay Deduction}	Sum Of	Net Total
	Belt No.	Designation Nominee Name(s)		Amount		Deduction	
	Pay Scale	Date of Death					
	Grade Pay/DP	(only where Payment is made to Nominee)					
	PPO No.®	Bank Ac. No.					
	Last Basic/DA [®] Pension/DR [®]	Aadhar No.					
1.							
2.							
Gross A	Gross Amount:		Deduction Amount	nt:	Net	Net Amount:	
Amoun	Amount in words:						
Certificates:  1. Certificates: accord: 2. It is controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the controlled to the	ates: Certified that I have Personally Examined and saccordance with rules and that the said employ it is certified that no superior service has been a Note: When the Absentee Statement accompant The calculation of Income Tax of all the incumb in salary bill of pay month February every year) Income Tax Calculation statement received from All required information including Bank Account it is certify that I have carefully examined &	nally Examined and satisfied that the said employee(s) are or service has been absent e Statement accompanies the Tax of all the incumbents (w February every year)* atement received from emploaluding Bank Account Details	Certified that I have Personally Examined and satisfied myself about the genuineness of claim the accordance with rules and that the said employee(s) are entitled to such pay and allowance. It is certified that no superior service has been absent either on other duty or suspension or with or Note: When the Absentee Statement accompanies the bill, this certificate should be struck out. The calculation of Income Tax of all the incumbents (whose pays drawn in this bill) has been done in salary bill of pay month February every year)* Income Tax Calculation statement received from employee and kept in office record. (This Certifith All required information including Bank Account Details in this bill has been checked and verified. It is certify that I have carefully examined & verified the master data of the said claim.	vaim that the pay con with or with or with or with or k out. Sen done, and due s Certificate is app verified.	octified that I have Personally Examined and satisfied myself about the genuineness of claim that the pay and allowance of the employee(s) included in this pay bill are strictly in accordance with rules and that the said employee(s) are entitled to such pay and allowance.  It is certified that no superior service has been absent either on other duty or suspension or with or without leave (except on Casual Leave) during the month of (from database). Note: When the Absentee Statement accompanies the bill, this certificate should be struck out.  The calculation of Income Tax of all the incumbents (whose pays drawn in this bill) has been done, and dues have been deducted from their salary. (This Certificate should be printed in salary bill of pay month February every year)*  Income Tax Calculation statement received from employee and kept in office record. (This Certificate is applicable in salary bill of pay month Dec every year)*  All required information including Bank Account Details in this bill has been checked and verified.  It is certify that I have carefully examined & verified the master data of the said claim.	ncluded in this pay bill ing the month of (fron lary. (This Certificate ec every year)*	are strictly in r database). should be printed
Enclosur 1.	Enclosures (System generated/Scanned)^ 1.	ınned)^:					
					Sign (With Seal	Sign (With Seal)/e-Sign/ Digital Sign of DDO)	Sign of DDO)
Disclaimer: A	her: All contents related	to this bill are provided b	Disclaimer: All contents related to this bill are provided by Head of Office/DDO and he/she is solely responsible for it. Group Name :	nd he/she is solely re Print Date & Time :	sponsible for it.		
	direction.		CALLE A				

Certificates marked (*) are to be printed in the bill of respective Pay Month only.

Enclosures marked (^) are to be printed in the bill as per selection from dropdown menu according to the requirements defined under relevant rules. Fields marked with (*) should be verified from the website of Pension Department.

Reference No.  Detailed Pay Bill of Permanent/Temporary establishment of  Bill No.  Budget Head: 0000-00-00-00 NP/P V/C Demand To  To  The Treasury Officer, (Concerning Treasury)  Please Order to pay Rs	Pay/Honorarium Bill: Govt. Employee (Outer Sheet) ablishment of: (Office Name) DDO Code: Name of DDO: Demand No.: 00 Plan: 0.00 Non Pl easury) as per claim contained in this bill. Sign of Clerk Sign of Jr.ACC sign of clerk Sign of Jr.ACC ally ensured observance of all formalities regarding necessary its of allotted budget for the Year (Current Financial Year).	Employee (Outer S  Name of DDO: Plan: 0.00  Sterk Sign of J  Ralities regarding nece (Current Financial Year	//II	
V/C	ant of: (Office Name) DDO Code: Demand No.:00  er claim contained in the rawn earlier.  I awn earlier.  I awn earlier.  Sign of C  Sign of C  Sign of C  Sign of C	Name of DDO: Plan: 0.00 ris bill.  serk Sign of Jill.  current Financial Year	III NA VA	Office ID: Object Head: TAN No.: Sign (With Seal)/ e-S Digital Sign of DE Digital Sign of DE
V/C	DDO Code: Demand No.:00  er claim contained in the sign of C  sign of C  sign of C  sign of C  sign of C  sign of C  sign of C  sign of C  sign of C  sign of C	Name of DDO: Plan: 0.00 Is bill.  Is bill.  Sign of J  Terk  Sign of J  Current Financial Yea	Non Plan : 0.00  r.ACC/AAO-I/II  ssary entries. ).	Object Head: TAN No.: Sign (With Seal)/ e-S Digital Sign of DE Digital Sign of DE
V/C	Demand No.: 00  er claim contained in the Sign of C  rawn earlier.  rawn earlier.  softed budget for the Year softhis Office.	Is bill.  serk Sign of J  rerk Sign of J  current Financial Year	Non Plan: 0.00 r.ACC/AAO-I/II ssary entries. c).	Sign (With Seal)/ e-S Digital Sign of DE Digital Sign of DE Digital Sign of DE
The Treasury Officer, (Concerning Tr Please Order to pay Rs	er claim contained in the Sign of C.  Sign of C.  Sign of C.  Sign of C.  Sign of C.	is bill.  Sign of J  nalities regarding nece (Current Financial Year	ssary entries.	Sign (With Seal)/ e-S Digital Sign of DE Sign (With Seal)/ e-Si Digital Sign of DE
	Sign of C rawn earlier.  Ired observance of all for otted budget for the Year s) of this Office.	nalities regarding nece	ssary entries.	Sign (With Seal)/ e-S Digital Sign of DD Sign (With Seal)/ e-Si Digital Sign of DD
	rawn earlier.  Ired observance of all for otted budget for the Year is) of this Office.	nalities regarding nece	ssary entries.	Sign (With Seal)/ e-Si Digital Sign of DC
Certificates:  1. The Amount claimed in this bill has not been drawn earlier.  2. It is further certified that I have personally ensured observance of all formalities regarding necessary entries.  3. The Amount of this bill is within the limits of allotted budget for the Year (Current Financial Year).  4. This bill is drawn against the Sanctioned Post(s) of this Office.			Treasury Vo	Sign (With Seal)/ e-Si Digital Sign of DD oucher
			Treasury Vo	
Allowances	Deduction			
Allowance Name Payid Amount Deduction Name	Payid	Amount No.	For Treasury Use	Date :
		Pay Rs. : (In words) :		
		(In Cash) : (In words) :		
		By B.T. Total Credit Rs.	···	
		Auditor	AAO-I/II	Treasury Officer
			For Accountant General Office	ieneral Office
Gross Amount : Total Deduction :	luction :	Admitted (RS.)		Objected (RS.)
Net Amount : (In words) :		Auditor	Supdt.	Gaz. officer

			Government of Rajasthan	of Rajasthan		New For	New Form No. GA 36 K
Reference No.	ce No.	P	Pay/Honorarium Bill : Govt. Employee (Inner Sheet)	vt. Employee	(Inner Sheet)	Month/Year:	
Detailed	Pay Bill of Permanen	Detailed Pay Bill of Permanent/Temporary establishment of:	iment of: (Office Name)			Office ID:	
Bill No. :	Date	: a	DDO Code:	Name of DDO	.000	Object Head :	
Budget	Budget Head: 0000-00-000-00 NP/P	0-00 NP/P V/C	Demand No.: 00	Plan: 0.00	Non Plan : 0.00	TAN No. :	
S.No.		Name	{Pay Allowance}	Gross	{Pay Deduction}	Sum Of	Net Total
	Date Of Birth Belt No. PAN No.	Designation EmployeeID Nominee Name(s)		Amount		Deduction	
	St. Ins. No.	Date of Death					
	Pay Scale Grade Pay/DP Basic Pay	(only where Payment is made to Nominee)  Bank Ac. No. Aadhar No.		,			
1.							
2.						,	
Gross A	Gross Amount:		Deduction Amount	unt :	X	Net Amount:	
Amoun	Amount in words:						
Certificates: 1. Certificates: with: 2. Ther 3. Ther 4. Ther 5. All re	ates:  Certified that I have Persor with rules and that the saic. The men for whom honora. The periods for which hon. The honorarium for overtin The honorarium for overtin All required information inc.	Certified that I have Personally Examined and satisfied myself about the With rules and that the said employee(s) are entitled to such honorarium. The men for whom honorarium for overtime is claimed in this bill have are. The periods for which honorarium for over time is claimed in this bill has The honorarium for overtime is claimed at the rates sanctioned by comp. The honorarium for overtime is claimed at the rates sanctioned by comp. The honorarium for overtime has been taken into account in calculating I has been taken into account in calculating I has been the rate of information including Bank Account Details in this bill has be	Certified that I have Personally Examined and satisfied myself about the genuineness of claim that the honorarium of the employee(s) included in this bill are strictly in accordance with rules and that the said employee(s) are entitled to such honorarium.  The men for whom honorarium for overtime is claimed in this bill have actually earned by working overtime.  The periods for which honorarium for over time is claimed in this bill has been checked with the initial records and found correct.  The honorarium for overtime is claimed at the rates sanctioned by competent authority.  The honorarium for overtime has been taken into account in calculating the income tax due from the Government servants noted in this Bill.	claim that the honc working overtime. ith the initial record ue from the Govern verfiled.	orarium of the employee(s) include is and found correct.	ed in this bill are strictly	in accordance
: ;	n is certify that I have calefully examined on	xammed o	Vernieu une master data oi une salu cianni.				
Enctosur 1.	Enclosures (System generated/Scanned)** 1.	inned)'' :					
						:	
; ;					Sign (With Se	Sign (With Seal)/e-Sign/ Digital Sign of DDO)	Sign of DDO)
Disclaimer: A	ner: All contents related fame:	to this bill are provided	Disclaimer: All contents related to this bill are provided by Head of Office/DDO and he/she is solely responsible for it. Group Name :	id he/she is solely re: Print Date & Time :	sponsible for it.		
Enclo	sures marked (^) are to be	printed in the bill as per sel	Enclosures marked (^) are to be printed in the bill as per selection from drondown menu according to the requirements defined under relevant rules.	rding to the requir	ements defined under relevant ru	88	

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Enclosures marked (*) are to be printed in the bill as per selection from dropdown menu according to the requirements defined under relevant rules.

GFAR 189	Government of Rajasthan	of Rajasthan		Rufe 150 (1)
Reference No. Pay/Hc	Pay/Honorarium Bill: Nominated Members/Authority (Outer Sheet)	Members/Authority (Out	er Sheet)	Month/Year:
Detailed Pay Bill of Permanent/Temporary establishment of:	stablishment of: (Office Name)			Office ID:
Bill No.: Date:	DDO Code:	Name of DDO:		Object Head :
Budget Head: 0000-00-000-00 NP/P V/C	Demand No.: 00	Plan : 0.00 No	Non Plan: 0.00	TAN No.:
The Treasury Officer, (Concerning Treasury) Please Order to pay Rs as p	Freasury) as per claim contained in this bill.	this bill.		
	Sign of Clerk		Sign of Jr.ACC/AAO-I/II	Sign (With Seal)/ e-Sign/ Digital Sign of DDO
Certificates:  1. The Amount claimed in this bill has not been drawn earlier.  2. It is further certified that I have personally ensured observance of all formalities regarding necessary entries.  3. The Amount of this bill is within the limits of allotted budget for the Year (Current Financial Year).  4. This bill is drawn against the Sanctioned Post(s) of this Office.	not been drawn earlier. mally ensured observance of all f mits of allotted budget for the Ye, ned Post(s) of this Office.	formalities regarding necess ar (Current Financial Year).	ary entries.	
				Sign (With Seal)/ e-Sign/ Digital Sign of DDO
Allowances	Deduction		Treasury	Treasury Voucher
Allowance Name Payid Amount	Deduction Name Payid A	Amount No.	For Treas	Date : Date : For Treasury Use
		Pay Rs. : (in words) :		
		(In Cash) : (In words) :		
		By B.T. Total Credit Rs.		
		Auditor	AAO-I/iI	Treasury Officer
			or Accountant	For Accountant General Office
Gross Amount:	Total Deduction :	Admitted (RS.)		Objected (RS.)
Net Amount : (in words) :		Auditor	Supdt.	Gaz. officer
Disclaimer: All contents related to this bill are provided by Head of Office/DDO and he/ she is solely responsible for it.	covided by Head of Office/DDO and	nd he/ she is solely responsible fo	rit	

			Government of Rajasthan	Rajasthan		New Fo	New Form No. GA 36 L
Reference No.	ce No.	Pay/Honorari	Pay/Honorarium Bill: Nominated Members/Authority (Inner Sheet)	embers/Autho	ority (Inner Sheet)	Month/Year:	
Detailec	Pay Bill of Permaner	of/Temporary establish	Detailed Pay Bill of Permanent/Temporary establishment of: (Office Name)			Office ID :	
Bill No. :		Date:	DDO Code :	Name of DDO:	: 000	Object Head :	
Budget	Budget Head: 0000-00-000-00 NP/P V/C	0-00 NP/P V/C	Demand No.: 00	Plan: 0.00	Non Plan : 0.00	TAN No. :	
S.No.	S.No. Date Of Birth PAN No. Pay Scale Grade Pay	Name Designation Nominee Name(s) Date of Death (only where Payment is made to Nominee) Bank Ac. No. Aadhar No.	{Pay Allowance}	Gross	{Pay Deduction}	Sum Of Deduction	Net Total
2.							
Gross /	Gross Amount:		Deduction Amount	ınt :	Ž	Net Amount:	
Amoun	Amount in words:						
Certificates: 1. Certificates: accor	ates: Certified that I have Persor accordance with rules and It is certified that no suned.	nally Examined and satisfied that the said employee(s) and appropriety or sendence has been about	ates:  Certified that I have Personally Examined and satisfied myself about the genuineness of claim that the pay/ honoranium of the employee(s) included in this bill are strictly in accordance with rules and that the said employee(s) are entitled to such pay/ honoranium.  It is certified that no sunerior has been about although the month of the month of the month of the page.	claim that the pay/	honoranium of the employee(s) in	icluded in this bill are st	rictly in
i	Note: When the Absentee	Statement accompanies the	note: When the Absentee Statement accompanies the hill this certificate should be struck out	A cut	idave (except off passar reave) u	מנווול זה וחוסוות בות לווווס	i databassy.

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- Note: When the Absentee Statement accompanies the bill, this certificate should be struck out.
  It is Certified that no person, for whom House Rent Allowance has been drawn in this bill has been in occupation of rent free Government Quarters during the period for which the allowance has been drawn. е;
- The calculation of Income Tax of all the incumbents (whose pays drawn in this bill) has been done, and dues have been deducted from their salary. (This Certificate should be printed in salary bill of pay month February every year)* 4.
- Income Tax Calculation statement received from employee and kept in office record. (This Certificate is applicable in salary bill of pay month Dec every year)* All required information including Bank Account Details in this bill has been checked and verified.
  It is certify that I have carefully examined & verified the master data of the said claim. 7.

# Enclosures (System generated/Scanned)^:

Sign (With Seal)/e-Sign/ Digital Sign of DDO) Disclaimer: All contents related to this bill are provided by Head of Office/DDO and he/she is solely responsible for it. Print Date & Time: Group Name:

Medical Bill o		3	Cotonian on the second		C Spx	
Detailed Medical Bill of		Medical B	Medical Bill(Outer Sheet)	t) Month/Year	/Year:	
	f : (Office Name)	*** And Andrewson and Associated Street, and Associated Street, and Associated Street, and Associated Street, and Associated Street, and Associated Street, and Associated Street, and Associated Street, and Associated Street, and Associated Street, and Associated Street, and Associated Street, and Associated Street, and Associated Street, and Associated Street, and Associated Street, and Associated Street, and Associated Street, and Associated Street, and Associated Street, and Associated Street, and Associated Street, and Associated Street, and Associated Street, and Associated Street, and Associated Street, and Associated Street, and Associated Street, and Associated Street, and Associated Street, and Associated Street, and Associated Street, and Associated Street, and Associated Street, and Associated Street, and Associated Street, and Associated Street, and Associated Street, and Associated Street, and Associated Street, and Associated Street, and Associated Street, and Associated Street, and Associated Street, and Associated Street, and Associated Street, and Associated Street, and Associated Street, and Associated Street, and Associated Street, and Associated Street, and Associated Street, and Associated Street, and Associated Street, and Associated Street, and Associated Street, and Associated Street, and Associated Street, and Associated Street, and Associated Street, and Associated Street, and Associated Street, and Associated Street, and Associated Street, and Associated Street, and Associated Street, and Associated Street, and Associated Street, and Associated Street, and Associated Street, and Associated Street, and Associated Street, and Associated Street, and Associated Street, and Associated Street, and Associated Street, and Associated Street, and Associated Street, and Associated Street, and Associated Street, and Associated Street, and Associated Street, and Associated Street, and Associated Street, and Associated Street, and Associated Street, and Associated Street, and Associated Street, and	Office ID:	: OI :		
Bill No.:	Date:	DDO Code: (Name of DDO:)	Acres and a second	Object Head:		
Budget Head: 0000-00-000-00-00 NP/P		V/C Demand No. :00 F	Plan : 0.00	Non Plan : 0.00	TAN No. :	
To The Treasury Officer, (( Please Order to pay Rs.	The Treasury Officer, (Concerning Treasury) Please Order to pay Rs as p	ig Treasury) · as perclaim contained in this bill.	n this bill.			
Sign of Clerk	Sign of Jr.ACC/AAO-l/l	AO-I/II Sign (With Seal)/ e-Sign/	-Sign/		Digital S	Digital Sign of DDO
Certificates: 1. The Amount of 2. It is further of 3. The Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the Amount of the	cates: The Amount claimed in this bill has It is further certified thatI have persone The Amount of this bill is within the	rtificates:  1. The Amount claimed in this bill has not been drawnearlier.  2. It is further certified that have personally ensured observance of all formalities regarding necessary entries.  3. The Amount of this bill is within the limits of allotted budget for the Year (Current Financial Year).	e of all formalitie	es regarding necessal		
					Sign (With	Sign (With Seal)/ e-Sign/ Digital Sign of DDO
	Counter Signature	nature		Treasury Voucher	Voucher	
Passed for Rs. : Amount in words :			Ö	D For Treasury Use	Date : sury Úse	
			Pay Rs. (In words)			
	Sign (Wit Digital Sign of For Accountant General Office	Sign (With Seal)/e-Sign/ Digital Sign of Controlling Officer General Office				
Admitted (RS.)	Ō	Objected (RS.)				
Auditor	Supdt.	Gaz. officer	Auditor	AAO-I/II	Treasury Officer	
Disclaimer: All contents	related to this bill ar	Disclaimer: All contents related to this bill are provided by Head of Office/DDO and he/she is solely responsible for it.	nd he/she is solely re	responsible for it.		

Réference No.	ce No.			Governme Medical B	Sovernment of Kajastrian Medical Bill (Inner Sheet)	rnan ieet)	Month/Year:	Year:	New Form No. GA 36 M	o. GA 36 M
Detailed	Detailed Medical Bill of: (Office Name)	e Name)			Office ID :					
Bill No. :	Date:	OD	O Code: N	DDO Code: Name of DDO:		qo	Object Head:			
Budget	Budget Head: 0000-00-000-00 NP/P V/C Demand No.:00	DO NP/P V/C D	emand No.	00:	Plan: 0.00	Non Pl	Non Plan: 0.00	TAN No.:		
S.No.	Employee Name	Name of Bank/	Basic	From Date	To Date	נו	Claim Details		Total	Remark
	Employee ID	Name of	Pay		_			_	Amount	
	Nominee Name(s)	Branch			_					
	Cake of Death	Bank Account								
	(only where Fayment is made to Nomines)	NO.								
	Designation									
						Self	Dependent Name (Relation)	nt Name		
						Amount (Rs.)	Amount (Rs.)	t (Rs.)		
1.										
2.										

### Total Amount:

## Amount in words:

#### Certificates:

- 1. Certified that I have personally examined and satisfied myself about the genuineness of claim that the Medical Bill reimbursement of the employee(s) included in this bill are strictly in accordance with rules and medicines, vaccines, syrup etc. are not included in Non-Reimbursement List of Rajasthan Civil Services (Medical attendant) Rules and that the said employee(s) are entitled to such Medical Bill reimbursement. It is further certified that I have personally ensured observance of all formalities regarding necessary entries.
  - All required information including Bank Account Details in this bill has been checked and verified.
  - All enclosed vouchers has been discharged and if there is any case of double payment, I will be responsible for it. 2, 6, 4, 13, **3** 
    - It is certified that employee(s) included in this medical bill are not appointed on or after 01.01.2004.
- It is certified that declaration of Dependents has been obtained in the month of January and kept in Office Records.
  - It is certify that I have carefully examined & verified the master data of the said claim.

Enclosures (System generated/Scanned)^:

Sign (With Seal)/ e-Sign/ Digital Sign of DDO Disclaimer: All contents related to this bill are provided by Head of Office/DDO and he/she is solely responsible for it. Group Name:

Print Date & Time:

Enclosures marked (^) are to be printed in the bill as per selection from dropdown menu according to the requirements defined under relevant rules.

4		Govern	Government of Rajasthan		New Form No. GA 36 N
Reference No.		Medica	Medical-Advance Bill(Outer Sheet)	uter Sheet)	Month/Year:
Detailed Medical Bill of :	of : (Office Name)	Offic	Office ID :		
Bill No. :	Date:	DDO Code: Name of DDO	90:	Object Head :	
Budget Head: 0000-00-000-00-00 NP/P	1 1	V/C Demand No.:00	Plan : 0.00	Non Plan : 0.00	TAN No.:
To The Treasury Officer, (( Please Order to pay Rs.	The Treasury Officer, (Concerning Treasury) Please Order to pay Rs as p	g Treasury) as perclaim contained in this bill.	ined in this bill.		
Sign of Clerk	Sign of Jr.ACC/AAO-l/ll	AO-i/il Sign (With Seal)/ e-Sign/	eal)/ e-Sign/		Digital Sign of DDO
Certificates: 1. The Amoun 2. It is further 3. The Amoun	nt claimed in this bill certified thatl have I nt of this bill is within	<b>cates:</b> The Amount claimed in this bill has not been drawnearlier. It is further certified that! have personally ensured observance of all formalities regarding necessary entries. The Amount of this bill is within the limits of allotted budget for the Year ( <i>Current Financial Year</i> ).	er. vance of all formali get for the Year (Co	ties regarding necessa	
					Sign (With Seal)/ e-Sign/ Digital Sign of DDO
	Counter Signature	Inature		Treasury	Treasury Voucher
Passed for Rs. :			No	For Trea	Date : For Treasury Use
			Pay Rs. (In words)	(	
	0	Sign (With Seal)/e-Sign/ Digital Sign of Controlling Officer	n/ Officer		
	roi Accountant General	ieneral Office			
Admitted (RS.)	ō	Objected (RS.)			
Auditor	Supdt.	Gaz. officer	Auditor	AAO-1/11	Treasury Officer
Disclaimer: All conten	nts related to this bill are	Disclaimer: All contents related to this bill are provided by Head of Office/DDO and he/she is solely responsible for it. Group Name:	DO and he/she is solely re Print Date & Time :	y responsible for it.	

			Govern	Government of Rajasthan		νάΝ	Now Form No GA 36 N
Refe≀ence No.	. No.	2	ledical-Adv	Medical-Advance Bill (Inner Sheet)		Month/Year:	
Detailed N	Detailed Medical Bill of: (Office Name)	Jame)	Office ID :				
Bill No.	Date:	DDO Code: Name of DDO:	vame of DDO		Object Head:	-	
Budget He	ad: 0000-00-000-00-00	Budget Head: 0000-00-000-00-00 NP/P V/C Demand No.:00	00: .00	Plan: 0.00	Non Plan : 0.00	TAN No. :	
<b>)</b>					الماد		
S.No.	Employee Name/ Third Party Employee ID Designation	Name of Bank/ Name of Branch Bank Account No.	Basic Pay	Sanction No./ Date	Date of Speration/Treatment	* Total Amount	Remark
			-				
Total Amount:	nount:						
Amount	Amount in words:						

#### Certificates:

- Certified that I have personally examined and satisfied myself about the genuineness of claim that the Medical-Advance Bill of the employee(s) included in this bill are strictly in accordance with rules and that the said employee(s) are entitled to such Medical-Advance Bill. It is further certified that I have personally ensured observance of all formalities regarding necessary entries.
  - All required information including Bank Account Details in this bill has been checked and verified.
- It is certified that employee(s) included in this medical bill are not appointed on or after 01.01.2004.
- It is certified that declaration of Dependents has been obtained in the month of January and kept in Office Records.
  - It is certify that I have carefully examined & verified the master data of the said claim. ი. 6. **ი**.

# Enclosures (System generated/Scanned)^:

Sign (With Seal)/ e-Sign/ Digital Sign of DDO Disclaimer: All contents related to this bill are provided by Head of Office/DDO and he/she is solely responsible for it. Print Date & Time Group Name:

Enclosures marked (^) are to be printed in the bill as per selection from dropdown menu according to the requirements defined under relevant rules. Note: Column Marked with (*) should be checked and verified in case of double payment.

New Form No. GA 36 O					Remark											
New Form N	ear:				Total Amount								Total	& Date	ate (if any)	Net Payable Amount
	Month/Year:			TAN No. :					Dependent Name (Relation)	Amount (Rs.)		-		d Bill No	GRN No. & L	Net Paya
			Object Head:	0.00	Claim Details				Depe (F	Am				nctione	wide (	
T.	Medical-Advance Adjustment Bill (Inner Sheet)		Opjec	Non Plan: 0.00	Claim				Self	Amount (Rs.)				Less: Advance (if any) wide Sanctioned Bill No & Date	Less: Amount deposited by Challan wide GRN No. & Date (if any)	
of Rajastha	stment Bill			Plan: 0.00	To Date				·					ess: Advanc	Amount der	,
Government of Rajasthan	rance Adju	Office ID:	DDO Code: Name of DDO:	:00	From Date									Ĭ	Less:	
Ö	edical-Ad∖		O Code: Na	emand No.	Basic Pay											
	Š	e Name)	aa	0 NP/P V/C D	Name of Bank/ Name of	Branch Bank Account	Ño.									
	e No.	Détailed Medical Bill of : (Office Name)	Date:	Budget Head: 0000-00-000-00-00 NP/P V/C Demand No. :00	Employee Name Employee ID	Nominee Name(s) Date of Death	(only where Payment is	made to Nominee) Designation	rioner Groot							
<u></u>	Reference No.	Detailed	Bill No. :	Budget F	S.No.						1.	2.				

#### Amount in words: Total Amount:

#### Certificates:

- Certifled that I have personally examined and satisfied myself about the genuineness of claim that the Medical Bill reimbursement of the employee(s) included in this bill are strictly in accordance with rules and medicines, vaccines, syrup etc. are not included in Non-Reimbursement List of Rajasthan Civil Services (Medical attendant) Rules and that the said employee(s) are entitled to such Medical Bill reimbursement. It is further certified that I have personally ensured observance of all formalities regarding necessary entries.
  - All required information including Bank Account Details in this bill has been checked and verified.
  - All enclosed vouchers has been discharged and if there is any case of double payment, I will be responsible for it. 26.44.00 **0** 
    - It is certified that employee(s) included in this medical bill are not appointed on or after 01.01.2004.
- It is certified that declaration of Dependents has been obtained in the month of January and kept in Office Records.
  - It is certify that I have carefully examined & verified the master data of the said claim.

# Enclosures (System generated/Scanned)^:

Sign (With Seal)/ e-Sign/ Digital Sign of DDO Disclaimer: All contents related to this bill are provided by Head of Office/DDO and he/she is solely responsible for it. Print Date & Time Group Name:

Enclosures marked (^) are to be printed in the bill as per selection from dropdown menu according to the requirements defined under relevant rules.

	Government	Government of Rajasthan	Rule 191
Reference No.	Medical- Advance Adjustment Bill (Outer Sheet)	tment Bill (Outer Sheet)	Month/Year:
Detailed Medical Bill of : (Office Name)			
Date:	DDO Code: Name of DDO:	Object Head	٠
Budget Head: 0000-00-000-00-00 NP/P V/C Demand No.:00		Plan : 0.00 Non Plan : 0.00	.00 TAN No. :
The Treasury Officer, (Concerning Treasury) Please Order to pay Rs as p	ing Treasury) as perclaim contained in this bill.	this bill.	
Sign of Clerk Sign of Jr.ACC/AAO-I/il	AAO-I/II Sign (With Seal)/ e-Sign/	Sign/	Digital Sign of DDO
Certificates:  1. The Amount claimed in this b. 2. It is further certified that hav. 3. The Amount of this bill is with	<b>tificates:</b> 1. The Amount claimed in this bill has not been drawnearlier. 2. It is further certified thatI have personally ensured observance of all formalities regarding necessary entries. 3. The Amount of this bill is within the limits of allotted budget for the Year ( <i>Current Financia! Year</i> ).	of all formalities regarding ne the Year (Current Financia! Year	cessary entries.
			Sign (With Seal)/ e-Sign/ Digital Sign of DDO
Counter Signature	ignature		Treasury Voucher
Passed for Rs. : : : : : : : : : : Amount in words : : : : : : : : : : : : : : : : : : :		No.	· Date : For Treasury Use
		Pay Rs. : (In words) :	
•	Sign (With Seal)/e-Sign/ Digital Sign of Controlling Officer		
For Accountant	For Accountant General Office		
Admitted (RS.)	Objected (RS.)		
	٨		
Supdt.	Gaz. officer	Auditor AAO-1/1	I/II Treasury Officer
Att and and and and an about 111			

&A 94-95 - 3FAR 181 & 204		Government of	Rajasthan		New Form No. GA 65 Rule 189 (1)& 203 (10)
Reference No.		TA Bill (Outer Sheet)	Sheet)		Month/Year:
Detailed TA Bill of :	(Office Name)	Office ID			
Bill No.:	Date:	DDO Code: Name of DDO:		Object Head :	
Budget Head: 0000-00-000-00-00 NP/P	00-000-000-00	V/C Demand No.:00	Plan : 0.00	Non Plan: 0.00	TAN No. :
The Treasury Officer, (C Please Order to pay Rs.	The Treasury Officer, (Concerning Treasury) Please Order to pay Rs as p	iing Treasury) as perclaim contained in this bill.	his bill.		
Sign of Clerk	Sign of Jr.ACC/AAO-I/II	/AAO-I/II Sign (With Seal)/ e-Sign/	ign/		Digital Sign of DDO
Certificates: 1. The Amoun 2. It is further of the Amoun 3. The Amoun	nt claimed in this b certified that! hav nt of this bill is with	cates: The Amount claimed in this bill has not been drawnearlier. It is further certified that have personally ensured observance of all formalities regarding necessary entries. The Amount of this bill is within the limits of allotted budget for the Year (Current Financial Year).	of all formalities	regarding necessa	
					Sign (With Seal)/ e-Sign/ Digital Sign of DDO
	Counter Signature	ignature		Treasury	Treasury Voucher
Passed for Rs. Amount in words			No	For Trea	Date : For Treasury Use
			Pay Rs. : (In words) :		
		Sign (With Seal)/e-Sign/ Digital Sign of Controlling Officer			
	For Accountant General	General Office			
Admitted (RS.)		Objected (RS.)			
Auditor	Supdt.	Gaz. officer	Auditor	AAO-I/iI	Treasury Officer
Disclaimer: All content Group Name:	ts related to this bill	Disclaimer: All contents related to this bill are provided by Head of Office/DDO and he/she is solely responsible for it.  Group Name:	ad he/she is solely re Print Date & Time :	sponsible for it.	

					Š	ernme	int of	Government of Rajasthan	han	Nev	New Form No. GA 65
R≫ference No.	e No.				1	Bill (	Inner	TA Bill (Inner Sheet)		Month/Year:	
Detailed	Detailed TA Bill of: (Office Name)	(6			ď	Office ID:					
Bill No.:	Date:		DDO C	ode:	Code: Name of DDO	f DDO			Object Head:		
Budget F	Budget Head: 0000-00-000-00-00 NP/P	NP/P V/C	Dem	Demand No.:00	00: .		Plan	Plan : 0.00	Non Plan : 0.00	TAN No.:	
			,								
S.No.	ame	Basic		Det	Details Of Travelling#	Trave	lling#		Name of Bank/	Gross	Remarks
	Designation EmployeeID Nominee Name(s)	Pay							Name of Branch Bank Account No.	Amount	
	Date of Death (only where Payment is made to Nominee)									,	
				Departure	يو		Arrival	le le			
			Date	Time	Place	Date	Time	Place			
							_				
2.								-			
Total Amount	monnt.										
T mm o T	inorant.										
Amoun	Amount in words:										
Certificates:	ates:										
<del>-</del>	Certified that I have personally examined and strictly in accordance with rules and that the s	ally examined ales and that	and se the said	itisfied   f emplo	myself ; yee(s) ;	about that	e genu	such TA	Certified that I have personally examined and satisfied myself about the genuineness of claim that the TA Bill Claim of the employee(s) included in this bill are strictly in accordance with rules and that the said employee(s) are entitled to such TA Bill. It is further certified that I have personally ensured observance of all	of the employee(s) incl have personally ensure	luded in this bill an ed observance of a
	formalities regarding necessary entries.	ary entries.	a naga	- Sec. 5	submit	. <del>4</del>	Q Q	Proince Pre	formalities regarding necessary entries. Certified that the Travalling Certificate has been actually submitted by the concerning employee(s) and the claim of this bill has not been earlier drawn	hill has not been earlier	n drawn
i 0, 4, 10,	Continued that the travelling continued has been extend y accordance by the concerning employed Coefficient that the Halling Allowances Certificates has been obtained by the employee(s).  All required information including Bank Account Details in this bill has been checked and verified. It is certify that I have carefully examined & verified the master data and all entries on the s	wances Cert iding Bank At	ificates   count E	has bee letails in rified to	in obtail	ned by I I has be	the emplement is and a	oloyee(s).	recovering soon made by the employee(s). The solution of the said claims of the said claims of the said claims.	ii.	
Enclosure	Enclosures (System generated/Scanned)^	) _^ :									
-: 6											
Sign (W	Sign (With Seal)/ e-Sign/ Digital Sign of DDO	Sign of DE	Q								
	A 11	11.11		* * * *			11.11.11		1.1. 2		

Disclaimer: All contents related to this bill are provided by Head of Office/DDO and he/she is solely responsible for it.

Group Name:

Enclosures marked (^) are to be printed in the bill as per selection from dropdown menu according to the requirements defined under relevant rules. Note: Column marked with (#) should be checked (rider) for entering the duplicate values (data) of the travelling details.

-		स्वदं दे ग्रहनमेंसङ्क द्वारा यात्रा के लिए मीलमता	ीटरमें राशि	41				
		स्वरं के द्वारा या मीत	र्द्शिकिलोमीटरमें	13	अम्यूक्ति	9	21	
		लियेमीलभता	अनुषांशिकप्रमार की दर से नाकि	12	E			
		रा यात्रा के	किराया	-	यात्रा काप्रयोजन		20	
श्रेणी :		वायुयान/रेल/बस द्वारा यात्रा के लियेमीलमत्ता	दूरीकिलोमीटरमें	10				शिविरमेंथा ।
		वायुया	भूगी दिकट	0 2	प्रत्येकपंक्तिका योग		19	स् स स
यात्रा भत्ता		एयरपोर्ट / रेलवेस्टेशन / दत स्टैण्ड तकपहुंचने या इसकेविपरीत यात्रा हेतमीलमता	9	8	वास्तविक व्यय प्रत		18	सरकारीआधिकारी / कर्मचारी द्वाराप्रमाण—पत्र — 1. प्रमाणित कियाजाताहोकउक्त यात्रा मैंनेवस्तुत की हैतथापूर्वभेमैंनेइसबिलकाभुगतानप्राप्तनहींकियाहै। 2. प्रमाणित कियाजाताहोकउद्विवारों या अन्य अवकाश के दिनोजिनकेलियभैनेविश्रामभतेकादावाकियाहै, मैंवास्तविक रूप से शिविरमेंथा। 3. प्रमाणित कियाजाताहोकिमुझे राजकीय या स्थानीय निकाय की ओर से कोईनि:गुरूकसवारीनहींदीगई। 4. मैंने उस श्रेणी में यात्रा की हैजिसकेलिए भत्तालियाजारहाहै। 5. प्रमाणित कियाजाताहैकिइसबिलमेंदावाकृतराशिराजस्थान यात्रा भत्ता नियम—1971 के प्रावधानों के अनुसारहै। 6. प्रमाणित कियाजाताहैकिइसबिलमेंदावाकृतराशिराजस्थान यात्रा भत्ता नियम—1971 के प्रावधानों के अनुसारहै। 7. वंयवितसामानकाकिलोमीटर के लिएकी दर सेक
		यात्रा काप्रदगर यथा–वायुयान/बस/स्वयं की वाहन/सरकारीगाडी		7		र्द	17	सरकारीआधिकारी / कर्मचारी द्वाराप्रमाण—पत्र —  1. प्रमाणित कियाजाताहैकिउक्त यात्रा मैंनेवस्तुत की हैतथापूर्वमेंमैंनेइसबिलकाभुगतानप्राप्तनहींकियाहै ।  2. प्रमाणित कियाजाताहैकिएवेवारों या अन्य अवकाश के दिनोंजिनकेलियोमैनेविश्रामभतेकादावाकियाहै ।  4. मैंने उस श्रेणी में यात्रा की हैजिसकेलिए भत्तालियाजारहाहै ।  5. प्रमाणित कियाजाताहैकिइसबिलमेंदावाकृतराशिराजस्थान यात्रा भत्ता नियम—1971 के प्रावधानों के हस्ताक्ष स्थानान्तरणपर यात्रा मतादावों के लियेजोंढ़िये —  1. वैयक्तिसामानकाकिलोमीटर के लिए
	.		न समय	9	<u> </u>			विस्तुत की य्य अवकाश् या स्थानीय एतराशिराज् हृतराशिराज् ल संख्या .
	7	विवरण	आगमन न दिनांक	5	विश्वामकामता	याश्र	16	यात्रमाण-प् यात्रा मैन् राजकीय शेलमेदावा के लिए
		वेश्रामका	य स्थान	4	_			मिक्रे हाम् अकरवित अव की है आक्रिमुंभे आक्रिमुंभे तामादर ताहतिकर सहतिकर
		यात्रा एवंविश्रामकाविवरण	ान  क समय	8	-   -	संख्या		क्षेत्र/कम् कैयाजाताह्नं कैयाजाताह्नं कैयाजाताह्नं सेयाजाताह्नं सेयाजाताह्नं सेयाजाताह्नं सेयाजाताह्नं सेयाजाताह्नं सेयाजाताह्नं सेयाजाताह्नं
नाम : पद :	. 161		प्रस्थान स्थान दिनांक	1 2		दिनों की संख्या	15	सरकारीआधिकारी / कर्मचारी द्वाराप्रमाण—पत्र —  1. प्रमाणित कियाजाताहैकिरविवारों या अन्य अवकाश के ि  2. प्रमाणित कियाजाताहैकिरविवारों या अन्य अवकाश के ि  3. प्रमाणित कियाजाताहैकिमुझे राजकीय या स्थानीय निक  4. मैने उस श्रेणी में यात्रा की हैजिसकेलिए भत्तालियाजार  5. प्रमाणित कियाजाताहैकिइसबिलमेंदावाकृतराशिराजस्थान  5. प्रमाणित कियाजाताहैकिइसबिलमेंदावाकृतराशिराजस्थान  7. वैयक्तिस्सामानकाकिलोमीटर के लिएकी दर से  2. वाहन  3. एक मुश्तअनुदान  घटाइये—  यात्रा भताअग्रिम, यदिआहतिकयागयाहोबिल संख्या

GA 94-95		Coverment of Bajacthan	Doisethen		New For	New Form No. GA 65A
GrAX 181 & 204		TA Addingson Bill	Chajasti Jail	7-14		Kule 109 (1)& 203 (10)
Reference No.		A-Advance Bill (Outer Sneet)	(Date Sueet)	Month/Year	Year :	
Detailed TA Bill of :	(Office Name)	Office ID:				
Bill No. :	Date:	DDO Code: Name of DDO:		Object Head:		
Budget Head: 0000-	Budget Head: 0000-00-000-00-00 NP/P	V/C Demand No.:00	Plan : 0.00	Non Plan: 0.00	TAN No.:	
The Treasury Officer, (Con Please Order to pay Rs	The Treasury Officer, (Concerning Treasury) Please Order to pay Rs as p	ing Treasury) as perclaim contained in this bill.	this bill.			
Sign of Clerk	Sign of Jr.ACC/AAO-I/II	AAO-I/II Sign (With Seal)/ e-Sign/	ign/		Digital 8	Digital Sign of DDO
Certificates: 1. The Amour 2. It is further 3. The Amour	nt claimed in this b certified thatl have nt of this bill is with	tificates:  1. The Amount claimed in this bill has not been drawnearlier.  2. It is further certified that have personally ensured observance of all formalities regarding necessary entries.  3. The Amount of this bill is within the limits of allotted budget for the Year (Current Financial Year).	of all formalities the Year (Current	regarding necessar		, .
					Sign (With Digital	Sign (With Seal)/ e-Sign/ Digital Sign of DDO
	Counter Signature	ignature		Treasury Voucher	Voucher	
Passed for Rs. Amount in words			No.	D For Treasury Use	Date :	
			Pay Rs. : (In words) :			
	Sign Digital S For Accountant General	Sign (With Seal)/e-Sign/ Digital Sign of Controlling Officer General Office				
Admitted (RS.)		Objected (RS.)				
~!						
Auditor	Supdt.	Gaz. officer	Auditor	AAO-I/II	Treasury Officer	
Disclaimer: All conte Group Name:	ents related to this bill	Disclaimer: All contents related to this bill are provided by Head of Office/DDO and he/she is solely responsible for it. Group Name :	nd he/she is solely resp Print Date & Time:	ponsible for it.		

			Govern	Government of Rajasthan	sthan		New F	New Form No. GA 65A
Reference No.	No.		TA-Advan	TA-Advance Bill (Inner Sheet)	Sheet)	Mo	Month/Year:	
Detailed 1	Detailed TA Bill of (Office Name)	(6	Office ID :	: Q				
Bill No.:	Date:	3G	DDO Code: Name of DDO :	: 000		Object Head:		
Budget He	Budget Head: 0000-00-000-00-00 NP/P V/C Demand No. :00	NP/P V/C	Demand No. :00	Plan : 0.00		Non Plan : 0.00	TAN No.:	
S.No.	Employee Name Designation Employee ID Nominee Name(s) Date of Death (only where Payment is made to Nominee)	Basic Pay	Sanction No./ Date	From Date*	To Date*	To Date* Name of Bank/ Name of Branch Bank Account No.	Gross Amount	Remarks
Total Amount	nount :							
Amount	Amount in words:							

#### Certificates:

- 1. Certified that I have personally examined and satisfied myself about the genuineness of claim that the TA-Advance Bill Claim of the employee(s) included in this bill are strictly in accordance with rules and that the said employee(s) are entitled to such TA- Advance Bill. It is further certified that I have personally ensured observance of all formalities regarding necessary entries.
  - All required information including Bank Account Details in this bill has been checked and verified.
  - It is certify that I have carefully examined & verified the master data of the said claim. رز <del>در</del>

# Enclosures (System generated/Scanned)^:

Sign (With Seal)/ e-Sign/ Digital Sign of DDO

Disclaimer: All contents related to this bill are provided by Head of Office/DDO and he/she is solely responsible for it.

Group Name:

Enclosures marked (^) are to be printed in the bill as per selection from dropdown menu according to the requirements defined under relevant rules. Note: Column Marked with (*) should be checked and verified in case of double payment. Print Date & Time:

Reference No. TA- Advance Adjustm Detailed TA Bill of: (Office Name)  Bill No.: Date: DDO Code: Name of DDO: Budget Head: 0000-00-00-00 NP/P V/C Demand No.: 00  To The Treasury Officer, (Concerning Treasury) Please Order to pay Rs	A- Advance Adjustment Bill(Outer Sheet) Office ID: O Code: Name of DDO: O Code: Name of DDO: O Code: Name of DDO: O Code: Name of DDO: O Code: Name of DDO: O Code: Name of DDO: O Code: Name of DDO: O Code: Name of DDO: O Code: Name of DDO: O Code: Name of DDO: O Code: Name of DDO: O Code: Name of DDO: O Code: Name of DDO: O Code: Name of DDO: O Code: Name of DDO: O Code: Name of DDO: O Code: Name of DDO: O Code: Name of DDO: O Code: Name of DDO: O Code: Name of DDO: O Code: Name of DDO: O Code: Name of DDO: O Code: Name of DDO: O Code: Name of DDO: O Code: Name of DDO: O Code: Name of DDO: O Code: Name of DDO: O Code: Name of DDO: O Code: Name of DDO: O Code: Name of DDO: O Code: Name of DDO: O Code: Name of DDO: O Code: Name of DDO: O Code: Name of DDO: O Code: Name of DDO: O Code: Name of DDO: O Code: Name of DDO: O Code: Name of DDO: O Code: Name of DDO: O Code: Name of DDO: O Code: Name of DDO: O Code: Name of DDO: O Code: Name of DDO: O Code: Name of DDO: O Code: Name of DDO: O Code: Name of DDO: O Code: Name of DDO: O Code: Name of DDO: O Code: Name of DDO: O Code: Name of DDO: O Code: Name of DDO: O Code: Name of DDO: O Code: Name of DDO: O Code: Name of DDO: O Code: Name of DDO: O Code: Name of DDO: O Code: Name of DDO: O Code: Name of DDO: O Code: Name of DDO: O Code: Name of DDO: O Code: Name of DDO: O Code: Name of DDO: O Code: Name of DDO: O Code: Name of DDO: O Code: Name of DDO: O Code: Name of DDO: O Code: Name of DDO: O Code: Name of DDO: O Code: Name of DDO: O Code: Name of DDO: O Code: Name of DDO: O Code: Name of DDO: O Code: Name of DDO: O Code: Name of DDO: O Code: Name of DDO: O Code: Name of DDO: O Code: Name of DDO: O Code: Name of DDO: O Code: Name of DDO: O Code: Name of DDO: O Code: Name of DDO: O Code: Name of DDO: O Code: Name of DDO: O Code: Name of DDO: O Code: Name of DDO: O Code: Name of DDO: O Code: Name of DDO: O Code: Name of DDO: O Code: Name of DDO: O Code: Name of DDO: O Code: Name of DDO: O Code: Name of DDO: O Code: Name of DDO: O Code: Name of DDO: O Code: Name of DDO:	Object Head : Non Pian : 0.00	Month/Year:	
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Disclaimer: All contents related to this bill are provided by Head of Office/DDO and he/she is solely responsible for it.  Group Name:	office/DDO and be/she is solely re	olely responsible for it.		

Enclosures marked (') are to be printed in the bill as per selection from dropdown menu according to the requirements defined under relevant rules. Note: Column marked with (#) should be checked (rider) for entering the duplicate values (data) of the travelling details.

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Disclaimer: All contents related to this bill are provided by Head of Office/DDO and he/she is solely responsible for it.	Ind he/she is solely res	ponsible for it.	

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Total Amount:	nount:						
Amount	Amount in words:						
Certificates: 1. Ce the Ad 2. All 3. It i	cates:  1. Certified that I hav the employee(s) in Advance Bill. It is favored:  2. All required inform  3. It is certify that I I	S: Certified that I have personally examined and satisfied myself about the genuineness of claim the the employee(s) included in this bill are strictly in accordance with rules and that the said employee(s) included in this bill are strictly in accordance with rules and that the said that Advance Bill. It is further certified that I have personally ensured observance of all formalities regardly required information including Bank Account Details in this bill has been checked and verified.  It is certify that I have carefully examined & verified the master data of the said claim.	and satisfied my strictly in accord ave personally en ccount Details in	yself about the gance with rules is unce the servand observand this bill has been emaster data o	enuineness of cl and that the said se of all formalitie checked and ve f the said claim.	es: Certified that I have personally examined and satisfied myself about the genuineness of claim that the LTC Advance Bill Claim of the employee(s) included in this bill are strictly in accordance with rules and that the said employee(s) are entitled to such LTC Advance Bill. It is further certified that I have personally ensured observance of all formalities regarding necessary entries.  All required information including Bank Account Details in this bill has been checked and verified.  It is certify that I have carefully examined & verified the master data of the said claim.	nce Bill Claim led to such L entries.
Enclosures 1. 2.	Enclosures (System generated/Scanned)^: 1. 2.	: <b>~</b> (pa					
Disclaimer: All	r: All contents related to a	Disclaimer. All contents related to this bill are provided by Head of Office/DDO and he/she is solely responsible for it.	ad of Office/DDO an	d he/she is solely res	- 1	Sign (With Seal)/ e-Sign/ Digital Sign of DDO	gital Sign of D
				FILL Date or Time			

		Government of Rajasthan	Rajasthan		Rufe No. 206-E (2)
Reference No.	- GPF/SI/NPS -	GPF/SI/NPS - Loan/Advance/Claim/Refund Bill (Outer Sheet)	n/Refund Bill (Out	er Sheet)	Month/Year:
Detailed Loan/Advance/Claim/Refund Bill of.	d Bill of .: (Office Name)	(6		Office ID:	
Bill No.: Date:		DDO Code:	Name of DDO:		Object Head: 00
Budget Head: 0000-00-000-00-00		Demand No.: 00	Service Head :		TAN No.:
To The Treasury Officer, (Name of Concerning Treasury) Please Order to pay Rs as pe	ame of Concerning Treasury)	g Treasury) as per claim contained in this bill.	is bill.		
		Sign of Clerk		Sign of Jr.ACC/AAO-I/II	Sign (With Seal)/ e-Sign/ Digital Sign of DDO
Certificates:  1. The Amount claimed in this bill has not been drawn earlier.  2. It is further certified that I have personally ensured observance of all formalities regarding necessary entries.	in this bill has not bee at I have personally e	en drawn earlier. ensured observance of	all formalities regal	rding necessary er	
					Sign (With Seal)/ e-Sign/ Digital Sign of DDO
GPE/SI/PRAN No. :				Treasury Voucher	cher
Name of Employee :		•	No.		Date:
Sanction Amount: Authority Number & Date:				For Treasury Use	Use
(Valid for 3 months from the date of Issue): Nature of payment & reason:	; (ens		Pay Rs. : (In words) :		
	Sign ( Digital Sign	Sign (With Seal)/e-Sign/ Digital Sign of Controlling Officer	(In Cash) : (In words) :		
For Acc	For Accountant General Office	ψ.			
Admitted (RS.): Rejected (RS.): Reasons for Rejection:			Total Credit Rs.		
Auditor S	Supdt.	Gaz. Officer			
			Auditor	AAO-I/II	Treasury Officer
Disclaimer: All contents related to this bill are provided by Head of Office/DDO and he/she is solely responsible for it.	this hill are provided by F	Head of Office/DDO and he	/she is solely responsib	le for it.	,

c

Reference No. (Proposed)  Soan/Advance/Claim/Refund Bill (Inner Sheet)  Oatle: DDO Code: Name of DDO: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office ID: Office I		19		Government of Rajasthan	Rajasthan		New Form No. GA 76
Reference No. (Proposed)  oan/Advance/Claim/Refund Bill of: (Office Name)  Date: DDO Code: Name of DDO:  lead: 0000-00-000-00 Demand No.: 00 Service Head:  f Payment:  Employee Name Basic Pay Whom amount to be paid (Nominee/ Payment is to be made to Designation (only in case where Payment is to be made to Designation (Only in case where Payment is to be made to Death (only in case where Payment is to be made to Nominee(s))  St. Ins. No. to be made to Nominee(s))	eference	No.	GPF/SI/NF	S - Loan/Advance/C	Claim/Refund Bill (		Month/Year:
Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Date:  Da	& GPF R	eference No. (Proposed)					
lead: 0000-00-00-00  Fayment:  Employee Name Employee ID Designation GPF/PRAN No. Belt No. St. Ins. No.	etailed Lo	an/Advance/Claim/Refund Bill of:	(Office Name	(2)		Office ID:	
Basic Pay Whom amount to be paid (Nominee/ Third Party Name) (Names May be multiple) (only in case where Payment is to be made to Nominee(s)/Third Party(s)) Date of Death (only in case where Payment is to be made to Nominee(s))	II No. :	Date:	<u> </u>	OO Code :	Name of DDO:	Object H	ead:
Employee Name Basic Pay Whom amount to be paid (Nominee/Employee ID Third Party Name) (Names May be multiple) Designation (only in case where Payment is to be made to Nominee(s)/Third Party(s)) Belt No. to be made to Nominee(s) St. Ins. No.	udget He	ad: 0000-00-000-00	Demand No.	00:	Service Head:	TAN No.	
Basic Pay Whom amount to be paid (Nominee/ Third Party Name) (Names May be multiple) (only in case where Payment is to be made to Nominee(s)/Third Party(s)) Date of Death (only in case where Payment is to be made to Nominee(s))	Vature of	Payment:					
	S.No.	Employee Name Employee ID Designation GPF/PRAN No. Belt No. St. Ins. No.	Basic Pay	Whom amount to be J Third Party Name) (No (only in case where Paymen Nominee(s)/Third Party(s)) Date of Death (only in to be made to Nominee(s))	paid (Nominee/ lames May be multiple) It is to be made to case where Payment is	Name of Bank/ Name of Branch/ Account N (Names May be multiple)	Amount O.

## Total Amount:

Amount in words:

### Certificates:

- 1. Certified that I have personally examined and satisfied myself about the genuineness of claim that the Loan/Advance/Claim/Refund Bill of the Individual included in this bill is strictly in accordance with rules and authority issued by SI/GPF Department, that the said Individual is entitled to such Loan/Advance/Claim/Refund. It is further certified that I have personally ensured observance of all formalities regarding necessary entries.
  - Necessary entries have been recorded in GPF Pass Book/ SI Policy.
    - Original Sanction/Authority of withdrawal is enclosed.
- All required information including Bank Account Details in this bill has been checked and verified.
  - It is certify that I have carefully examined & verified the master data of the said claim. ഗ ഒ. 4; **രു**

Enclosures (System generated/Scanned)^:

Sign (With Seal)/ e-Sign/ Digital Sign of DDO Disclaimer: All contents related to this bill are provided by Head of Office/DDO and he/she is solely responsible for it. Print Date & Time

Doforopol No				than	KUSE NO. 219
ביום ביוכב ואס.		Contingent (FVC) Bill (Outer Sheet)	VC) Bill (Oute	er Sheet)	Month/Year:
÷.	(Office Name)		Office ID :		
Bill No. :	Date:	DDO Code:	Name of DDO:	: 00	Object Head:
Budget Head: 0000-00-000-00 NP/P	-00-00 NP/P V/C	Demand No.: 00	Plan : 0.00	No.1 Plan : 0.00	TAN No.:
To The Treasury Officer, (C Please Order to pay Rs.	Soncerning Trea	ssury) . as per claim contained in this bill.	is bill.		
		Sign of Clerk		Sign of Jr.ACC/AAO-I/II	Sign (With Seal)/ e-Sign/ Digital Sign of DDO
Certificates: 1. The Amount claime 2. It is further certified 3. The Amount of this 4. It is certified that al	cates: The Amount claimed in this bill has not been drawn earlier. It is further certified that I have personally ensured observa The Amount of this bill is within the limits of allotted budget it is certified that all articles detailed in the voucher attach	cates: The Amount claimed in this bill has not been drawn earlier. It is further certified that I have personally ensured observance of all formalities regarding necessary entries. The Amount of this bill is within the limits of allotted budget for the Year (Current Financial Year). It is certified that all articles detailed in the voucher attached to the bill and in those retained in my office have been accounted for in the stock	malities regardir (Current Financie i and in those re	ng necessary entries.  I Year).  stained in my office have b	een accounted for in the
register. 5. Original copy of the voucher less than	voucher less than Rs	Rs. 3000 retained with office copy of the bill	y of the bill.		
		·			Sign (With Seal)/ e-Sign/ Digital Sign of DDO
I Certifled that the Compliance of Direction/ 84 (Rule 219 GF & AR) has been ensured		nstructions under form no. GA		Treasury Voucher	her
			No.	D <u>For Treasury Use</u>	Date : <u>Jse</u>
		_	Pay Rs. : (In words) :		
	Sign	Sign (With Seal)/e-Sign/ Digital Sign of of DDO			
For	For Accountant General Office	Office			
Admitted (RS.)	,	Objected (RS.)			
Auditor	Supdt.	Gaz. officer	Auditor	AAO-I/II	Treasury Officer
Disclaimer: All contents relat	ed to this bill are provide	Disclaimer: All contents related to this bill are provided by Head of Office/DDO and he/she is solely responsible for it.	 nd he/she is solely res	ponsible for it.	

			Gover	Government of Rajasthan		New For	New Form No. GA 84
Reference No.	» No.		Contingent	Contingent (FVC) Bill (Inner Sheet)		Month/Year:	
Detailed I	Detailed FVC Bill of: (Office Name)	ice Name)		Office ID :			
Bill No.:		Date:	DDO Code :	Name of DDO :		Object Head:	
Budget H	Budget Head: 0000-00-000-00 NP/P V/C	-00-00 NP/P V/C	Demand No.: 00	00 Plan: 0.00	Non Plan: 0.00	TAN No. :	
S.No.	Employee	Invoice No.	Bill/ Invoice	Name of Bank/ Name of	Deduction	Gross Amount Remarks	Remarks
	Name/Third	Invoice Date	Details	Branch.	Amount	Net Amount	
	Party Name			Account No.	Budget Head		
1.							
2.							
Gross Amount :	nount :		Deduc	Deduction Amount:	Net	Net Amount:	
Amount	Amount in words:						

- Certified that I have personally examined and satisfied myself about the genuineness of claim that the FVC bill of the employee(s) included in this bill are strictly in accordance with rules and that the said employee(s) are entitled to such FVC Bill. It is further certified that I have personally ensured observance of all formalities
- All required information including Bank Account Details in this bill has been checked and verified. 2, 6,
- I certify that the expenditure included in this bill could not, with due regard to the interest 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 on this bill. Vouchers for all sums above Rs.3000 in amount are attached to this bill save those noted below, which will be forwarded as soon as the amounts have been paid. 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. All work bills are annexed.
- Certified that the purchases billed for have been received in good order, that their quantities are correct and their quality 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 4,
  - Certified that: S.
- 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 servant concerned is not entitled to draw travelling allowance under the ordinary rules for the journey and 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. It is certify that I have carefully examined & verified the master data of the said claim.
    - Ġ,

# Enclosures (System generated/Scanned)^:

Sign (With Seal)/ e-Sign/ Digital Sign of DDO Disclaimer. All contents related to this bill are provided by Head of Office/DDO and he/she is solely responsible for it. Print Date & Time: Group Name:

Abstract Contingent of: (Office Name)  Date: DDO Code: D00-00-00-00 NP/P V/C Demand No.:00  ury Officer, (Concerning Treasury) der to pay Rs	s bill.  Sign of Jr.ACC/AAO-I/II  Spanding necessary entries.  Financial Year).	Month/Year: Object Head: TAN No.: Sign (With Seal)/ e
Detailed bill for Abstract Contingent of: (Office Name)  Budget Head: 0000-000-000-00 NP/P V/C Demand No.: 00 Pli  To The Treasury Officer, (Concerning Treasury)  Please Order to pay Rs	Office ID:  Name of DDO: In: 0.00 Non Plan: 0.00  sign of Jr.ACC/AAO-I/II  sign of Jr.ACC/AAO-I/II  rading necessary entries. nancial Year).	Object Head: TAN No.: Sign (With Seal)/ e
Sill No.: Date: DDO Code:  Sudget Head: 0000-00-00-00 NP/P V/C Demand No.: 00 Pla  To The Treasury Officer, (Concerning Treasury)  Please Order to pay Rs	Name of DDO:  In: 0.00  Non Plan: 0.00  Ill.  Sign of Jr.ACC/AAO-I/II  rading necessary entries.  nancial Year).  Treasury Vouch	Object Head: TAN No.: Sign (With Seal)/ e Digital Sign of
Sudget Head: 0000-00-00-00 NP/P V/C Demand No.: 00 Pit To The Treasury Officer, (Concerning Treasury) Please Order to pay Rs	ill.  Sign of Jr.ACC/AAO-I/II  sidn of Jr.ACC/AAO-I/II  rancial Year).  Treasury Youch	TAN No. : Sign (With Seal)/ 6 Digital Sign of
. 2.2. 3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3	Sign of Jr.ACC/AAO-I/II Sign of Jr.ACC/AAO-I/II arding necessary entries. nancial Year).	Sign (With Seal)/ e-Sign/ Digital Sign of DDO
Sign of Clerk  Certificates:  1. The Amount claimed in this bill has not been drawn earlier. 2. It is further certified that I have personally ensured observance of all formalities reg: 3. The Amount of this bill is within the limits of allotted budget for the Year (Current File To be Filled by the DDO)	Sign of Jr.ACC/AAO-I/II arding necessary entries. nancial Year).	Sign (With Seal)/ e Digital Sign of
Certificates:  1. The Amount claimed in this bill has not been drawn earlier.  2. It is further certified that I have personally ensured observance of all formalities regally.  3. The Amount of this bill is within the limits of allotted budget for the Year (Current Find Tobe Filled by the DDO).	arding necessary entries. nancial Year).  Treasury Vouch	
To be Filled by	Treasury Vouch	
To be Filled by	Treasury Vouch	Sign (With Seal)/ e-Sign/ Digital Sign of DDO
Sanction No.:		Date:
Sanction Date :	For Treasury Use	se
	Pay Rs.	
Sanctioning Authority :	(In words)	
	(In Cash) : (In words) :	
For Accountant General Office	Total Credit Rs.	
Admitted (RS.)		
	Auditor AAO-I/II	Treasury Officer
Auditor Supdt. Gaz. officer Disclaimer: All contents related to this bill are provided by Head of Office/DDO and he/she is solely responsible for it. Group Name:	is solely responsible for it.	

		Governme	Government of Rajasthan	New Form No. 85
Reference No.		Abstract Continge	Abstract Contingent Bill (Inner Sheet)	Month/Year:
Detailed bill will be so	Detailed bill will be sent for countersignature in	n one month	Office ID:	State :
Bill No.:	Date:	DDO Code:	Name of DDO :	
Treasury	Bill for contingent			Month in which presented for payment at
-	charge of: (Office Name)	Vame)		Treasury:
(Treasury Name)	Head of Account: 0000-000-00-00		Object Head: 00	Vouchers No. of list of Payment for :
Detail of number	Detailed Head of	Detailed Head of charge (with description, where necessary)	n, where necessary) &	Amount
of sub-voucher	Quotation of charges requiring sanction. (Sanction Authority: DDO)	requiring sanction. DDO)		
		Description		
	(Purpose as Rule 219 Appendix A) OR	pendix A)		
	(Nature of Power as per Delegation of Power)	:legation of Power)		
प्रमाणित किया जाता ह नियंत्रक प्राधिकारी को	है कि तीन माह पूर्व आहरित २ प्रस्तुत कर दिये गये है या इस	प्रमाणित किया जाता है कि तीन माह पूर्व आहरित अग्रिम व्यय के बिलों के संबंध में विस्तृत आकस्मिक व्यय के बिल नियंत्रक प्राधिकारी को प्रस्तुत कर दिये गये है या इस कार्यालय में प्रतिधारित (रिटेन्ड) कर लिये गये है।	विस्तृत आकस्मिक व्यय के बिल र लिये गये है।	
Total Amount:				
Amount in words:				
	Prev	Previous AC Bills which don't have a corresponding DC Bill	have a corresponding DC	Bill:
Sr No.	Bill No. & Date		Reason	Amount
2.	5 5 5 5 5 5			
Note: The Governm register is re	Note: The Government Officer drawing this bi register is required to be sent up with bi	bill is responsible for having initialled to bills and sub-vouchers for this purpose.	nitialled the date of each paym purpose.	bill is responsible for having initialled the date of each payment in the contingent register. The cash bills and sub-vouchers for this purpose.

- Certificates:

  1. Certification that I have personally examined and satisfied myself about the genuineness of claim. It is further certified that I have personally ensured observance of all formalities regarding necessary entries.

  2. It is also certify that I have carefully examined & verified the master data of the said claim.

  Enclosures (System generated/Scanned)^:

  1.

### Date:

N.B. - The Treasury Officer will make payment on this form as required but the Drawer should be careful to include the detailed contingent bill of a month only the amount of all abstract encashed at the treasury during that month.

Sign (With Seal)/ e-Sign/ Digital Sign of DDO

Disclaimer: All contents related to this bill are provided by Head of Office/DDO and he/she is solely responsible for it. Print Date & Time: Group Name:

GA 110						New Form No. GA 86
		Ğò	Government of Rajasthan	Rajasthan	:	
Reference No.		Ω	Detailed Contingent Bill	gent Bill	Mont	Month/Year :
Note: Government Offi	Note: Government Officers whose bills are countersigned before Payment by the Controlling Officers should use form 111 GFAR	riersigned before	Payment by the	Controlling Officers	should use form 111	GFAR
Office ID :	DDO Code :	Name of DDO				
Bill No. :		Date:		State:		
Treasury	Bill for contingent					Month for which the bill
	charge of: (Office Name)	lame)				is presented :
(Treasury Name)	Head of Account: 0000-00-00-00-00		Object	Object Head : 00		(Name of Month)
	AC Bill No & Date:		AC Bi	AC Bill Amount :		
Detail of number of sub-voucher	Detailed Head of charge (with description, where necessary) & Quotation of charges requiring sanction. (Sanction Authority: DDO)	(with description, v	where necessary) &	t Quotation of charge	s requiring sanction.	0Amount
	Payment Details:	Party Name	Invoice No.	Invoice Date	Invoice Amount	
	**************************************					
	2.					
	3.		<b>i</b>			
			-	Sub Total		
	Challan			-	(Challan/Advance	
	Details/Advance:				Amount)	
Amount in words:					Total Amount:	
Certificates:						
1. I certif	ly that the expenditure include	ded in this bill coul	d not, which due r	egard to the interests	of the public service be	I certify that the expenditure included in this bill could not, which due regard to the interests of the public service be avoided. I have satisfied myself
that the	e charges entered in this bill	have been really p	aid. Vouchers for	all items of expenditu	re above Rs. 1000/- in a	that the charges entered in this bill have been really paid. Vouchers for all items of expenditure above Rs. 1000/- in amount, and all work bills are
attacing	attached to the plans. I have certary, or mutilated that they cannot be us	iy, as iai as possioic, used again	Ootaillea vouvileis	o tot outer suites, and t	un responsibile mar aley	mare been destabled of so defaced
2. Certifi	Certified that all the articles detailed in the vouchers attached to the bill and in those retained in my office have been accounted for in the Stock	ed in the vouchers	attached to the bill	and in those retained	in my office have been	accounted for in the Stock
Regist	Register.(This certificate is required when proper store accounts of materials and stores purchased are required to be mentioned.)	ed when proper stor	re accounts of mat	erials and stores purcl	ased are required to be	mentioned.)
3. Certifi	led that the purchases billed	for have been recei	ived in good order	, that their quantities	are correct and their qual	Certified that the purchases billed for have been received in good order, that their quantities are correct and their qualities good, that the rates paid are
not in	excess of the accepted and to	he market rates and	that suitable note	s of payments have o	een recorded against me	not in excess of the accepted and the market rates and that suitable notes of payments have been recorded against the indents and involce concerned to

- prevent double payment.
  - Certified that: 4.
- 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
- The Government servant concerned is not entitled to draw travelling allowance 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 Ъ.

Sign (With Seal)/ e-Sign/ Digital Sign of DDO

# For use of Controlling Officer

Entered at item no...... of register in Form GA 105.

Disallowed from sub-voucher no:

4

	_
Amount	
Sub-Voucher No.	
S.No.	

# Pass for Rs. (Amount)

I certify that in support of every charge of more than Rs. /- made in this bill, a receipt for other voucher has been given to me. The receipt and vouchers for items in excess of Rs. /- are attached to the bill, and I am responsible that the receipts and vouchers for all items of more than Rs. /- in proper form and order and are in my possession and that they have been so cancelled that they cannot be again used to support claims against the Government. All work bills are also appended.

Forwarded to the Accountant General of Rajasthan, Jaipur.

# Enclosures (System generated/Scanned)^:

# Date:

Disclaimer. All contents related to this bill are provided by Head of Office/DDO and he/she is solely responsible for it. Group Name:

Print Date & Time:

Sign (With Seal)/ e-Sign/ Digital Sign of Controlling Officer

		Government of	nt of Rajasthan		New Form No. 100 Rule 255 (ii)
Reference No.		Revenue Refu	Revenue Refund Bill (Outer Sheet)	heet)	Month/Year :
Detailed bill for Refund of Revenue of	f: (Office Name)	ame)		Office ID:	
Bill No.: Date:		DDO Code :	Name of DDO :	: 00	Object Head :
Budget Head: 0000-00-000-00-00 NP/P	/P V/C	Demand No.: 00	Plan: 0.00	Non Plan : 0.00	TAN No.:
To The Treasury Officer, (Concerning Please Order to pay Rs	ng Tre	asury) as per claim contained in this bill.	this bill.		
		Sign of Clerk		Sign of Jr.ACC/AAO-I/II	Sign (With Seal)/ e-Sign/ Digital Sign of DDO
Certificates:  1. The Amount claimed in this bill has not been drawn earlier. 2. It is further certified that I have personally ensured observance of all formalities regarding necessary entries. 3. The amount of this bill within the limit of budget allotment for the year (Current Financial Year). 4. Certified that the order of refund have been registered and noted against the original receipt entry in the deporter for refund of same sum has not been issued. 5. Compliance of Rule 254, 255 & 263 has been ensured.	as not been d ersonally ensu- limit of budge have been reg s not been issi 263 has been	been drawn earlier. Illy ensured observance of all formaliti f budget allotment for the year (Curre, been registered and noted against the leen issued. s been ensured.	ies regarding necess nt Financial Year). s original receipt entr	ary entries. y in the departmental acc	t been drawn earlier.  ally ensured observance of all formalities regarding necessary entries.  budget allotment for the year (Current Financial Year).  been registered and noted against the original receipt entry in the departmental account under my initials and previous oeen issued.  so been ensured.
					Sign (With Seal)/ e-Sign/ Digital Sign of DDO
Original Deposit Amount:	To be Filled by the DDO	7		Treasury Voucher	
Already Refund Amount: Refund Sanction Amount: Refund Sanction No.:			O	For Treasury Use	Date :
Refund Sanction Date : Nature of Deposit :			Pay Rs. : (In words) :		
	Ö	Sign (With Seal)/ e-Sign/ Digital Sign of DDO	(in Cash) :		
For Accountant General Office	nt General (	Office			
Admitted (RS.)		Objected (RS.)	By B.T. Total Credit Rs.		
			-		
Auditor Supdt.	dt.	Gaz. officer	Auditor	AAO-I/II	Treasury Officer
Disclaimer. All contents related to this bill are	ill are provide	provided by Head of Office/DDO and he/she is solely responsible for it.	d he/she is solely res	ponsible for it.	

-			Government of Rajasthan	Rajasthan			New Form No. 100
Reference No.			Revenue Refund Bill (Inner Sheet)	Il (Inner Sheet)		Month/Year:	
Detailed bill for Refund of Revenue of: (Office Name)	of Revenue of:	(Office Name)			Office ID:		
Bill No. :	Date:	)QQ	DDO Code:	Name of DDO :		Object Head :	
Budget Head: 0000-00-000-00 NP/P V/C	000-00-000 NP/P		Demand No.: 00	Plan: 0.00 N	Non Plan: 0.00	TAN No. :	
S.No. Name	Bank Name Branch Name Bank A/C No.	Sanction No.	Challan Type (Manual receipt/e-receipt) Challan No. Deposit Date	Total Challan Amount Already Refunded Amount Amount Claimed in this bill	Dedi	Deduction Budget Head Deduction Amount	Net Amount Gross Amount
Gross Amount:			Deduction Amount:	unt :		Net Amount:	
Amount in words:							

* Ċ,

### Certificates:

- Individual/Third Party included in this bill are strictly in accordance with rules and that the said Individual/Third Party are entitled to such Revenue Refund Bill. It is further certified that I have personally ensured observance of all formalities regarding necessary Certified that I have personally examined and satisfied myself about the genuineness of claim that the Revenue Refund Bill of the entries.
- All required information including Bank Account Details in this bill has been checked and verified.
- All enclosed vouchers has been discharged and if there is any case of double payment, I will be responsible for it. ଠା ଓ ଐ
  - It is certify that I have carefully examined & verified the master data of the said claim.

Enclosures (System generated/Scanned)^: : 1. 2.

Sign (With Seal)/ e-Sign/ Digital Sign of DDO Disclaimer. All contents related to this bill are provided by Head of Office/DDO and he/she is solely responsible for it. Group Name:

Print Date & Time:

		-		NOW TO THE TANK OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF
	Government of	Rajasthan		Rule 255
Reference No.	VAT Refund Bill (Outer Sheet)	(Outer Sheet)	2	Month/Year :
Detailed CTD Payment Bill of: (Office Name)		Office ID:		
Bill No. : Date :	DDO Code:	Name of DDO:	Object	Object Head :
Budget Head: 0000-00-00-00 NP/P V/C	Demand No.: 00	Plan : 0.00 Nc	Non Plan : 0.00	TAN No. :
To The Treasury Officer, (Concerning Treasury) Please Order to pay Rs as p	tsury) as per claim contained in this bill.	nis bill.		
	Sign of Clerk	k Sign of Jr.ACC/AAO-I/II	C/AAO-I/II	Sign (With Seal)/ e-Sign/ Digital Sign of DDO
Certificates: 1. The Amount claimed in this bill has not been drawn earlier. 2. It is further certified that I have personally ensured observance of all formalities regarding necessary entries.	been drawn earlier. Illy ensured observance of	f all formalities regardin	ig necessary entr	ries.
				Sign (With Seal)/ e-Sign/ Digital Sign of DDO
Certified that the Compliance of Direction/ Instruction under form no. GA	uction under form no. GA		Treasury Voucher	ler
100 A (Rule 255 GF & AR) has been ensured.		No.		Date:
			For Treasury Use	. 98
		Pay Rs. : (In words) :		
Sign (With Seal)/ D For Accountant General Office	Sign (With Seal)/ Digital Sign of DDO ant General Office	(In Cash) : (In words) :		
Admitted (RS.)	Objected (RS.)	Total Credit Rs.		
Auditor	Gaz. officer	Auditor	AAO-I/II	Treasury Officer
I contents related to this	hy Head of Office/DDO and h	e/she is solely responsible for	or it	

				Sovernme	Government of Rajasthan		New Form No. GA 100 A	
Reference No.	No.		VA	T Refund	VAT Refund Bill (Inner Sheet)		Month/Year :	
Detailed C	Detailed CTD Payment Bill of: (Office Name	(Office Name)			Office ID :			
Bill No. :	Date:		DDO Code:		Name of DDO:		Object Head :	$I^-$
Budget He	Budget Head: 0000-00-000-00 NP/P	00 NP/P V/C	Demand No.: 00	00:	Plan: 0.00	Non Plan: 0.00	TAN No. :	
S.No.	Dealer Name	Bank Name		Refund Order No.	rder No.	Period of Refund	Total Amount	
	TIN No.	Bank Account No.	ınt No.	Refund O	Refund Order Date			
			•					
2.			,					
Total Amount:	ount:							Π
Amount i	Amount in words:							П
Certificates:	ites:							
 	ertified that I have	personally exam	nined and satis	fied myseli	f about the genuin	eness of claim that the	L. Certified that I have personally examined and satisfied myself about the genuineness of claim that the CTD Payment Bill of the	(1) (
	ndividual/ Illing Farty included III such CTD Payment Bill. It is furthe	included in tims	ertified that I have	in accorda ve persona	illy ensured observa	ance of all formalities	Individual/Tillio Farty included in this bill are surcing in accordance with lutes and that the said individual/Tillio Farty are entitied to such CTD Payment Bill. It is further certified that I have personally ensured observance of all formalities regarding necessary entries.	
5 S	All required information including I	on including Ban	k Account Detai	ils in this bi	Bank Account Details in this bill has been checked and verified.	ed and verified.		
ج ج	it is certify that I have carefully	e carefully exa	mined & verifi	ed the mas	examined & verified the master data of the said claim.	ıd claim.		
						Sign (With Seal	Sign (With Seal)/ e-Sign/ Digital Sign of DDO	
Disclaimer	Disclaimer: All contents related to this bill are provided by Head of Office/DDO and he/she is solely responsible for it.	this bill are provide	d by Head of Offic	e/DDO and f	he/she is solely respons	ible for it.		

Print Date & Time:

Group Name:

- GA 120		New Form No. 103
55	Government of Rajasthan	Rule 263 (c)
Ice No.	Deposit Repayment Bill (Outer Sheet)	Month/Year:
Detailed bill for Repayments of Deposits of : (Office Name)	Office ID:	
Bill No.: Date: DDO Code:	Name of DDO:	Object Head:
Budget Head: 0000-00-000-00-00 NP/P V/C Demand No. : 00	Plan: 0.00 Non Plan: 0.00	TAN No. :
To The Treasury Officer, (Concerning Treasury) Please Order to pay Rs as per claim contained in this bill.	this bill.	
Sign of Clerk	Clerk Sign of Jr.ACC/AAO-I/II	Sign (With Seal)/ e-Sign/ Digital Sign of DDO
Certificates:  1. The Amount claimed in this bill has not been drawn earlier.  2. It is further certified that I have personally ensured observance of all formalities regarding necessary entries.  3. The Amount of this bill is within the limits of allotted budget for the Year (Current Financial Year).	nce of all formalities regarding neces for the Year (Current Financial Year).	sary entries.
		Sign (With Seal)/ e-Sign/ Digital Sign of DDO
To be Filled by the DDO Original Deposit Amount:	Treasury Voucher	
Already Refund Amount :	No.	Date:
Refund Sanction Amount:	No Allegan Andrews	Ose
Refund Sanction No.:	Pay Rs. :	
Refund Sanction Date:	. (25,000,00)	
Nature of Deposit :	(In Cash) : (In words) :	
Sign (With Seal)/ e-Sign/ Digital Sign of DDO	By B.T. Total Credit Rs.	
For Accountant General Office	,	
Admitted (RS.) Objected (RS.)		
Auditor Supdt. Gaz. officer	Auditor AAO-1/II	Treasury Officer
Disclaimer: All contents related to this bill are provided by Head of Office/DDO and he/she is solely responsible for it.  Print Date & Time.	nd he/she is solely responsible for it. Print Date & Time	

				- tacomorphic	of Dologhon		1
Reference No.	ce No.		ā	Deposit Repayment Bill (Inner Sheet)	or Kajasurari Bill (Inner Sheet)	Ne Month/Year :	New Form No. 103
Detailed	Detailed bill for Repayments of Deposits of:	its of Deposits of	: (Office Name)			Office ID :	
Bill No.		Date:	DDO Code :	ode:	Name of DDO :	Object Head	
Budget	Budget Head: 0000-00-000-00 NP/P		V/C Deman	Demand No.: 00 Pla	Plan: 0.00 Non Plan: 0.00	: 0.00 TAN No. :	
S.No.	Name Bank A/C No.	Bank Name Branch Name	Sanction No. Sanction Date	Challan Type (Manual receipt/e-receipt) Challan No. Deposit Date	Total Challan Amount Already Refunded Amount Amount Claimed in this bill	Deduction Budget Head Deduction Amount	Net Amount Gross Amount
<u></u>							
Remarks:	: 8:						
Total Amount	mount:						
Certificates:	Certificates:						
<del></del>	Certified that I have personally exa Individual/Third Party included in t such Deposit Repayment Bill. It is	ave personally of Party included ispayment Bill. It	examined and s in this bill are sl t is further certif	atisfied myself aboul trictly in accordance led that I have perso	Certified that I have personally examined and satisfied myself about the genuineness of claim that the Deposit Repayment Bill of the Individual/Third Party included in this bill are strictly in accordance with rules and that the said Individual/Third Party are entitled to such Deposit Repayment Bill. It is further certified that I have personally ensured observance of all formalities regarding necessary	that the Deposit Repaying Individual/Third Parte of all formalities regains	yment Bill of the y are entitled to rding necessary
	All required information including E All enclosed vouchers has been di It is certify that I have carefully e	rmation includin uchers has beer : I have carefull	g Bank Account i discharged and Iy examined & 1	t Details in this bill had if there is any case verified the master	All required information including Bank Account Details in this bill has been checked and verified. All enclosed vouchers has been discharged and if there is any case of double payment, I will be responsible for it. It is certify that I have carefully examined & verified the master data of the said claim.	ed. oe responsible for it.	
Enclosur 1.	Enclosures (System generated/Scanned)^ : 1. 2.	l/Scanned)^ :					
			3 3 3		Sign	Sign (With Seal)/ e-Sign/ Digital Sign of DDO	tal Sign of DDO
Disclaimer: A	ier: All contents rela ame:	ated to this bill are	provided by Head c	of Office/DDO and he/sh Print Da	Disclaimer: All contents related to this bill are provided by Head of Office/DDO and he/she is solely responsible for it. Group Name :		
Faclo	cure marked (A) are t	the minted in the hil	B as nor selection from	a drondown moon soons	Enclosures marked (1) are to be printed in the hill as nor colorion from drondown ment according to the requirements defined under solvened and	and account and an	

S			
GA 154			New Form No. 105
GFAR 230	Government of	f Rajasthan	Rule 265 (3)
Reference No.	and of Lapse Depo	Refund of Lapse Deposit Bill (Outer Sheet)	Month/Year:
Detailed bill for Refund of Lapse Deposit of: (Office Name)	пе)	Office ID:	
Bill No.: Date: DD	DDO Code:	Name of DDO:	Object Head: 00
Budget Head: 0000-00-000-00 Demand	Demand No.: 00	TAN No.:	
To  The Treasury Officer, (Concerning Treasury) Please Order to pay Rs as per	asury) . as per claim contained in this bill.	his bill.	
	Sign of Clerk	erk Sign of Jr.ACC/AAO-I/il	Sign (With Seal)/ e-Sign/ Digital Sign of DDO
Certificates:  1. The Amount claimed in this bill has not been drawn earlier.  2. Compliance of Rule 265 has been ensured.  3. It is further certified that I have personally ensured observance of all formalities regarding necessary entries.  4. The Amount of this bill is within the limits of allotted budget for the Year (Current Financial Year).	n drawn earlier. nsured observance o	has not been drawn earlier. en ensured. personally ensured observance of all formalities regarding necessa the limits of allotted budget for the Year (Current Financial Year).	y entries.
	·		Sign (With Seal)/ e-Sign/ Digital Sign of DDO.
To be Filled by the DDO		Treasury Voucher	
Original Deposit Amount : Already Refund Amount (If Any) : Refund Sanction Amount :		No. For Treasury Use	Date:
Refund Sanction No.: Refund Sanction Date: Nature of Deposit:		Pay Rs. : (In words) :	
	Sign (With Seal)/ e-Sign/ Digital Sign of DDO	(In Cash) : (In words) :	
For Accountant General Office		By B.T. Total Credit Rs.	
Admitted (RS.)	Objected (RS.)		
Auditor Supdt.	Gaz. officer	Auditor AAO-I/II	Treasury Officer
Disclaimer: All contents related to this bill are provided by Head of Office/DDO and he/she is solely responsible for it.  Group Name:	ead of Office/DDO and Pri	nd he/she is solely responsible for it. Print Date & Time :	

Reference No.  Detailed bill for Refund of Lapse Deposit of: (Office Name)  Budget Head: 0000-00-000-000-000 NP/P V/C Demand No.: 00 Name of DDO:  S.No. Name Challan Type (Manual Bank Name Challan No. Bank Name Challan No. Bank Name Deposit Date  I. Remark:  Gross Amount:  Detailed bill for Refund of Lapse Deposit Bill (Inner Sheet)  Office Name Office Name)  Amount Challan Type (Manual Bank Name Challan No. Bank Name Challan No. Bank Name Deposit Date  Remark:  Amount Claimed in this bill (Inner Sheet)  Name of DDO:  Name Office Name Office Name of DDO:  Name Office Name Office Name of DDO:  Name Office Name Office Name of DDO:  Name Office Name Office Name of DDO:  Name Office Name Office Name of DDO:  Name Office Name Office Name of DDO:  Name Office Name Office Name of DDO:  Name Office Name Office Name of DDO:  Name Office Name Office Name of DDO:  Name Office Name Office Name Office Name of DDO:  Name Office Name Office Name Office Name of DDO:  Name Office Name Office Name Office Name of DDO:  Name Office Name Office Name Office Name of DDO:  Name Office Name Office Name Office Name of DDO:  Name Office Name Office Name Office Name of DDO:  Name Office Name Office Name Office Name of DDO:  Name Office Name Office Name Office Name Office Name Office Name Office Name Office Name Office Name Office Name Office Name Office Name Office Name Office Name Office Name Office Name Office Name Office Name Office Name Office Name Office Name Office Name Office Name Office Name Office Name Office Name Office Name Office Name Office Name Office Name Office Name Office Name Office Name Office Name Office Name Office Name Office Name Office Name Office Name Office Name Office Name Office Name Office Name Office Name Office Name Office Name Office Name Office Name Office Name Office Name Office Name Office Name Office Name Office Name Office Name Office Name Office Name Office Name Office Name Office Name Office Name Office Name Office Name Office Name Office Name Office Name Office Name Office Name Office Name Office Na			Gove	Government of Rajasthan	asthan			New Form No. 105
bill for Refund of Lapse Deposit of: (Office Name)  Date: DDO Code: Name of DDO:  Head: 0000-00-000-00-00 NP/P V/C Demand No.: 00 Plan: 0.00 Non Plan: Challan Type (Manual Bank A/C No. receiptle-receipt)  Bank A/C No. Challan No. Bank Name Challan No.  Branch Name Deposit Date  Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Challan No. Cha	Reference No.		Refund of La	apse Deposit	Bill (Inner Sheet)		Month/Year:	
Head: 0000-00-00-00-00 NP/P V/C Demand No. : 00 Plan: 0.00 Non Plan: C Challan Type (Manual Branch Name Deposit Date Deposit Date of Lapsed Branch Name Deposit Date	Detailed bill for R	tefund of Lapse Deposit of:	(Office Name)			Office ID:		
Amount Lapsed Sanction No. Total Challan Amount Date of Lapsed Sanction Date Already Refunded Amount Amount Claimed in this bill Amount Claimed in this bill Deduction Amount:	Bill No.:	Date:	DDO Code		Name of DDO:		Object Head:	
Challan Type (Manual Amount Lapsed Sanction No. receipt/e-receipt)  Date of Lapsed Sanction Date Challan No.  Deposit Date Deposit Date Deduction Amount:  Deduction Amount:	Budget Head: 00	00-00-000-00-00 NP/P V/C				Plan: 0.00	TAN No.:	
	S.No. Name Bank A/v Bank Na Branch P		Amount Lapsed Date of Lapsed	Sanction No. Sanction Date	Total Challan Amount Already Refunded Amoun Amount Claimed in this bi	Dedu	Deduction Budget Head Deduction Amount	Net Amount Gross Amount
	1.							
	Remark:							
Amount in words:	Gross Amount		Ď	eduction Amou	int :	Ž	Net Amount:	
	Amount in wor	ds:						

## Certificates:

- 1. Certified that I have personally examined and satisfied myself about the genuineness of claim that the Refund of Lapse Deposit Bill of the Individual/Third Party included in this bill are strictly in accordance with rules and that the said Individual/Third Party are entitled to such Refund of Lapse Deposit Bill. It is further certified that I have personally ensured observance of all formalities regarding necessary entries.
  - I hereby identified the claimant & found satisfactory.
  - All required information including Bank Account Details in this bill has been checked and verified. 0, 6, **4**,
    - It is certify that I have carefully examined & verified the master data of the said claim.

Enclosures (System generated/Scanned)^:

Sign (With Seal)/ e-Sign/ Digital Sign of DDO Disclaimer. All contents related to this bill are provided by Head of Office/DDO and he/she is solely responsible for it.

Print Date & Time: Group Name:

						ign/		Sign/								7
New Form No. GA 110	Month/Year:		Object Head :	TAN No. :		Sign (With Seal)/ e-Sign/ Digital Sign of DDO		Sign (With Seal)/ e-Sign/ Digital Sign of DDO	cher	Date:					Treasury Officer	
	er Sheet)	Office ID :		Non Plan : 0.00		Sign of Jr.ACC/AAO-I/II	arding necessary er		Treasury Voucher	[ For Treasury Use					AAO-1/11	ible for it.
	or Rajastrian tribution etc. (Oute		Name of DDO:	Plan : 0.00	this bill.		of all formalities reg			o N	Pay Rs. : (in words) :	(In Cash) : (in words) :	By B.T. Total Credit Rs.		Auditor	d he/she is solely responsi
	Grant In Aid Bill/Contribution etc. (Outer Sheet)	(Office Name)	DDO Code:	Demand No.: 00	Treasury) as per claim contained in this bill.	Sign of Clerk	cates: The Amount claimed in this bill has not been drawn earlier. It is further certified that I have personally ensured observance of all formalities regarding necessary entries. The Amount of this bill is within the limits of allotted budget for the Year (Current Financial Year).		٥١			Sign (With Seal)/e-Sign/ gital Sign of Controlling Officer	Office		Gaz. Officer	Disclaimer: All contents related to this bill are provided by Head of Office/DDO and he/she is solely responsible for it.
		٠ <u>.</u>	Date:	0-000-00-00 NP/P V/C	Soncerning		cates: The Amount claimed in this bill has not been drawn earlier. It is further certified that I have personally ensured observa		Counter Signature			Si Digital	For Accountant General Office	: uo	Supdt.	ts related to this bill are provid
GA 118	GFAR 311 Reference No	Bill for Grant-in-Aid/Contribution etc.	Bill No. :	Budget Head: 0000-00-000-00 NP/P	To The Treasury Officer, (C Please Order to pay Rs.		Certificates: 1. The Amount 2. It is further o 3. The Amount			Passed for Rs. : Amount in words :			Admitted (RS.):	Reasons for Rejection:	Auditor	Disclaimer: All content

			Governm	Government of Rajasthan	sthan		New For	New Form No. GA 110
Reference No.	e No.		Grant In Aid/Contribution etc. Bill (Inner Sheet)	ibution etc.	Bill (Inner Sh	neet)	Month/Year:	
Bill for Gr	Bill for Grant-in-Aid/ Contribution etc. of: (Office Name)	tc. of: (Office /	Vame)			Độ Độ	Office ID :	
Bill No.:	. Date :		DDO Code:	Na	Name of DDO:		Object Head :	
Budget H	Budget Head: 0000-00-000-00 NP/P V/C	NP/P V/C	Demand No.: 00	Plan: 0.00	00.00	Non Plan: 0.00	TAN No. :	
				,			<	
S.No.	Name of	Purpose of	Sanction No.	Name of	Account	Deduction	Gross	Remarks
	Institution/	Grant	Sanction	Bank/	No.	Budget Head	Amount	
	Individual/ Third		Date	Name of		PD Account/	Net Amount	
	Party			Branch		AII		
1.								
2.								
Utilizati	Julization Certificate (UC): (Yes or No)	'es or No)						
Gross Amount:	mount :		Deductic	Deduction Amount:	,		Net Amount:	
Amount	Amount in words:		1					

## Certificates:

- 1. Certified that I have personally examined and satisfied myself about the genuineness of claim that the Grant in Aid/Contribution etc. Bill of the Institution/ Individual/ Third Party included in this bill are strictly in accordance with rules and that the said Institution/ Individual/ Third Party are entitled to such Grant In Aid/Contribution etc. It is further certified that I have personally ensured observance of all formalities regarding necessary entries.
  - All required information including Bank Account Details in this bill has been checked and verified.
    - Utilization Certificate (UC) will be submitted as per conditions of Grant in Aid/ Contribution etc.
  - It is certify that I have carefully examined & verified the master data of the said claim. ഗ ഗ **4**

Enclosures (System generated/Scanned)^:

Sign (With Seal)/ e-Sign/ Digital Sign of DDO Disclaimer: All contents related to this bill are provided by Head of Office/DDO and he/she is solely responsible for it. Print Date & Time:

Group Name:

GA 119 GFAR 313	Government	Government of Rajasthan	New Form No. 112 Rule 291(1)
ice No.	Scholarship/Sti	(For Institutes/Individual/Resident Doctor(s) (Non Government Employee)	Month/Year: ployee))
Department Portal Reference No.:			
Detailed Scholarship/Stipend Bill of: (Office Name)	(e)	Office ID :	
Bill No. : Date :	DDO Code:	Name of DDO:	Object Head:
Budget Head: 0000-00-000-00 NP/P V/C	Demand No. : 00	Plan: 0.00 Non Plan : 0.00	.00 TAN No. :
ing Trea	tsury) as per claim contained in this bill.	this bill.	
	Sign of Clerk	rk Sign of Jr.ACC/AAO-l/ii	Sign (With Seal)/ e-Sign/ Digital Sign of DDO
Certificates:  1. The Amount claimed in this bill has not been drawn earlier.  2. It is further certified that I have personally ensured observance of all formalities regarding ne 3. The Amount of this bill is within the limits of allotted budget for the Year (Current Financial Year).	has not been drawn earlier. personally ensured observance on the limits of allotted budget for the	has not been drawn earlier. personally ensured observance of all formalities regarding necessary entries. the limits of allotted budget for the Year (Curent Financial Year).	ary entries.
			Sign (With Seal)/ e-Sign/ Digital Sign of DDO
Satisfied that the prescribed conditions have been fulfilled.	been fulfilled.	Treasury Voucher	
(		No.	Date:
Counter Signed for Rs.: Amount in words :		For Treasury Use	ury Use
		Pay Rs. : (In words) :	
Sig Digital S	Sign (With Seal)/e-Sign/ Digital Sign of Controlling Officer	(In Cash) : (In words) :	
For Accountant General Office	Office	C 417 - 1 0 1 1 1 1 1	
Admitted (RS.)	Objected (RS.)	i otal Credit Ks.	
Auditor Supdt.	Gaz. officer	Auditor , AAO-I/II	Treasury Officer
Disclaimer: All contents related to this bill are provided by Head of Office/DDO and he/she is solely responsible for it. Group Name:	ed by Head of Office/DDO and Pri	nd he/she is solely responsible for it. Print Date & Time :	

			Governn	Government of Rajasthan		Nev	New Form No. 112
Reference No.	No.		Scholarship	Scholarship/Stipend Bill (Inner Sheet)	neet)	Month/Yea	
		(For Institu	(For Institutes/Individual/Resident Doctor(s)(Non Government Employee))	Doctor(s)(Non Gover	nment Employee	))	
Detailed 5	Scholarship/S	Detailed Scholarship/Stipend Bill of: (Of	(Office Name)	JO	Office ID:		
Bill No.:		Date:	DDO Code:	Name of DDO :	.0	Object Head:	
Budget H	ead: 0000-00	Budget Head: 0000-00-000-00-00 NP/P \	V/C Demand No : 00	Plan: 0.00	Non Plan: 0.00	TAN No.:	
S.No.	Sanction	Scholar Type Category Aadhar No. NPCI User Code	Name of Institution/ Individual Bank Name Bank Account No.	Amount of Monthly Scholarship	No. of Days for which Scholarship is claimed	Scholarship Claimed (Net Payable Amount)	Remarks
7.							
Total Amount:	nount:						
Amount	Amount in words:						
Certificates: 1. I herek 1. I herek 1. I herek 2. Certific I histitut 3. All req 4. It is ce	ates: hereby cert ules under v Certified that nstitution/Inc cholarship/s II required in	Certificates:  1. I hereby certify that the scholarship rules under which their scholarship 2. Certified that I have personally exalostitution/Individual included in this scholarship/stipend. It is further certification including B 4. It is certify that I have carefully exalosts.	<ol> <li>I hereby certify that the scholarship of stipend holder name in this bill, have been regular in attendance, and have confirmed to the rules under which their scholarship or stipend are tenable.</li> <li>Certified that I have personally examined and satisfied myself about the genuineness of claim that the scholarship/stipend Bill of the Institution/Individual included in this bill are strictly in accordance with rules and that the said Institution/Individual are entitled to such scholarship/stipend. It is further certified that I have personally ensured observance of all formalities regarding necessary entries.</li> <li>All required information including Bank Account Details in this bill has been checked and verified.</li> <li>It is certify that I have becamined &amp; verified the master data of the said claim.</li> </ol>	p of stipend holder name in this bill, have been regular is or stipend are tenable.  In or stipend are tenable.  In a satisfied myself about the genuineness of classified and satisfied myself about the genuineness of classified that I have personally ensured observance of all for this that I have personally ensured observance of all for this Account Details in this bill has been checked and vertamined & verified the master data of the said claim.	en regular in attendeness of claim that the said Instituce of all formalities ked and verified.	dance, and have con the scholarship/stipe ttion/Individual are en s regarding necessary	firmed to the nd Bill of the titled to such / entries.
	(U) state Breeze	. /					

Sign (With Seal)/ e-Sign/ Digital Sign of DDO

Disclaimer: All contents related to this bill are provided by Head of Office/DDO and he/she is solely responsible for it.

Group Name:

Enclosures marked (^) are to be printed in the bill as per selection from dropdown menu according to the requirements defined under relevant rules.

	t of Rajasthan  T. Employee)) (Outer Sheet)  And Month/Year:  Office ID:  Name of DDO:  Name of DDO:  Plan: 0.00  Non Plan: 0.00  TAN No.:  Digital Sign of DDO  The Year (Current Financial Year).  Sign (With Seal)/ e-Sign/Digital Sign of DDO  Treasury Voucher  Date:  Date:
GFAR 313   Government of Rajasthan   GFAR 313   Government of Rajasthan   Reference No.   Stipend Bill (For Resident Doctor(s)(Govt. Employee))   Detailed Stipend Bill of:   Office Name)   Officend Bill of:   Office Name)   Officend Bill of:   Officend Bill of:   Officend Bill of:   Officend Bill of:   Officend Bill of:   Officend Bill of:   Officend Bill of:   Officend Bill of Bill of:   Officend Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bill of Bil	t of Kajasthan  1. Employee)) (Outer Sheet) Month/Year: Office ID: Name of DDO: Object Head: Name of DDO: Plan: 0.00 Non Plan: 0.00 TAN No.: Digital Sign of DD  The Year (Current Financial Year).  Sign (With Seal)/ e-Sign of DD  Treasury Voucher  Treasury Voucher  Date:
Reference No. Stipend Bill (For Resident Doctor(s)(Govt. Employee))   Detailed Stipend Bill of: (Office Name)	rt. Employee)) (Outer Sheet) Month/Year: Office ID: Name of DDO: Name of DDO: Non Plan: 0.00 TAN No.: Plan: 0.00 Non Plan: 0.00 TAN No.:  of all formalities regarding necessary entries. the Year (Current Financial Year).  Sign (With Seal)/ e-Sign of DD  Digital Sign of DD  Treasury Voucher  No.  Date:
Detailed Stipend Bill of: (Office Name)  Bill No.: Date: Date: Name of Budget Head: 0000-00-000-00 NP/P V/C Demand No.: 00 Plan: 0.00  To  The Treasury Officer, (Concerning Treasury) Please Order to pay Rs	Name of DDO:  Name of DDO:  Object Head:  n this bill.  Clerk Sign of Jr.ACC/AAO-I/II Sign (With Seal)/ e-Sign of DDO  The Year (Current Financial Year).  Sign (With Seal)/ e-Sign of DD  Sign (With Seal)/ e-Sign of DD  Treasury Voucher  No.  Date:
Bill No.: Date: DDO Code: Name of Budget Head: 0000-00-000-00-00 NP/P V/C Demand No.: 00 Plan: 0.00  To  The Treasury Officer, (Concerning Treasury) Please Order to pay Rs	Name of DDO:  Plan: 0.00 Non Plan: 0.00 TAN No.:  n this bill.  Clerk Sign of Jr.ACC/AAO-I/II Sign (With Seal)/ e-Sign of DDO Digital Sign of DDO Digital Sign of DDO Popular (Current Financial Year).  Sign (With Seal)/ e-Sign of DDO Digital Sign of DDO Digital Sign of DDO Digital Sign of DDO Digital Sign of DDO Digital Sign of DDO Digital Sign of DDO Digital Sign of DDO DIGITAL Sign of DDO DIGITAL Sign of DDO DIGITAL Sign of DDO DIGITAL Sign of DDO DIGITAL Sign of DDO DIGITAL Sign of DDO DIGITAL Sign of DDO DIGITAL Sign of DDO DIGITAL Sign of DDO DIGITAL Sign of DDO DIGITAL Sign of DDO DIGITAL Sign of DDO DIGITAL Sign of DDO DIGITAL Sign of DDO DIGITAL Sign of DDO DIGITAL Sign of DDO DIGITAL Sign of DDO DIGITAL Sign of DDO DIGITAL SIGN OF DIGITAL SIGN OF DDO DIGITAL SIGN OF DIGITAL SIGN OF DDO DIGITAL SIGN OF DDO DIGITAL SIGN OF DDO DIGITAL SIGN OF DDO DIGITAL SIGN OF DDO DIGITAL SIGN OF DDO DIGITAL SIGN OF DDO DIGITAL SIGN OF DDO DIGITAL SIGN OF DDO DIGITAL SIGN OF DDO DDO DIGITAL SIGN OF DDO DDO DDO DDO DDO DDO DDO DDO DDO
Budget Head: 0000-00-00-00 NP/P V/C Demand No.: 00 Plan: 0.00  To  The Treasury Officer, (Concerning Treasury) Please Order to pay Rs	n this bill.  Clerk Sign of Jr.ACC/AAO-I/II Sign (With Seal)/ e-Sign of JD of all formalities regarding necessary entries.  the Year (Current Financial Year).  Sign (With Seal)/ e-Sign of DD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD of JD o
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Certificates:  1. The Amount claimed in this bill has not been drawn earlier.  2. It is further certified that I have personally ensured observance of all formaliti 3. The Amount of this bill is within the limits of allotted budget for the Year (Curri 3. The Amount of this bill is within the limits of allotted budget for the Year (Curri Satisfied that the prescribed conditions have been fulfilled.    Root	of all formalities regarding necessary entries.  the Year (Current Financial Year).  Sign (With Seally e-Si Digital Sign of DE Treasury Voucher
Counter Signature prescribed conditions have been fulfilled.	Treasury Voucher
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or Rs.:	A OFFI AND TO COMP A OFFI
	LOI HEGORI À OSC
(In words)	Pay Rs. : (In words) :
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Ι'''	
Admitted (RS.) Objected (RS.)	Total Credit Ks.
Auditor Supdt. Gaz. officer Auditor	Auditor AAO-I/II Treasury Officer
Disclaimer: All contents related to this bill are provided by Head of Office/DDO and he/she is solely responsible for it.	he/she is solely responsible for it.

			Government	Government of Rajasthan			New Fo	New Form No. 112-A
Reference No.	e No.	Stipend Bill (I	I (For Resident Doctor(s) (Govt. Employee(s))) (Inner Sheet)	(s) (Govt. Emplo	yee(s))) (Inr	ner Sheet)	Month/Year:	
Detailed	Detailed Stipend Bill of:	f: (Office Name)		Office ID	: OI 6			
Bill No. :		Date:	DDO Code :	Name	Name of DDO:		Object Head :	
3ndget F	lead: 0000-00	Budget Head: 0000-00-00-00-00 NP/P V/C	C Demand No.: 00	Plan: 0.00		Non Plan: 0.00	TAN No. :	
S.No.	Sanction	Scholar Type	Name of Stipend	Pay	Gross	Deductions	Sum of	Net
	Year	Category Employee ID	Holder Bank Name	Allowances	Amount		Deductions	Amount
		Aadhar No. NPCI User Code	Bank Account No.					
<u></u>								
2.								
Gross A	Gross Amount:		Deduct	Deduction Amount:			Net Amount:	
Amount	Amount in words:							
Certificates: 1. I herely rules u	ates : hereby certi ules under w	ify that the scholars	tificates:  1. I hereby certify that the scholarship of stipend holder name in this bill, have been regular in attendance, and have confirmed to the rules under which their scholarship or stipend are tenable.	me in this bill, hav	e been regu	lar in attendanc	ce, and have con	firmed to th
2,	Sertified that Holder(s) in	I have personally cluded in this bill	Certified that I have personally examined and satisfied myself about the genuineness of claim that the stipend Bill of the Stipend Holder(s) included in this bill are strictly in accordance with rules and that the said Stipend Holder(s) are entitled to such	myself about the conce with rules and	genuineness that the sa	of claim that the	ne stipend Bill of older(s) are enti	the Stipeno
ς; γ, ~	scholarship/s \   required ir	itipend, it is further of information including	scholarship/stipend. It is turther certified that I have personally ensured observance of all formalities regarding necessary entnes. All required information including Bank Account Defails in this bill has been checked and verified	onally ensured obs orthis bill has been	ervance of a checked and	ii formalities reg 1 verified	garding necessar	y entnes.
	t is certify th	hat I have carefully	It is certify that I have carefully examined & verified the master data of the said claim.	he master data of	the said cla	aim.		

It is certify that I have carefully examined & verified the master data of the said claim.

Disclaimer: All contents related to this bill are provided by Head of Office/DDO and he/she is solely responsible for it.

Group Name:



### राजस्थान सरकार वित्त विभाग (सामान्य वित्तीय एवं लेखा नियम अनुभाग)

क्रमांक : प.1(2)वित्त / साविलेनि / 2005

जयपुर, दिनांक : 31.3.2017

### आदेश

### विषय: सामान्य वित्तीय एवं लेखा नियमों के खण्ड-11 में संशोधन

राज्यपाल महोदय सामान्य वित्तीय एवं लेखा नियमों के खण्ड—II के संबंध में पूर्व में जारी आदेश क्रमांक प.1(2)वित्त/साविलेनि/2005 दिनांक 4.10.2016 (परिपन्न सं. GF&AR-13/2016) में निम्न संशोधन करने के आदेश एतद्द्वारा प्रदान करते हैं:—

- 1. The existing word "NP/P" wherever appearing in the new GA forms no. 36, 36A, 36B, 36C, 36D, 36E, 36F, 36G, 36H, 36I, 36J, 36K, 36L, 36M, 36N, 36O, 65, 65A, 65B, 65C, 65D, 84, 85, 86, 100, 100A, 103, 105, 110, 112, 112A shall be substituted by the word "SF/CA".
- 2. The existing words 'Plan' and 'Non Plan' wherever appearing in the new GA forms no. 36, 36A, 36B, 36C, 36D, 36E, 36F, 36G, 36H, 36I, 36J, 36K, 36L, 36M, 36N, 36O, 65, 65A, 65B, 65C, 65D, 84, 85, 86, 100, 100A, 103, 105, 110, 112, 112A shall be substituted by the words "State Fund" and "Central Assistance" respectively.

यह आदेश दिनांक 1 अप्रैल, 2017 से प्रभावी होंगे।

आज्ञा से, 31-3-200 ( रामावतार शर्मा ) शासन संयुक्त सचिव

प्रतिलिपि निम्नलिखित को सूचनार्थ, आवश्यक कार्यवाही एवं अपने अधीनस्थ कार्यालयों को सूचित करने हेत् प्रेषित है :-

1. निजी सचिव, राज्यपाल / मुख्यमंत्री / समस्त मंत्रीगण / राज्य मंत्रीगण ।

- 2. निजी सचिव, मुख्य सचिव/समस्त अति. मुख्य सचिव/समस्त प्रमुख शासन सचिव/समस्त शासन सचिव/समस्त विशिष्ट शासन सचिव
- 3. सचिव, राजस्थान विधान सभा, राजस्थान, जयपुर । 4. सचिव, लोकायुक्त सचिवालय, राजस्थान, जयपुर ।

- 7. प्रधान महालेखाकार (सिविल लेखा परीक्षा) राजस्थान, जयपुर ।
- महालेखाकार (प्राप्ति एवं वाणिज्यिक लेखा परीक्षा) / (ए एण्ड ई) राजस्थान, जयपुर ।
- 9. समस्त जिला कलक्टर/संभागीय आयुक्त ।
- 10. समस्त विभागाध्यक्ष।
- 11. निदेशक, कोष एवं लेखा विभाग, राजस्थान, जयपुर! 12. पंजीयक, राजस्थान उच्च न्यायालय, जोधपुर/जयपुर!
- 13. राज्य सूचना-विज्ञान अधिकारी, एन.आई.सी., जयपुर। 14. समस्त कोषाधिकारी/ उपकोषाधिकारी, राजस्थान।
- 15. कार्मिक एवं प्रशासनिक सुधार विभाग (कोडी फिकेशन) अतिरिक्त प्रति सहित ।
- 16. पंजीयक, राजस्थान सिविल सेवा अपील अधिकरण, जयपुर
- 17. विधि रचना संगठन को भेजकर लेख है कि इस आदेश/परिपत्र का हिन्दी अनुवाद करवाकर इस विभाग को अविलम्ब भिजवायें ताकि हिन्दी अनुवाद प्रेषित किया जा सके ।
- 18. अतिरिक्त निदेशक, वित्त विभाग को वित्त विभाग की वेबसाइट पर प्रकाशित करवाने की व्यवस्था करावें।

(हरीश लड्ढा) मुख्य लेखाधिकारी



### राजस्थान सरकार वित्त विभाग (सामान्य वित्तीय एवं लेखा नियम अनुभाग)

क्रमांक : प.1(2)वित्त / साविलेनि / 2005

जयपुर, दिनांक : 18.01. 2018

### आदेश

विषय : सामान्य वित्तीय एवं लेखा नियमों के खण्ड-11 में संशोधन

राज्यपाल महोदय सामान्य वित्तीय एवं लेखा नियमों के खण्ड—II में निम्न संशोधन करने के आदेश एतदद्वारा प्रदान करते हैं:--

1. After the existing New Form No. GA 110, New Form No. GA 110A, 110B, 110C and 110D shall be inserted (as enclosed).

This amendment shall be effective with immediate effect.

Encl.: As above Formats of New GA 110A to 110D Forms.

आज्ञा से, ८ ( उपस्पति त्रिपाठी ) शासन संयुक्त सचिव

प्रतिलिपि निम्नलिखित को सूचनार्थ, आवश्यक कार्यवाही एवं अपने अधीनस्थ कार्यालयों को सूचित करने हेतु प्रेषित है :-

- 1. निजी सचिव, राज्यपाल / मुख्यमंत्री / समस्त मंत्रीगण / राज्य मंत्रीगण ।
- 2. निजी सचिव, मुख्य सचिव/अति. मुख्य सचिव/समस्त प्रमुख शासन सचिव/समस्त शासन सचिव/ समस्त विशिष्ट शासन सचिव।
- 3. सचिव, राजस्थान विधान सभा, राजस्थान, जयपूर ।
- 4. सचिव, लोकायुक्त सचिवालय, राजस्थान, जयपुर ।
- 5. सचिव, राजस्थान लोक सेवा आयोग, अजमेर ।
- 6. समस्त उप शासन सचिव/सचिवालय के समस्त अनुभाग/विभाग।
- 7. प्रधान महालेखाकार (सिविल लेखा परीक्षा) राजस्थान, जयपुर ।
- 8. महालेखाकार (प्राप्ति एवं वाणिज्यिक लेखा परीक्षा)/(ए एण्ड ई) राजस्थान, जयपुर ।
- 9. समस्त जिला कलक्टर/संभागीय आयुक्त/ विभागाध्यक्ष।
- अायुवत, वाणिज्यिक कर विभाग को प्रेषित कर लेख है कि इन संशोधनों बाबत् सभी संबंधित अधिकारियों को सम्यक् रूप से जागरूक (sensitize) कराना सुनिश्चित करावें।
- 11. निदेशक, कोष एवं लेखा विभाग, राजस्थान, जयपुर इन संशोधनों बाबत् सभी संबंधित अधिकारियों को उचित रूप से जागरूक (sensitize) कराना सुनिश्चित करावें।
- 12. पंजीयक, राजस्थान उच्च न्यायालय, जोधपुर/जयपुर ।
- 13. समस्त कोषाधिकारी/उपकोषाधिकारी, राजस्थान।
- 14. कार्मिक एवं प्रशासनिक सुधार विभाग(कोडीफिकेशन) अतिरिक्त प्रति सहित ।
- 15. पंजीयक, राजस्थान सिविल सेवा अपील अधिकरण, जयपुर ।
- 16. विधि रचना संगठन को भेजकर लेख है कि इस आदेश / परिपत्र का हिन्दी अनुवाद करवाकर इस विभाग को अविलम्ब भिजवारों ताकि हिन्दी अनुवाद प्रेषित किया जा सके ।
- 17. अतिरिक्त निदेशक, वित्त विभाग को भेजकर लेख है कि वित्त (समन्वय) विभाग के आदेश संख्या प.17 (1) वित्त (समन्वय) / 04 दिनांक 22. 6.2004 के क्रम में इस परिपत्र को वित्त विभाग की वेबसाइट पर प्रकाशित करवाने की व्यवस्था करावें!

(हराश ल**ड्डा)** मुख्य लेखाधिकारी

(GF&AR - 3 /2018)

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Government of Rajasthan	Reference No. RIPS-2010 Subsidy Bill For Investment Subsidy (Inner Sheet) Month/Year:	Detailed CTD Bill for Grant of Subsidy: (Office Name) Office ID:	No.: Date: DDO Code: Name of DDO: Object Head:	Budget Head: 0000-00-00-00-00 SF/CA V/C Demand No.: 00 State Fund: 0.00 Central Assistance: 0.00 TAN No.:	No. Rame of Bank Name & Sanction Order No. & Period of Grant Amount of Subsidy Total Amount TIN No./GSTIN No./GSTIN		Total	Total Amount:	Amount in words :  Certificates :	<ol> <li>Certified that I have personally examined and satisfied myself about the genuineness of claim that the CTD Payment Bill of the Individual/ Third Party included in this bill are strictly in accordance with rules and that the said Individual/ Third Party are entitled to such CTD Payment Bill. It is further certified that I have personally ensured observance of all formalities regarding necessary entries.</li> </ol>
i C	Refere	Detailed	Bill No. :	Budget	S.No.	7.		Total A	Amour	



# Sign (With Seal)/e-Sign/ Digital Sign of DDO/CSDO

Disclaimer: All contents related to this bill are provided by Head of Office/DDO and he/ she is solely responsible for it.

Group Name: Group Name :

L	FORM - XVII [See Clause 7 - RIPS 2010] Government of Rajasthan	New Form No. GA 110 B Rule 287 a(1)
	1010 Subsidy Bill For	sidy (Outer Sheet)
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	10 The Treasury Officer (Concerning Transum)	
	Please Order to pay Rs as per claim contained in this bill.	
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		विकास में ती है। स्टिस्केश्वा प्रमाशीय है।
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Treasury Officer

AAO-I/II

Auditor

Gaz. officer

Supdt.

Auditor

Disclaimer: All contents related to this bill are provided by Head of Office/DDO and he/ she is solely responsible for it. Group Name:

RIPS-2010 Subsidy Bill For Employment Generation Subsidy (Inner Sheet) Month/Year:	Office ID:	Name of DDO: Object Head:	State Fund: 0.00 Central Assistance: 0.00 TAN No.:	Sanction Order No. &   Period of Grant   Amount of Subsidy   Total Amount			1.77.1	Lotal		
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- Certified that I have personally examined and satisfied myself about the genuineness of claim that the CTD Payment Bill of the Individual/ Third Party included in this bill are strictly in accordance with rules and that the said Individual/ Third Party are entitled to such CTD Payment Bill. It is further certified that I have personally ensured observance of all formalities regarding necessary entries. All required information including Bank Account Details in this bill has been checked and verified. It is certify that I have carefully examined & verified the master data of the said claim.
  - رز *د*ې

Sign (With Seal)/e-Sign/ Digital Sign of DDO/CSDO

Disclaimer: All contents related to this bill are provided by Head of Office/DDO and he/ she is solely responsible for it. Print Date & Time: Group Name:



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A.					(In Cash) : (In words) :		
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		For Accountant Genera	neral Office	This and the form want of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the	Total Credit Rs.		
Adr	Admitted (RS.)		Objected (RS.)				
Auc	Auditor	Supdt.	Gaz. officer	ficer	Auditor	AAO-I/II	Treasury Officer
Discl Grou	Disclaimer: All contents re Group Name:	Disclaimer: All contents related to this bill are provided by Head of Office/DDO and het she is solely responsible for it. Group Name:	led by Head of Office/	DDO and he/ she is solely no Print Date & Time	lely responsible f	or it.	

			Governr	Government of Rajasthan	asthan				
Reference No.	o No.	RIPS-2014	RIPS-2014 Subsidy Bill For Investment Subsidy (Inner Sheet)	or Investmer	nt Subsidy (In	ner Sheet)	Month/Year :	Year:	
Detailed C	Detailed CTD Bill for Grant of Subsidy: (Office N	ubsidy: (Office Nan	lame)		þ	Office ID :			
Bill No. :	Date:		DDO Code:	Ž	Name of DDO:		Object	Object Head :	
Budget He	Budget Head: 0000-00-00-00 SF/CA V/C		Demand No.: 00	State Fu	State Fund: 0.00 C	Central Assistance: 0.00	00.0	TAN No.:	
S.No.	Name of	Bank Name &	Sanction (	Order No. &	Period of Gran	Sanction Order No. & Period of Grant   Amount of Subsidy   Total Amount	bsidy T	Fotal Amount	_
	Enterprise & TIN No./GSTIN	Bank A/C No.	Date				,		
									_
<u></u>									
					Total	Panel Carl			T
Total Amount:	ount:								1
Amount in words	n words:								

# Certificates:

- Certified that I have personally examined and satisfied myself about the genuineness of claim that the CTD Payment Bill of the Individual/ Third Party included in this bill are strictly in accordance with rules and that the said Individual/ Third Party are entitled to such CTD Payment Bill. It is further certified that I have personally ensured observance of all formalities regarding necessary entries. All required information including Bank Account Details in this bill has been checked and verified. It is certify that I have carefully examined & verified the master data of the said claim.

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Sign (With Seal)/e-Sign/ Digital Sign of DDO/CSDO Disclaimer: All contents related to this bill are provided by Head of Office/DDO and he/ she is solely responsible for it. Print Date & Time:

Group Name:

	FORM - XLI [See Clause 12.2 - RIPS 2014]	2014]	Governr	Government of Rajasthan		New Form No. GA 110 D Rule 287 a(1)
	Reference No.	RIPS-2014 Subsidy	B	For Employment Generation Subsidy (Outer Sheet)	bsidy (Outer Sheet)	Month/Year:
	Detailed CTD Bill for Grant of Subsidy :	ant of Subsidy: (Office Name)		Office ID	):	
	Bill No. :	Date:	DDO Code:	Name of DDO:		Object Head:
	Budget Head: 0000-00-000-00-00 SF/CA	00-00-00 SF/CA V/C	Demand No.: 00	State Fund: 0.00	Central Assistance: 0.00	0 TAN No.:
	The Treasury Officer, (C Please Order to pay Rs	oncerning Tre	easury) as per claim contained in this bill.	in this bill.		
			Sign	Sign of Clerk Sigr	Sign of Jr.ACC/AAO-I/II	Sign (With Seal)/ e-Sign/
	Certificates: 1. The Amount 2. It is further of 3. The Bank de	S: The Amount claimed in this bill has not been drawn earlier. It is further certified that I have personally ensured observa The Bank detail of Payee/Payees is/are correct, as per the	s: The Amount claimed in this bill has not been drawn earlier. It is further certified that I have personally ensured observance of all formalities regarding necessary entries. The Bank detail of Payee/Payees is/are correct, as per the record.	of all formalities regardi		Digital Sign of DDO/CSDO
						Sign (With Seal)/ e-Sign/ Digital Sign of DDO/CSDO
	I Certify that the Complia & AR has been ensured.	ance of Directions/ Instru	I Certify that the Compliance of Directions/ Instructions under the provisions of GF & AR has been ensured.	Is of GF	Treasury Voucher	cher
	Amount of Subsidy : Sanction Order No. :			o N 	For Treasury Use	Date:
	Sanction Order Date			Pay Rs. (In words)		
				(In Cash) (In words)		
		Sign (With Seal)/ e	Sign (With Seal)/ e-Sign/ Digital Sign of DDO/CSDO	oo/cspo		
···········	The second management of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the c	For Accountant General Office	ral Office	Total Credit Rs.	ít Rs.	
	Admitted (RS.)		Objected (RS.)			
	Auditor	Supdt.	Gaz. officer	Auditor	AAO-I/II	Treasury Officer
	Disclaimer: All contents related to this bill are provided by Head of Office/DDO and he/ she is solely responsible for it. Group Name:	ated to this bill are providec	l by Head of Office/DDO an	nd he/ she is solely respons Print Date & Time:		

			Governr	Government of Rajasthan	sthan			
Reference No.	No.	RIPS-2014 St	ubsidy Bill For Er	nployment G	Seneration Sub	RIPS-2014 Subsidy Bill For Employment Generation Subsidy (Inner Sheet)	Month/Year:	
Detailed C	Detailed CTD Bill for Grant of Subsidy: (Office A	ubsidy: (Office Na	lame)		Offic	Office ID :		T
Bill No. :	Date:		DDO Code:	Ž	Name of DDO:	Opje	Object Head:	
Budget He	Budget Head: 0000-00-000-00 SF/CA V/C	0 SF/CA V/C	Demand No.: 00	State Fu	State Fund: 0.00 Ce	Central Assistance: 0.00	TAN No.:	
								1
S.No.	Name of	Bank Name &	Sanction (	Order No. &	Period of Grant	Sanction Order No. & Period of Grant   Amount of Subsidy   Total Amount	Total Amount	
	Enterprise &	Bank A/C No.	Date		•	•		
	TIN No./GSTIN							
			-					
								T
					Total			
					I Otal		-	
Total Amount:	ount :							
Amount in words:	words:							
								T

# Certificates:

Certified that I have personally examined and satisfied myself about the genuineness of claim that the CTD Payment Bill of the Individual/ Third Party are entitled to such CTD Payment Third Party included in this bill are strictly in accordance with rules and that the said Individual/ Third Party are entitled to such CTD Payment Bill. It is further certified that I have personally ensured observance of all formalities regarding necessary entries. All required information including Bank Account Details in this bill has been checked and verified. It is certify that I have carefully examined & verified the master data of the said claim.

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Sign (With Seal)/e-Sign/ Digital Sign of DDO/CSDO

Disclaimer: All contents related to this bill are provided by Head of Office/DDO and he/ she is solely responsible for it. Print Date & Time: Group Name:



### GOVERNMENT OF RAJASTHAN FINANCE DEPARTMENT (G&T Division)

No. F.1(4)FD/GF&AR/2006

Jaipur, dated: 10.08.2020

### ORDER

### Subject: Amedment in General Financial & Accounts Rules - Volume-II.

The Governor of Rajasthan is pleased to order that the following amendments may be made in the Volume-II of General Financial and Accounts Rules, namely :-

- After the existing New Form No. GA 119, the following New Form No. GA 120 to 120F and 121 to 121C shall be added (as enclosed):
  - New Form No. G.A. 120 : e-kuber adjustment challan for rejected/failed transactions (Initiated by Treasury/sub-Treasury)
  - New Form No. G.A. 120A: request for payment of e-kuber unsuccessful/failed (ii) transaction (Initiated by DDO)
  - New Form No. G.A. 120B: e-Advice for payment of e-kuber unsuccessful/failed (iii) transaction (Initiated by TO/STO)
  - New Form No. G.A. 120C: Adjustment bill for e-kuber uncredited items (Initiated by (iv)
  - New Form No. G.A. 120D: Miscellaneous Bill for e-kuber uncredited items (Initiated by (v) Treasury/sub Treasury)
  - New Form No. G.A. 120E: e-Kuber Miscellaneous Bill for rejected and unpaid (vi) payments.
  - New Form No. G.A. 120F: Control Register of Transactions Rejected by RBI (vii)
  - New Form No. G.A. 121: Schedule of amount booked under Suspense Head 8658-00-139-00-00
  - (ix) New Form No. G.A. 121A: Schedule for NEFT/RTGS to RBI
  - New Form No. G.A. 121B: Register to be maintained by DDO for Filing of GSTR-7 (x)

(GF&AR \ \ \ /2020)

(xi) New Form No. G.A. 121C: Bill for GST TDS

Encl.: As above Formats of New GA Forms.

By Order

J. 1882 Z

101812020 (Vimal Kumar Gupta) Joint Secretary to the Government Finance (G&T) Department

### Copy forwarded for information and necessary action to:

- 1. P.S. to Hon'ble Governor/C.M. All Ministers/State Ministers.
- 2. P.S. to Chief Secretary/All Addl.Chief Secretaries.
- 3. P.S. to All Principal Secretaries Secretaries/Special Secretaries.
- 4. Secretary, Rajasthan Legislative Assembly, Jaipur.
- 5. Secretary, Lokayukta Sachivalaya, Jaipur.
- 6. Secretary, Rajasthan Public Service Commission, Ajmer.
- 7. Registrar, Rajasthan High Court, Jodhpur/Jaipur.
- 8. Principal Accountant General (Accounts/ Entitlement/ Civil & Acett./ Audit) Rajasthan, Jaipur.
- 9. All Joint Secretaries / Deputy Secretaries / Sections of the Secretariat.
- 10. All Heads of the Departments All Divisional Commissioners/ Collectors.
- 11. Registrar, Rajasthan Civil Service Appellate Tribunal, Jaipur.
- 12. Director, Treasuries and Accounts, Rajasthan, Jaipur.
- 13. All FAs/CAOs/Treasury Officers
- 14. Technical Director, Finance Department to upload this order on FD website.
- 15. Guard File.

Chief Accounts Officer

GA No.: 120

				Government of	Rajasthan					
Refer	ence No.:	e-	kuberAdjustment Ch	allan for rejected/Fail	led Transac	tions (Initiated	d by Treasury/s	Sub Treasury	) Month/Ye	ear:
Treasu	ry/Sub Treasury Name:	Offic	ce ID: D	DDO Code: TAN No.:						
Budget	Head: 8670-00-113-01-00		Demand No		State Fu	ınd: NA	C	entral Assistanc	e: NA	
S.No	Employee Name Employee ID Nominee Name(s) Date of Death (only where Payment is made to Nominee) Third Party Name PAN No. DDO Code	FROM Budget Head8670 (minus credit)	TO  Budget Head 8658-00- 102-15-00 (credit)	Rejection ID/ Number of RBI e-kuber/Scroll	Original Bill No	Original Bill Date	Original Bill Reference ID	Original Token No	Net Amount	Remarks/ Reason of Rejection
1.										
2.										
	nt in Words:	of Jr. ACTT./AAO-I	/II Sign (Wi	th Seal)/ e-Sign/ Digital Sign of Ti	reasury office	<b>≥</b> Γ				
111 *	ection ID/ Number of Illan No. and Date of			<u>For the Pur</u>	pose of RE	<u>31</u>				

Note: Daily generation (working days and as per the rejection details provided in scroll by RBI e-kuber) of e-kuber adjustment challan is mandatory in the system for Treasury/Sub treasury.

ADVICE No.: GA No.: 120 A

	Request for Payment of	Gover f e-kuberUnsuccessful/Failed Transactions	rnment of Ra (Initiated by		onth/Year :				
Offic	e Name: Office		(	<i>DD</i> 0,					
Budg	et Head: 8658-00-102-15-00 / NA / N	NA / NA							
	Treasury Officer, (Concerning Treas Please Order to pay Rs	ury) as per claim contained in this advice.							
Sign	of Clerk Sign of Jr. ACTT./AA	O-I/II/Div. ACTT. Sign (With Seal)/ e-Sigr	n/ Digital Sigr	of DDO/A	.dministrator(s	)			
S.N	Employee Name Employee ID Nominee Name(s) Date of Death (only where Payment is made to Nominee) Third Party Name PAN No./TIN No./GSTN No.	Correct Bank Details (To be filled by DDO)  Name of Bank(Previous Bank Name)  Name of Branch (Previous Branch Name)  Bank Account No. (Previous Bank Account No)	Original Bill No	Original Bill Date	Original Bill Reference ID/ Original Budget Head	Original Token No	Challan No	Net Amount	Remarks/Rejection Reason
1.									
2.									
Sig	are strictly in accordance with observance of all formalities r.  It is certified that the Net clain detail(s) of the beneficiaries h.  It is certify that I have carefunction of Clerk Sign of Jr. ACTT. /A	ly examined and satisfied myself about the genuine in rules and that the said Individual/ Third Party are elegarding necessary entries. In of this advice will be transferred electronically into ave been furnished in advice after due verification. In utility examined & verified the master data of the said.	entitled to sucl bank account aid claim. n/ Digital Sigi	n e-kuber r	ejected/failed tr	ansactions advi	ce. It is further se unsuccessfu	certified that I ha	ve personally ensured
	nsured.	sites mediacione anaci die providente er er ayaran	40 20011			<u>11</u>	easury Vouc		
				No.		-		ite:	
	For Treasury Use Pay Rs. : (In words) :								
	<u>For</u>	Accountant General Office		ln Ca In wo	ords) :				
A	dmitted (RS.)	Objected (RS.)		`	Credit Rs.				
<u> </u> A		updt. Gaz. officer		Audito		AAO-I/II	Trea:	sury Officer	

Reference	No.:						GA No.: 120B			
		Governme	ntof Ra	iasthan						
e-Advice 1	for Payment of e-kuber Unsucce	ssful/Failed Transactins (Initiated by TO/S								
	ub Treasury Name:	Office ID:		DDO Code:						
Budget Hea	d: 8658-00-102-15-00	Demand No.: NA	State F	und: NA		Central Assistance	e: NA			
S.No.	e-Advice No. with attached Details DDO Code Office ID	Original Bill No./Date Original Bill Reference ID Original Token No. Budget Head ( <i>Original Drawn</i> ) PD Account No.		et Head 8658 lan No./Date	Ne	t Amount	Remarks			
1.										
2.										
	It is certified that this consolidated miscellaneous bill for un-credited amount for beneficiaries is generated as per e-advice submitted by the concerned DDO after due verifications, the required correction(s) in bank details of beneficiaries.  Sign of Clerk  Sign of Jr.ACTT/AAO-I/II  Sign (With Seal)/ e-Sign/  Digital Sign of TO/STO (DDO)									
	that the Compliance of Directions/ Instructions that the Compliance of Directions in the compliance of Directions.	uctions under the provisions of Treasury Manual		- ()	Treasu	rv Voucher				
GF & AR	nas been ensured.			No.	For Tre	Date :				
	Sign (V	Vith Seal)/ e-Sign/ Digital Sign of TO/STC	(DDO)	Pay Rs. : (In words) :						
	For Accoun	tant General Office		(In Cash) : (In words) :						
Admitte	d (RS.)	Objected (RS.)		Total Credit Rs.						
Auditor	Supdt.	Gaz. officer		Auditor	AAO-I/II	Treasury (	Officer			
Disclaimer: A	Il contents related to this bill are provided	by Head of Office/DDO and he/she is solely responsil	ole for it G	roup Name :	Print Date	₹ Time :				

GA No.: 120 C

İ				Government of							
-	dvice 1			Adjustment Bill for e-kuber Un-Cr		· · · · · · · · · · · · · · · · · · ·	DO)	Mc	nth/Year :		_
_	Office Na	<i>me</i> : ead: 8658-00-102-15-00	Demand N		ode: TAN No. Fund: NA	:	Con	tral Assistance:	N A		
	uuget ni	eau. 0030-00-102-13-00	Demand N	o NA State	runa. NA		Cen	trai Assistance.	NA		
	S.No.	Employee Name Employee ID Nominee Name(s) Date of Death (only where Payment is made to Nominee) Third Party Name PAN No.	FROM Budget Head 8658 (minus credit)	TO Budget Head (Revenue/Capital Expenditure (minus debit))/Receipt Head PD Account BH/PD Account No. (credit)	Original Bill No	Original Bill Date	Original Bill Reference ID	Original Token No	Net Amount	Remarks	
	1. 2.										_
	Certifica 1. 2. 3.	in Words: ates : It is certified that bills for drawa Amount of this bill has been red Amount of this bill has been red	corded in minus cr corded in minus cr	Digital Sign of T	espective Expe tive PD Accour n of Clerk reasury office	enditure Head. nt/Receipt Head Sign o	f Jr. ACTT./AAO-I/I	1	Sign (With Sea	I)/ e-Sign/	
		y that the Compliance of Directio AR has been ensured.	ns/ Instructions ur	nder the provisions of Treasury Manual and	No.	No.  Treasury Voucher  Date: For Treasury Use					
				/ e-Sign/ Digital Sign of Treasury Ofi		Rs. : ords) : ash) :					
		For J	Accountant Ge	neral Office		ords) :					
	Admit	ted (RS.)		Objected (RS.)	Total	Credit Rs.					
	Audito	or Sur	odt.	Gaz. officer	Audito	or	AAO-I/II	Treasur	y Officer		

Reference No.					GA No.: 120D
Miscellaneous Bill for e-kuber Un-credited	items (Initiated by Treasury/S	Government of Raj Sub Treasury) Mon	asthan th/Year :		
Treasury/Sub Treasury Name:	, ,	Office ID:	DDO Code:		
Budget Head: 8658-00-102-15-00	Demand No.: NA	State Fu		Centra	al Assistance: NA
S.No. e-Advice No. with attached Details DDO Code Office ID	Original Bill No./Date Original Bill Reference ID Original Token No. Budget Head ( <i>Original Drawn</i> ) PD Account No.	Budget Head 8658 Challan No./Date	Credited to Budget Head(Revenue/Cap Expenditure (minus debit))/ Receipt Hea PD Account BH/PD Account No.	Net Amount	Remarks
1.					
Amount: Amount in Words: Certificate:  1. It is certified that bills for drawal of un-critical control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the c	t been cleared by concerning DDO minus credit in suspense head an minus credit in suspense head an Sign (With Se	in prescribed period (60 ad minus debit in respect d credit in respective PD eal)/ e-Sign/ Digital Sign of	days) (60 days calculatio ive Expenditure Head.		
GF & AR has been ensured.	/ith Seal)/ e-Sign/ Digital Sign	·	No. Pay Rs. : (In words) :	<u>Treasurv Vo</u> <u>For Treasur</u>	Date :
For Accoun	tant General Office		(In Cash) : (In words) :		
Admitted (RS.)	Objected (RS.)		Total Credit Rs.		
Auditor Supdt.	Gaz. officer		Auditor	AAO-I/II T	Freasury Officer
Disclaimer: All contents related to this bill are provided	by Head of Office/DDO and he/she is	solely responsible for it.Gr	oup Name :	Print Date & Time	e:

**GA No.: 120E** 

Government of Rajasthan e-Kuber Miscellaneous Bill for Rejected & Unpaid Payments											
Reference	No ·		./ Date:	ioi Rejecte	Month/Year:						
Office Name: DDO Code:					Office ID:						
Budget Hea		Object Head:	Demand No.:	Sta	te Fund:	Central Assistance:					
To, The Treasury Officer, (Concerning Treasury) Please Order to pay Rs as per claim contained in this bill.  Sign of Clerk Sign of Jr.ACC/AAO-I/II Sign (With Seal)/ e-Sign/ Digital Sign of DDO/Administrator(s)/Divisional Officer											
						Digital Sign of DDO/Admin	istrator(s)/Divisional Officer				
1. Am 2. Cer in a 3. It is bar 4. It is	<ol> <li>Certified that I have personally examined and satisfied myself about the genuineness of claim that the e-kuber rejected/failed transactions of the Individual included in this bill are strictly in accordance with rules and that the said Individual is/are entitled to such claim.</li> <li>It is certified that the Net claim of this bill will be transferred electronically into bank account of individual(s) and suspense head in case of unsuccessful payment. Also, that the correct bank detail(s) of the individual(s) have been furnished in bill after due verification.</li> <li>It is certified that I have carefully examined &amp; verified the master data of the said claim.</li> </ol>										
S.No.	Name	Original Bill No./Date				of DDO/Administrator(s)/Divisionsy Month/ Pay Year	Amount				
3.110.	Bank Account No. Bank Name	Original Bill Reference N Original TV No./Date	l l	'		ny Montany Pay Tean	Amount				
Amount:											
Amount in v	words:										
I certify that the compliance of Directions/ Instructions under the provisions of GF & AR has been ensured.    Sign (With Seal)/ e-Sign/   Digital Sign of DDO/Administrator(s)/   Divisional Officer   Pay Rs. :											
	For Accoun	ntant General Office		(In words)	:						
Admitted (RS.)		ected (RS.)			(In Cash) : (In words) :						
Auditor Supdt. Gaz. officer					Total Credit Rs.						
				Auditor	AAO-I/II	Treasury Officer					
	Disclaimer: All contents related to this bill are provided by Head of Office/DDO and he/she is solely responsible for it.  Group Name:  Print Date & Time:										

			G.A. : 120 F								
	Control Register of Transactions Rejected by RBI										
DDO	DDO Code/Name : Office ID/Name :										
From Date : To Date :											
S	DDO Code	Name of Beneficiary/Vendor/	Details of Original Bill			Date of Rejection	Payment details after correction		M.E. Details		
N	Couc	Employee				пејссион	COTTEC	CLIOIT			
		Original Bank Details	Bill no./date Referenc e no.	Token No.	Budget Head	Reason of rejection	Correction e-advice no. date Correct bank details	Treasury bill no. / date TV No./date	M.E. advice no. date	Try. bill no./dated TV no./date Budget Head in which adjusted PD A/c no. scheme code	

- Note: -1. This Report will be available office ID wise and DDO Code wise at DDO Login.
  - 2. This Report will be available office ID wise and DDO Code wise at HoD Login.
  - 3. This Report will be available office ID wise and DDO Code wise at Treasury Login.
  - 4. This Report will be available Treasury wise, office wise, DDO code wise at DTA Login.

### **Government of Rajasthan**

		Sc	hedule of 8658 - Sus	spense;	Suspense; xx – G	SST TDS	
Office Name :		DDO code:		Division Code:		DDO GSTIN no:	
PD Accou	nt No.:						
Service He	ead:	Bill No. & Bill Date:		Month & Year:			
S.No	Name of the firm		Invoice no / Date		Firm GSTIN No	Deduction	Remarks
						Amount	
Total Amount:							
Amount	Amount in words:						
	<del></del>						

Digital Sign of DDO/Administrator(s)/ Divisional officers

### Government of Rajasthan Schedule For NEFT/RTGS to RBI

Office Name :		DDO code:		Division Code:	DDO GSTIN no:					
PD Accou	int No.:									
Service H	ead:	Bill No. & Bill Date:		Month &						
CPIN No of the Challan:		RBI Bank Account No		lo.: RBI						
S.No	S.No Name of the firm		Invoice no / Date	Firm GSTIN No	Deduction	Remarks				
					Amount					
Total Am										
Amount	Amount in words:									

Digital Sign of DDO/Administrator(s)/ Divisional officers

### Record to be maintained by the DDO for filing of GSTR7

SI. No.	GSTIN of the Deductee	Trade Name	Amount paid to the Deductee on which tax is deducted	Integrated Tax	Central Tax	State/UT Tax	Total

Reference No.: GA 121- C

Government of Rajasthan (O <i>riginal Bill type</i> )  Bill for GST TDS Month/Year :									
Office Name:	Office ID:	DDO Code: Division Code:		TAN No. :	GSTI	N:			
PD Account No	0.:	CPIN No of GST Challan.:		Mode of payment:		Bill No.	Da	ate:	
Budget Head:	8658 - Suspense; Sus	spense; xx – GST TDS							
To, The Treasury	Officer, (Concerning Treasury) der to pay Rs as per Sign of Jr.ACC/AAO-I/II/Div		gn of DD	O/Administrator(s <b>)/</b> Divisio	nal officers				
2. Certi with 3. It is advid	rules. It is further certified that I have certified that the Net claim of this ad ce after due verification. certify that I have carefully examin	rlier been drawn. and satisfied myself about the genuineness of c personally ensured observance of all formalities vice will be transferred electronically into RBI ac ed & verified the master data of the said claim	regarding count th	g necessary entries.	he correct ba	nk detail(s) o	of the RBI Acc	count have been furnished in	
	TI: 15 . N	I Book to the Bull of the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the I are the	1 2212	15.3	Digital Sig			Divisional Officers	
S.No.	Third Party Name GSTN No.			Bank Detail ount no./ IFSC code/ CPIN number		GST TDS Amount		Remarks	
GSTN NO.		Reference No./Bill No/ TV No./Date		ancino, in seconde, er in mainber					
1.									
2.									
	Seal)/ e-Sign/				Digital :	Sign of DDO/A	.dministrator(s)	/ Divisional officers	
	t the Compliance of Directions/ Instru	ctions under the provisions of GF & AR has been	Ì		Tre	asury Vou	cher		
ensured.			No.	<u>Fo</u>	Da <b>r Treasurv</b>	ate : <b>Use</b>			
Sign (With Seal)/ e-Sign/ Digital Sign of DDO/Administrator(s)/ Divisional Officers  Pay Rs. : (In words) :									
Admitted (		Objected (RS.)		Total Credit Rs.					
Auditor	Supdt.	Gaz. Officer  by Head of Office/DDO and he/she is solely responsible	o for it C	Auditor	AAO-I/II	Tre	easury Office	er	

### Note

- 1. In case of PD Account Budget Head, the PD Account No. should be displayed along with Budget Head.
- 2. All fields are captured automatically from previous bill and challan generated by treasury except correction in Bank details
- 3. CPIN shall be validated through the system from the data of CPIN provided by GSTN GSTIN of DDO shall also be validated through the CPIN data.
- 4. All entries will be properly linked in the system with pervious bills for generation of advice for TDS payments under bunching process. This is linked with TV numbers of previous bills. WAM ,paymanager and Rajkosh, e-GRAS shall be very well linked with this process.



### राजस्थान सरकार वित्त (सामान्य वित्तीय एवं लेखा नियम) विभाग



क्रमांक : प.1(4)वित्त / साविलेनि / 2006

जयपुर, दिनांक : 15-04-2021

### आदेश

विषय : सामान्य वित्तीय एवं लेखा नियमों के खण्ड-II में संशोधन

राज्यपाल महोदय सामान्य वित्तीय एवं लेखा नियमों के खण्ड—II में निम्न संशोधन करने के आदेश एतद्द्वारा प्रदान करते हैं:—

After the existing column 'Sanction No. Sanction Date' and before the
existing column 'Name of Bank/Name of Branch' appearing in New Form
No. GA 110 - Grant in Aid/Contribution etc. Bill (Inner Sheet), a new
column 'Unique Agency Code' shall be inserted.

संयुक्त शासन सचिव

### प्रतिलिपि निम्नांकित को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित है:-

- सचिव, राज्यपाल / प्रमुख सचिव, मुख्यमंत्री / विशिष्ट सहायक समस्त मंत्रीगण / राज्य मंत्रीगण ।
- 2. उप सचिव, मुख्य सचिव/निजी सचिव, समस्त अति. मुख्य सचिव/प्रमुख शासन सचिव/ शासन सचिव/विशिष्ठ शासन सचिव।
- 3. सचिव, राजस्थान विधानसभा, राजस्थान, जयपुर ।
- 4. सचिव, लोकायुक्त सचिवालय, राजस्थान, जयपुर ।
- 5. सचिव, राजस्थान लोक सेवा आयोग, अजमेर ।
- 6. रजिस्ट्रार, राजस्थान उच्च न्यायालय जोधपुर/जयपुर ।
- 7. प्रधान महालेखाकार ए एण्ड ई राजस्थान जयपुर ।
- 8. प्रधान महालेखाकार ऑडिट राजस्थान जयपुर ।
- 9. समस्त संयुक्त शासन सचिव/उप शासन सचिव/सचिवालय के समस्त अनुभाग/विभाग ।
- 10. समस्त विभागाध्यक्ष / जिला कलक्टर / संभागीय आयुक्त।
- 11. रजिस्ट्रार, राजस्थान सिविल सेवा अपील अधिकरण, जयपुर ।
- 12. समस्त वित्तीय सलाहकार / मुख्य लेखाधिकारी ।
- 13. समस्त कोषाधिकारी ।
- 14. समस्त उपापन संस्थाएं।
- 15. तकनीकी निदेशक वित्त विभाग को भेजकर लेख है इस आदेश को वित्त विभाग की केल्साईट पर प्रकाशित करवाने की व्यवस्था करावें।

16. रक्षित पत्रावली।

(गार्गी सिंह) मुख्य लेखाधिकारी

(GFAR - 06/2021)