



# **GOVERNMENT OF RAJASTHAN**

# **GENERAL FINANCIAL & ACCOUNTS RULES**

## **VOLUME-II (FORMS)**

**AMENDED UPTO 17.03.2025**

[इस पुस्तक को अद्यतन करने में पूर्ण सावधानी रखी गयी है, फिर भी किसी भी प्रकार की त्रुटि ध्यान में आने पर मूल आदेश से मिलान करलें तथा वित्त (वित्तीय नियम) विभाग को सूचित करें ताकि अगले संस्करण में सुधार किया जा सके।]

## APPENDIX-7

### LIST OF FORMS [See rule 327 (2)]

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| List of Forms  | Rule no. | Present Form No. | New Form no. |
|--|----------|------------------|--------------|
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| Bill Register  | 83       | 59               | 19           |
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| Register of Increments   | 155      | 93               | 42           |
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| List of Forms   | Rule no.             | Present Form No. | New Form no. |
|---|----------------------|------------------|--------------|
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| Certificate of Income tax (form 16 of I.T. Rules)           | 159                  | 82A              | 45           |
| Particulars of Accommodation allotted to government servant | 160(1)(ii)           | 86A              | 46           |
| Schedule of House/Furniture/ Garden Rent recoveries         | 160(ii)              | 86               | 47           |
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| Schedule of other deductions                                | 162(6)               | 88               | 54           |
| Schedule of deductions of GPF/Loan                          | 165(2)               | 77               | 52           |
| Schedule of Recoveries of Long Term Loan & Advances         | 165(iv)              | 87               | 54           |
| Register of Recoveries                                      | 174                  | 60               | 59           |
| Annual Certificate of Deductions                            | 177(1)               | 55A              | 60           |
| T.A.Bill  | 189(1),2<br>03(10)   | 94,95            | 64,6<br>5    |
| T.A.Bill Register   | 189(2)               | 98               | 66           |
| T.A.Bill Register for countersignature                      | 189(4)               | 99               | 67           |
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| No dues Certificate   | 195(2)               | 89               | 70           |
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| List of Forms  | Rule no.    | Present Form No. | New Form no. |
|--|-------------|------------------|--------------|
| Register of watching recovery of Festival advances                 | 10(c)       | 185A             | 75           |
| Bill for withdrawal from P.F.                                      | 206E        | 125              | 76           |
| Salary bill of Assembly  | 208(2)      | 71               | 77           |
| Schedule of deductions   | 208(2)      | 71               | 78           |
| TA Bill of Assembly/Speaker  | 208(4)      | 72               | 79           |
| Register of Travelling Allowances for MLAs                         | 208(4)(iii) | 72B              | 80           |
| Bill of allowances Payable to inmates of zenana Deori and Rajmatas | 209         | 69               | 81           |
| Acknowledgement of Permanent Advance                               | 212(g)      | 189              | 82           |
| Advice for contingent bill   | 217(2)      | 106              | 83           |
| contingent bill  | 219         | 108              | 84           |
| Advance contingent bill  | 219         | 109              | 85           |
| Detailed contingent bill   | 219         | 110              | 86           |
| Register of Detailed Bill Passed by Controlling officer            | 219(iv)     | 105              | 88           |
| Acknowledgement for making advances                                | 221(1)      | 172              | 89           |
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| Indent for Service Postage stamps                                  | 225(1)(i)   | 113              | 93           |
| Stock register of Service Postage stamps                           | 225(1)(iii) | 114              | 94           |

| List of Forms   | Rule no.       | Present Form No. | New Form no. |
|---|----------------|------------------|--------------|
| Register showing postage stamps used and their balances |                | 115              | 95           |
| Register of Trunk Calls                                 | 226            | 116              | 96           |
| Bill for refund of revenue                              | 255(ii)        | 117              | 100          |
| Register of Deposits and Repayments                     | 263(1)(a)      | 171              | 102          |
| Bill for refund of deposit                              | 263(c)         | 120              | 103          |
| Pass Book   | 264(1)(v)      | 155              | 104          |
| Application for refund of lapsed Deposit & Voucher      | 265(3)         | 154              | 105          |
| Bond for Grant -in- aid                                 | 280(5)(i)      | -                | 106          |
| Bill for Grant-in- aid, etc.                            | 287(a)         | 118              | 110          |
| Register of grants-in-aid                               | 287(c)         | -                | 111          |
| Bill for Scholarship, stipend, etc.                     | 291(1)         | 119              | 112          |
| Bond for irrecoverable loans and advances written off   | 303(2)         | 187              | 115          |
| Bill for Loans & Advances                               | 304(2)         | 121              | 116          |
| Register of Loans & Advances                            | 304(4)         | 185              | 117          |
| Annual statement of loans and Advances                  | 305(3)         | 188              | 118          |
| Detailed bill for loans and advances                    | 305(4),<br>310 | 122              | 119          |

GA 19  
BM Form 2

GOVERNMENT OF RAJASTHAN

राजस्थान संग्रहकार

**Register showing Expenses by Heads of Account**  
(To be printed on 20x 30/2 size)

| Reverse पृष्ठ भाग   |  |
|---|--|
| Total for the month<br>माह का योग   |  |
| Add Liabilities as per Form<br>GA 20  |  |
| अन्य खर्च फर्म GA 20 के अनुसार  |  |
| <b>Grand Total for the month</b><br>माह का पूरा योग   |  |
| Add Expenditure to end of<br>previous month   |  |
| प्रत माह तक का खर्च   |  |
| <b>Progressive total from 1st April</b><br>योग खर्च 1 अप्रैल से   |  |
| <b>Balance of the appropriation</b><br>नियोजन की बचती   |  |
| Notes : 1. Allowances not drawn with pay should be shown as a separate detailed head in the register.   | 1. वे भत्ते जो बेतन के साथ नहीं लिए जाते, पंजिका के पृष्ठक खाने में दर्ज किए जावें।  |
| 2. If an allotment is changed the necessary correction in the register should be made in red ink.   | 2. नियतन के परिवर्तन को पंजिका में लाल स्थाही से लिखा जावे।  |
| 3. All bills for fluctuating expenditure drawn during the month should be entered in this register irrespective of whether they are paid at the treasury during the month or not. | 3. परिवर्तनशील व्यय के उन सब बिलों का इन्साब, जो माह में कोष को भेजे जावें, इस पंजिका में किया जावे, चाहे उसका भुगतान कोष से उसी माह में हो या न हो। |
| 4. 'Voted' and 'charged' allotment and expenditure should be recorded on separate pages.  | 4. Voted और Charged नियतन व व्यय के इन्द्राज पृष्ठों पर किए जावें।   |
| 5. This account should be despatched on the 3rd of following month supported by the slips in Form GA 18.  | 5. इस हिसाब को आगे तक यो फर्म GA 18 की चिट्ठों के भेज देना चाहिए।  |
| No. सं. .... Dated दिनांक .....   | Signature of Disbursing Officer हस्ताक्षर वितरण अधिकारी  |
| Copy forwarded to प्रतिलिपि प्रस्तुत की ..... को।   | Designation पद .....   |

GA 27  
GFAR 12

**GOVERNMENT OF RAJASTHAN राजस्थान सरकार**

(To be printed on 17x27/4 size)

**Monthly Statement of Liabilities and Commitments**

Month माह .....मासिक खैरा ऐसे खर्चे का लिनको स्वीकार कर लिया है और जो भवित्य में होना है

New Form No. GA 2  
Rule 11 (2)

सामान्य वित्तीय एवं लेखा नियम

| Sl. No.           | Head of Account<br>लेखा शीर्षक | Detailed particulars of the Commitments<br>स्वीकृत खर्चों का विस्तृत विवरण | Amount of Liability<br>होने वाले खर्चे<br>की रकम | Probable months when the expenditure will be accounted for<br>संभावित माह जब खर्च हिसाब में जावेगा |  |              |                | Remarks<br>टैटा<br>टैटा<br>टैटा<br>टैटा<br>टैटा<br>टैटा |
|-------------------|--------------------------------|--|--|--|--|--------------|----------------|---|
|                   |                                |  |  | Current Financial year<br>चालू वित्त वर्ष  | Following Financial year<br>आगामी वित्त वर्ष | Month<br>माह | Amount<br>रुकम |   |
| Reverse पुष्ट भाग |                                |  |  |  |  |              |                |   |
| Sl. No.           | Head of Account<br>लेखा शीर्षक | Detailed particulars of the Commitments<br>स्वीकृत खर्चों का विस्तृत विवरण | Amount of Liability<br>होने वाले खर्चे<br>की रकम | Current Financial year<br>चालू वित्त वर्ष  | Following Financial year<br>आगामी वित्त वर्ष | Month<br>माह | Amount<br>रुकम | Remarks<br>टैटा<br>टैटा<br>टैटा<br>टैटा<br>टैटा<br>टैटा |

No. सं ..... Dated तारीख .....  
Submitted to प्रस्तुत किया .....  
Signature हस्ताक्षर .....  
Designation पद .....

Signature हस्ताक्षर .....  
Designation पद .....

**Broad sheet for watching Receipt of Account from Disbursing Officers**

बित्रण अधिकारियों से निश्चित समय पर हिसाब के प्राप्ति की निगरानी के लिए पंचिका

Office of कार्यालय ..... Major Head मुख्य शीर्षक .....

लघु शीर्षक .....  
Sub-Head उप-शीर्षक .....

| Designation<br>of disbursing<br>officers | District<br>जिला | Date of receipt of account for the month of तिथि हिसाब के प्राप्ति की बाबत |       |     |      |      |        |           |         |          |          |  |         |
|--|------------------|--|-------|-----|------|------|--------|-----------|---------|----------|----------|--|---------|
| S. No.                                   | S. No.           | March  | April | May | June | July | August | September | October | November | December |  | Remarks |
|  |                  |  |       |     |      |      |        |           |         |          |          |  |         |
|  |                  |  |       |     |      |      |        |           |         |          |          |  |         |

**Notes :** 1. Districts are to be arranged according to alphabetical order.

2. Date and month of receipts should be noted in monthly columns. Reminders should be sent if not received by the 7th of the month in which due.

**उपरिधारा :** 1. जिलों के नाम वर्णाला क्रमानुसार लिखे जावें।

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

GA 22  
B.M. Form 4

**GOVERNMENT OF RAJASTHAN**

राजस्थान सरकार

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

**Compilation and Reconciliation Sheet**

Charged/Voted

Major Head बुज्य शीर्षक .....  
 Minor Head लघु शीर्षक .....  
 Sub-Head उप-शीर्षक .....  
 S.No. of the  
Disbursing Officer  
वितरण  
अधिकारी के नं.

| S.No. of the<br>Disbursing Officer<br>वितरण<br>अधिकारी के नं. | Pay of Officers<br>लोगों का वेतन | Pay of Establishment<br>संस्थान का वेतन | Allowances and<br>Honouraria<br>मूल्यांकन और अदाएँ | Office Expenses<br>कार्यालय के खर्च | Other Expenses<br>अन्य खर्च | Units of Appropriation नियोजन इकाइयाँ | Figures in whole Rupees only   |  |  |  |  |  |  | Remarks टिप्पणी |
|---|----------------------------------|---|--|-------------------------------------|-----------------------------|---------------------------------------|--|--|--|--|--|--|--|-----------------|
|   |                                  |   |  |                                     |                             |                                       | Total as given<br>in Col. 14<br>of relevant Form<br>GA 19<br>प्रतिक्रिया के रूप में दिए गए कोल 14 का कुल | Total GA 19<br>प्रतिक्रिया के रूप में दिए गए कोल 14 का कुल | Total GA 19<br>प्रतिक्रिया के रूप में दिए गए कोल 14 का कुल | Total GA 19<br>प्रतिक्रिया के रूप में दिए गए कोल 14 का कुल | Total GA 19<br>प्रतिक्रिया के रूप में दिए गए कोल 14 का कुल | Total GA 19<br>प्रतिक्रिया के रूप में दिए गए कोल 14 का कुल | Total GA 19<br>प्रतिक्रिया के रूप में दिए गए कोल 14 का कुल |                 |
| 1   | 2                                | 3                                       | 4  | 5                                   | 6                           | 7                                     | 8  | 9  | 10   | 11   | 12   | 13   | 14   | 15              |

## सामान्य विस्तीय एवं सेखा नियम

|  |  |  |
|--|--|--|
| Total Expenditure कुल व्यय   |  |  |
| Grand total for the month for all returns in Form GA 19                                  |  |  |
| फार्म GA 19 के तमाम व्यर्तों का पूर्ण योग  |  |  |
| Add debit communicated by A.G.<br>(other than those covered up by entries in Form GA 20) |  |  |
| ए.जी. द्वारा सूचित किए व्यर्तों को जोड़ें<br>(फार्म GA 20 के लेखों को छोड़कर)            |  |  |
| Grand Total  |  |  |
| पूर्ण योग  |  |  |
| Add Total in end of previous month   |  |  |
| गत माह का योग जोड़ें   |  |  |
| 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<br>A&B (More+, Less-)   |  |  |
| A व B का अंतर (विशेष+, कम-)  |  |  |
| (Details of differences on the reverse)  |  |  |
| अंतर का विवरण पीछे पृष्ठ पर  |  |  |

**REVERSE**

**Reconciliation Sheet युनिसमाधान प्र**

**Details of the difference अंतर का विवरण**

| Unit इकाई   | Unit इकाई   | Unit इकाई   | Unit इकाई   |
|---|---|---|---|
| Not in A.G's books<br>रकमें जो ए.जी. के खातों में नहीं हैं            | Not in A.G's books<br>रकमें जो ए.जी. के खातों में नहीं हैं            | Not in A.G's books<br>रकमें जो ए.जी. के खातों में नहीं हैं            | Not in A.G's books<br>रकमें जो ए.जी. के खातों में नहीं हैं            |
| Not in Deptt. books<br>रकमें जो विभागीय खातों में नहीं हैं            | Not in Deptt. books<br>रकमें जो विभागीय खातों में नहीं हैं            | Not in Deptt. books<br>रकमें जो विभागीय खातों में नहीं हैं            | Not in Deptt. books<br>रकमें जो विभागीय खातों में नहीं हैं            |
| Difference<br>अंतर  | Difference<br>अंतर  | Difference<br>अंतर  | Difference<br>अंतर  |
|   |   |   |   |
| Details विवरण   | Details विवरण   | Details विवरण   | Details विवरण   |
| Amount<br>रकम   | Amount<br>रकम   | Amount<br>रकम   | Amount<br>रकम   |
| Particulars of<br>transactions<br>in which settled<br>Remarks & month |
| Not in<br>A.G's books<br>रकमें जो ए.जी. के खातों में नहीं हैं         | Not in<br>A.G's books<br>रकमें जो ए.जी. के खातों में नहीं हैं         | Not in<br>A.G's books<br>रकमें जो ए.जी. के खातों में नहीं हैं         | Not in<br>A.G's books<br>रकमें जो ए.जी. के खातों में नहीं हैं         |
|   |   |   |   |
| Details विवरण   | Details विवरण   | Details विवरण   | Details विवरण   |
| Amount<br>रकम   | Amount<br>रकम   | Amount<br>रकम   | Amount<br>रकम   |
| Particulars of<br>transactions<br>in which settled<br>Remarks & month |
| Not in<br>A.G's books<br>रकमें जो ए.जी. के खातों में नहीं हैं         | Not in<br>A.G's books<br>रकमें जो ए.जी. के खातों में नहीं हैं         | Not in<br>A.G's books<br>रकमें जो ए.जी. के खातों में नहीं हैं         | Not in<br>A.G's books<br>रकमें जो ए.जी. के खातों में नहीं हैं         |
|   |   |   |   |
| Details विवरण   | Details विवरण   | Details विवरण   | Details विवरण   |
| Amount<br>रकम   | Amount<br>रकम   | Amount<br>रकम   | Amount<br>रकम   |
| Particulars of<br>transactions<br>in which settled<br>Remarks & month |
| Not in<br>A.G's books<br>रकमें जो ए.जी. के खातों में नहीं हैं         | Not in<br>A.G's books<br>रकमें जो ए.जी. के खातों में नहीं हैं         | Not in<br>A.G's books<br>रकमें जो ए.जी. के खातों में नहीं हैं         | Not in<br>A.G's books<br>रकमें जो ए.जी. के खातों में नहीं हैं         |
|   |   |   |   |

सामान्य वित्तीय एवं लेखा नियम

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| Not in<br>Dept.<br>books<br>रकमें जो<br>विभागीय खातों<br>में नहीं हैं |  | Not in<br>Dept.<br>books<br>रकमें जो<br>विभागीय खातों<br>में नहीं हैं |  | Not in<br>Dept.<br>books<br>रकमें जो<br>विभागीय खातों<br>में नहीं हैं |  |
|---|--|---|--|---|--|

#### Instructions अनुदर्श

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 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 Dept. 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 taken.
- ए. जी. के खातों से मिलान के लिए आमत तरीका कार्य बी.ए. 19 व बी.ए. 20 और इस पृष्ठी की रकमों पर मिलान लगाने का प्रयोग किया जावे। जो रकमें ए.जी. के खातों में या पिछले माह की ऐसी सूची में न पाइ जावे उनकी "ए.जी. के खातों में नहीं है" के उपरोक्त निश्चित स्थान पर लिखकर जोड़ दी जावे और विषय के कार्य बी.ए. 19 व बी.ए. 20 और इस क्रिस्प के पिछले माह की सूची में न सिर्फ तो उनको "विभाग के खातों में नहीं है" की जाह लिखकर जोड़ कर दिया जावे। इन दो क्रिस्पों की रकम के फर्क से जो पृष्ठ पर निकाली हो, पिछ जावेगा। इन गलतियों के दूर होने के लिए एक इकाई की रकम के फर्क की रकम के फर्क से जो पृष्ठ पर निकाला जावे, जो क्रम पर निकाला जावे। इन गलतियों के दूर होने के लिए एक इकाई की रकम के फर्क की रकम के फर्क से जो पृष्ठ पर निकाला जावे।
2. If there are differences under more than 4 units, the blank portion left after entering differences of 4 units should be used by drawing a red ink line for recording details of those differences or Form GA 23 used for the purpose.
3. In the column 'Remarks and month in which settled' should be recorded briefly the cause of each item of difference such as 'misclassification', 'misposting', 'omission' along with the month in which rectification thereof is actually done.

GA No.23

**GOVERNMENT OF RAJASTHAN**  
**राजस्थान सरकार**  
**(To be printed on 17x 27/2 size)**

New Form  
**No. G.A. 5**  
Rule 11 (3)

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

हिसाब के मिलान का व्यौरा-विभागीय आंकड़ों की महालेखाकार के आंकड़ों से तुलना

Department विभाग ..... Major Head मुख्य शीर्षक .....  
Month माह ..... Minor Head लघु शीर्षक .....

| Unit of appropriation<br>नियोजन इकाई | Progressive total<br>as per departmental<br>books<br>विभागीय खातों के<br>अनुसार आंकड़े | Progressive<br>total as per<br>A.G.'s books<br>ए.जी. के खाते<br>अनुसार आंकड़े | Difference<br>(details on next<br>page)<br>अंतर (विवरण<br>अगले पृष्ठ पर) | Remarks<br>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.
2. 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, यिल जायेगा। इन गलतियों व कुट्ट को सही करने की कार्यवाही तुरंत की जावे, ताकि साल के बाकी महीनों में वे तपाप्त के अंतर दूर हो जावे।
2. माह, जिसमें 'अंतर दूर किया गया' के खानों में फर्क के कारण जैसे गलत वर्गीकरण, गलत इन्ड्राज, कुट्ट इत्यादि मय माह, जिसमें ठीक किया गया, लिखा जावे।

## Details of Differences

अंतर विवरण

(Page 2)

|  |   |   |   |               |  |
|--|---|---|---|---------------|--|
| Unit of Appropriation<br>नियोजन इकाई                       | Total of items not in A.G's books<br>योग रकमों का जो ए.जी. के खातों में नहीं हैं  | =   |   |               |  |
|  | Total of items not in Deptt's books<br>योग रकमों का जो विभागीय खातों में नहीं हैं | =   |   |               |  |
|  | Difference अंतर   |   |   |               |  |
| Not in A.G's books<br>रकमें जो ए.जी. के खातों में नहीं हैं |   | Not in departmental books<br>रकमें जो विभागीय खाते में नहीं हैं |   |               |  |
| Particulars of transactions<br>रकमों का विवरण              | Amount<br>रकम   | Month in which settled etc.<br>माह जिसमें मिलान हुआ इत्यादि     | Particulars of transactions<br>रकमों का विवरण | Amount<br>रकम | Month in which settled etc.<br>माह जिसमें रकमों का मिलान हुआ इत्यादि |
|  |   |   |   |               |  |
| Unit of Appropriation<br>नियोजन इकाई                       | Total of items not in A.G's Books<br>योग रकमों का जो ए.जी. के खातों में नहीं हैं  | =   |   |               |  |
|  | Total of items not in Deptt's books<br>योग रकमों का जो विभागीय खातों में नहीं हैं | =   |   |               |  |
|  | Difference अंतर   |   |   |               |  |
| Not in A.G's books<br>रकमें जो ए.जी. के खातों में नहीं हैं |   | Not in departmental books<br>रकमें जो विभागीय खाते में नहीं हैं |   |               |  |
| Particulars of transactions<br>रकमों का विवरण              | Amount<br>रकम   | Month in which settled etc.<br>माह जिसमें मिलान हुआ इत्यादि     | Particulars of transactions<br>रकमों का विवरण | Amount<br>रकम | Month in which settled etc.<br>माह जिसमें रकमों का मिलान हुआ इत्यादि |
|  |   |   |   |               |  |

(To be repeated on page 3 &amp; 4)

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सामान्य वित्तीय एवं सेखा नियम

GA 163  
GEAR 21

**GOVERNMENT OF RAJASTHAN**  
राजस्थान सरकार

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

New Form  
No. G.A. 7  
Rule 20 (7)

Name of Office ..... Department ..... Financial Year .....

| Serial No. | Particulars of the case<br>(with dates of occurrence and detection and period of defalcation) including description of the breach of rules which rendered defalcation practicable |   | Name and designation<br>of official or officials<br>responsible for the<br>defalcation | Amount involved | Date & month of<br>recovery | Amount recovered | Total recovery made | Amount written off | Progress of the case<br>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.

GA 13  
BIM paras 102 & 105

GOVERNMENT OF RAJASTHAN

राजस्थान सरकार

(To be printed on 17x 27/2 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 जाते।  
Head of Revenue शीर्षक ..... Month याहि..... (Figures in whole rupees only

| S.<br>No.<br>क्र.<br>सं. | Minor Heads<br>उप-शीर्षक | Estimated Collections<br>अनुमानित प्राप्तियां |   | Actual Collections<br>असल प्राप्तियां |   | Variations<br>between<br>4 & 6<br>4 व 6 की रकमों<br>का अंतर | Explanation<br>of variations<br>अंतर के कारण |
|--------------------------|--------------------------|---|---|---------------------------------------|---|---|--|
|                          |                          | During the<br>month<br>माह में                | To end of<br>the month<br>माह के अंत तक | During the<br>month<br>माह में        | To end of<br>the month<br>माह के अंत तक |   |  |
| 1                        | 2                        | 3   | 4                                       | 5                                     | 6                                       | 7   | 8  |
|                          |                          |   |   |                                       |   |   |  |

**Note—** 'Arrears' demands and collections should be shown separately from the 'current' demands and collections against the Heads concerned, wherever necessary.

टिप्पणी— 'बकाएं' मांग व प्राप्तियाँ 'चालू' मांग व प्राप्तियों से अलग संबंधित शीर्षक के सामने लिखी जाते।

No. सं.....

Submitted to प्रस्तुत किया.....  
Dated दिनांक.....  
Signature हस्ताक्षण.....  
Designation पद .....

New Form No. GA 8  
Rule 27 (2)

सामान्य वित्तीय एवं लोडा नियम

**GA 14**  
BM paras 102 & 105 and GFAR 30

**GOVERNMENT OF RAJASTHAN**  
राजस्थान सरकार

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

**Head of Department's Monthly Progress Report of the Collection of Revenue (Other than Land Revenue)  
to the Administrative Department.**

विभागाध्यक्ष के राजस्व (भू राजस्व के अतिरिक्त) की मासिक रिपोर्ट जो प्रशासनिक विभाग को प्रस्तुत की जावे।

**Head of Revenue शारिक ..... Month माह.....** Figures in whole rupees only रकम पूरे रुपयों में

| S.N.O. No. | Minor Heads<br>of expenditure<br>34-एवं 35- | Budget Estimate for<br>the year<br>of the month<br>at the end of<br>the month | During the<br>month | Actual Collections असल प्राप्तिया            |                             | Steps taken to<br>reconcile<br>differences<br>between cols.<br>8 and 9 | Explanation of<br>the material<br>variations<br>between<br>cols. 5 and 8 or 9<br>कालम 5 व 8 या 9 में<br>अंतर के पृष्ठ:<br>समाधान की कार्यवाही<br>कारण |
|------------|---|---|---------------------|--|-----------------------------|--|---|
|            |   |   |                     | Estimated Collection<br>अनुमानित प्राप्तियां | During the month<br>माह में | माह के अंत तक  |   |
| 1          | 2   | 3   | 4                   | 5  | 6                           | 7  | A. G's figures<br>Departmental<br>figures<br>of the month<br>at the end of<br>the month   |
|            |   |   |                     |  |                             |  | B. G's figures<br>Departmental<br>figures<br>of the month<br>at the end of<br>the month   |

**Note-** 'Arrears' Demands and Collections should be shown separately from the 'Current' Demands and Collections against the Heads concerned.  
टिप्पणी- 'बकाए' प्राप्ति व प्राप्तियाँ 'चालू' प्राप्ति व प्राप्तियाँ से अलग संबंधित शीर्षक के समने लिखी जावे।

No. संख्या ..... Dated दिनांक .....

Copy forwarded to ..... Submitted to the Secretary to the Government of Raj.....Department.

- (i) The Secretary to the Government of Rajasthan, Finance Department,

With reference to rule 30 of the GFAR.

- (ii) The Accountant General of Rajasthan, Jaipur.

Signature हस्ताक्षर .....  
Designation पद .....  
Department विभाग .....

**GA 15**  
BM

**GOVERNMENT OF RAJASTHAN**

राजस्थान सरकार

(To be printed on 17x27/4 size)

**Statement of Errors in Classification of Revenue/Receipts requiring corrections in Accounts**

बौद्धी राजस्व व अन्य प्राप्तियों के अशुद्ध लेखों का जिनका शोधन होना है

Name of Office कार्यालय का नाम .....

| S. No. | Particulars<br>क्र. सं.<br>में से गलत<br>क्रम से संख्या | Reference<br>to Challan,<br>etc.<br>चालान इस्तेहास<br>का प्रसंग | Date of Credit<br>में से गलत<br>क्रम से संख्या | Amount<br>रकम | Wrong<br>classification<br>अशुद्ध वर्गीकरण | Correct<br>classification<br>शुद्ध वर्गीकरण | Explanation<br>of error<br>अशुद्धि की व्याख्या | Name and<br>designation<br>of official<br>responsible<br>for the error<br>हटाने वाले<br>कार्यवाही<br>अधिकारी का<br>नाम व पद | Action<br>taken by<br>Treasury<br>Officer<br>कोषाध्यक्ष की<br>कार्यवाही |
|--------|---|---|--|---------------|--|---|--|---|---|
| 1      | 2   | 3   | 4  | 5             | 6  | 7   | 8  | 9   | 10  |

Forward to the Treasury Officer ..... for favour of necessary action.

आवश्यक कार्यवाही के लिए कोषाध्यक्ष ..... को प्रेषित हो।

Signature दस्तावेज़

Designation पद

New Form No. **GA 10**  
Rule 28 (4)

सामाजिक वित्तीय एवं लेखा नियम

GA 16  
G.F.A.R. 36

GOVERNMENT OF RAJASTHAN  
राजस्थान सरकार

(To be printed on 17x27/4 size)

Statement Showing remission of Revenue Realised to A.G.  
बहुल किये गये राजस्व की माफी का महालेखाकार को भेजा गया विवरण

Due Date 1st June

15

सामान्य वित्तीय एवं लेखा नियम

| Name of Department नाम विभाग ..... | Sl. No. | Name of the party whom remission is granted<br>क्रम सं. नाम जिन्हें कूट मंजूर की गई | Particulars of the nature of the remission granted<br>विवरण किस प्रकार की कूट मंजूर की गई | Amount remitted<br>कूट की राशि | Brief explanation of circumstances leading to the remission<br>संकेत में विवरण जिस कारण से कूट दी गई | Steps taken in future<br>present dues becoming irrecoverable<br>भविष्य में उडाए कदम,<br>वर्तिमान अप्राप्त योग्य | Authority permitted<br>कूट की राशि के लिए अधिकारी का नाम | Remarks<br>पार्ट |
|------------------------------------|---------|---|---|--------------------------------|--|---|--|------------------|
|                                    |         |   |   |                                |  |   |  |                  |

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

Head of Deptt.  
विभागाध्यक्ष

सामान्य वित्तीय एवं लेखा नियम

GA 52  
GFAR 79**GOVERNMENT OF RAJASTHAN**

राजस्थान सरकार

(To be printed on 17x27/8)

**Receipt of cheque received**

चैक प्राप्ति की रसीद

New Form  
No. G.A. 12  
Rule 44 (1) (i)

Name of Office कार्यालय .....

तिथि ..... 20 .....

श्री ..... से

चैक नं. .... रुपए ..... का

..... बैंक पर ..... हिसाब में चालान

नं. .... द्वारा प्राप्त किया।

हस्ताक्षर .....

पद .....

**GOVERNMENT  
OF RAJASTHAN**  
राजस्थान सरकारGA 55  
GFAR 27 & 81

(To be printed on 17x27/6)

**Receipt (General)**

रसीद (सामान्य)

पुस्तक सं. ....

रसीद संख्या ..... प्रतिलिपि

दिनांक ..... 20

श्री .....

से पत्र सं. .... दिनांक ..... के

साथ रुपए ..... नकद या चैक द्वारा

के निमित्त प्राप्त हुए।

**GOVERNMENT  
OF RAJASTHAN**  
राजस्थान सरकारNew Form  
No. G.A. 13  
Rule 45 (1)

(To be printed on 17x27/6)

**Receipt (General)**

रसीद (सामान्य)

पुस्तक सं. ....

रसीद संख्या .....

दिनांक ..... 20

श्री .....

से पत्र सं. .... दिनांक ..... के

साथ रुपए ..... नकद या चैक द्वारा

के निमित्त प्राप्त हुए।

रु. \_\_\_\_\_

हस्ताक्षर  
पद

रु. \_\_\_\_\_

हस्ताक्षर  
पद

## सामान्य वित्तीय एवं लेखा नियम

GA No.56\*

Receipt (Education Department)  
प्राप्ति (शिक्षा विभाग)New Form  
No. G.A. 14GA 57  
GFAR 88-91GOVERNMENT OF RAJASTHAN  
राजस्थान सरकार  
(To be printed on 17x27/4)New Form  
No. G.A. 15  
Rule 46 (3), 54 (2)

नं. ....

दिनांक .....

## Cash Challan रकम जमा कराने का चालान

| रकम जमा कराने वाले का नाम व हस्ताक्षर | जिसकी तरफ से रकम जमा कराई जावे उसका नाम व पद | पूर्ण विवरण रकम व आँखा का | पूर्ण वर्गीकरण |            |                | रकम |
|---------------------------------------|--|---------------------------|----------------|------------|----------------|-----|
|                                       |  |                           | मुख्य शीर्षक   | लघु शीर्षक | विस्तृत शीर्षक |     |
| हस्ताक्षर                             |  |                           |                |            | योग            |     |

रकम शब्दों में .....

नोन-बैंकिंग कोषागार/उप-कोषागार उपयोग हेतु

प्राप्त किए रूपये .....

खाजांची लेखापाल दिनांक ..... कोषागार/उप-कोषागार अधिकारी  
बैंकिंग कोषागार/उप-कोषागार उपयोग हेतुबैंक की आँखा  
कृपया प्राप्त करें रूपया ..... कोषागार/उप-कोषागार अधिकारी  
दिनांकबैंक उपयोग हेतु  
प्राप्त किए रूपए .....

दिनांक .....

बैंक की मोहर

मैनेजर बैंक

टिप्पणी : इस चालान में उपयुक्त स्थान पर लेख का पूर्ण विवरण मय विस्तृत मदों के लिखना चाहिये।

GA 58  
GFAR

राजस्थान सरकार

(To be printed on 17x27/4)

पंजिका कैश चालानों की जो बैंक या कोष में रकम जमा कराने के लिए भेजे जावें  
नाम विभाग .....

| रकम जमा कराने वाले का नाम | जिसकी तरफ से रकम जमा कराई जावे उसका नाम व पद | पूर्ण विवरण | हूँ | हूँ | बैंक या कोष में जमा कराने की तिथि | विशेष विवरण |
|---------------------------|--|-------------|-----|-----|-----------------------------------|-------------|
|                           |  |             |     |     |                                   |             |

GA 48  
GFAR 74

GOVERNMENT OF RAJASTHAN

राजस्थान सरकार

गोकुड बाई (साधारण)

(To be printed on 17x27 size)

(10) 1000 11/12/2013

**GOVERNMENT OF RAJASTHAN**  
राजस्थान सरकार  
**रोकड़ बही (सामान्य)**  
(To be printed on 17x27 size)

New Form GA No. 16  
Rule 48 (i)

Rule 48 (i)

କାନ୍ତିଲ୍ୟ

### Receipts આમદ

## **Payments वात्त**

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

GA 50  
G.FAR 74 & 74A

## GOVERNMENT OF RAJASTHAN

राजस्थान सरकार

(To be printed on 17x 27/2)

Cash Book (others) रोकड़ बही (अन्य)

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

कार्यालय .....

## Receipts आय

| प्राप्ति तिथि | रसीद नं. | आय<br>विवरण | रकम जो<br>कोष<br>से प्राप्त हुई | रकम जो अन्य<br>जगह से प्राप्त<br>हुई | वर्गीकरण |
|---------------|----------|-------------|---------------------------------|--------------------------------------|----------|
|               |          |             |                                 |                                      |          |

## Expenditure व्यय

| व्यय तिथि | बाउचर नं. | व्यय<br>विवरण | रकम जो<br>व्यवित<br>को दी गई | रकम जो<br>खजाने<br>को भेजी | वर्गीकरण |
|-----------|-----------|---------------|------------------------------|----------------------------|----------|
|           |           |               |                              |                            |          |

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

**Register showing receipt and disposal of Cheques, Drafts, Postal Money Orders etc.**  
पंजिका चेक, ड्राफ्ट, मनीऑर्डर इत्यादि के प्राप्ति व व्यवस्थापन की

| Item No.<br>क्र. सं. | Date of receipt<br>दर्शक की तिथि | Reference to forwarding letter etc.<br>प्रेषित पत्र का प्रसंग इत्यादि | From whom received and on what account<br>किससे प्राप्त हुआ और किस हिसाब में | Particulars of the documents पत्रों की विवरण<br>किसम तिथि संख्या व तिथि | Initials<br>क्रमांक | No. and date<br>क्रमांक तिथि | Amount<br>रकम | Initials of G.O.<br>लेकर लिखने की तिथि | Date of action taken<br>शॉविंग एक्शन लेकर लिखने की तिथि | Date of credit in Treasury<br>ट्रेसरी में अंकुशण की तिथि | Entered in C.B.<br>रोकड़ बही में इन्द्राज की | Initials<br>हस्ताक्षर |
|----------------------|----------------------------------|---|--|---|---------------------|------------------------------|---------------|--|---|--|--|-----------------------|
| 1                    | 2                                | 3   | 4  | 5   | 6                   | 7                            | 8             | 9                                      | 10  | 11   | 12   | 13                    |

**मूल्यांकन**

- यह पंजिका रोकड़ बही का एक अंग है और यह उच्च अधिकारी के पास है। 2. इस पंजिका में मनीऑर्डरों का इन्द्राज, जहां जरूरी हो किया जावे।
- मनीऑर्डर का फोस्टल आईंडर का इन्द्राज इस पंजिका में इस प्रकार किया जावे कि उनका पृष्ठक-पृष्ठक एक दिन का योग रोकड़ बही में दर्ज हो सके। रोकड़ बही में इन्द्राज इस पंजिका के क्रम संख्या के हवासे से किया जावे। 4. कालाम 8 तक में इन्द्राज प्राप्ति के दिन ही किये जावे।
- कालाम 9 व 10 चेक, ड्राफ्ट व पोस्टल ऑर्डर की वसूली के इन्द्राज के लिए है, जिन पर पूरी निगरानी रखी जाए ताकि वसूली में देर न हो।

**GOVERNMENT OF RAJASTHAN**

राजस्थान सरकार

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

**Register of Payments made by Money Orders/Bank Drafts**

**भरीआड़/बैंक फ्रूट द्वारा भुगतानों की पंजिका**

| S. No. | In whose favour<br>and on what<br>account with<br>reference to bill<br>क्र. सं. | Address<br>to which<br>sent<br>कहाँ भेजा | Amount<br>payable<br>भुगतान<br>योग्य रकम | Commission,<br>if<br>deducted<br>कमीशन यदि<br>मिला हो | Net<br>amount<br>रकम बो<br>भेजी | Reference<br>to entry in<br>cash book<br>रोकड़ बाही में<br>इन्द्राजल का<br>प्रसंग | Postal Receipt<br>Bank Draft<br>बैंक फ्रूट | Payee's<br>acknowled-<br>gement<br>received on<br>रकम पाने वाले की<br>समीक्षा प्राप्ति दिनांक<br>Number<br>संख्या | Date<br>तिथि | Re-<br>marks<br>विसेष<br>विवरण |
|--------|---|--|--|---|---------------------------------|---|--|---|--------------|--------------------------------|
|        |   |  |  |   |                                 |   |  |   |              |                                |
|        |   |  |  |   |                                 |   |  |   |              |                                |

- टिप्पणियां -**
- कोषगारों में इस पंजिका को ऐसे भुगतानों के लिए रखना है, जिनको GFAR नियम 102 (10) और 305 के अंतर्गत करना हो।
  - दिग्गजों में इस पंजिका में उन भुगतानों का इन्द्राजल किया जावे, जिनसे वे पोस्टल मनीजार्ड GFAR Appendix VIII-Annx. A-Item 20 (viii) and (ix) & 102 (ix) द्वारा कोषगार से न कराकर स्वयं करें या जिनको बैंक फ्रूट द्वारा GFAR Appendix VIII-Annx. A-Item 20 (viii), (ix) & 102 (ix) करें।

GA 59  
GFAR 102 (xi)

## GOVERNMENT OF RAJASTHAN

राजस्थान सरकार

(To be printed on 17x27/2 size)

बिल पंजिका **BILL REGISTER**

Name of Office कार्यालय.....

New Form  
No. G.A. 22  
Rule 83

| Sl.<br>No.<br>क्रम<br>संख्या | Brief Particulars of<br>each claim<br>प्रति मांग-पत्र का सूक्ष्म<br>विवरण | Amount<br>Claimed<br>मांग की रकम | Amount<br>passed, if<br>different<br>स्वीकृत रकम,<br>यदि भिन्न हो | To A.G. for pre-audit<br>महालेखापाल को पूर्व<br>जांच के लिए |                                       |
|------------------------------|---|----------------------------------|---|---|---------------------------------------|
|                              |   |                                  |   | Date of<br>submission<br>भेजने की<br>तिथि                   | Date of<br>return<br>वापसी की<br>तिथि |
| 1                            | 2   | 3                                | 4   | 5   | 6                                     |
|                              |   |                                  |   |   |                                       |

| To C.A. for<br>countersignature<br>नियंत्रण अधिकारी के<br>हस्ताक्षर हेतु |                                       | To Treasury<br>कोषागार को                      |                                       | Date of<br>Payment<br>भुगतान की<br>तिथि | Initials<br>हस्ताक्षर | Remarks<br>विशेष विवरण |
|--|---------------------------------------|--|---------------------------------------|---|-----------------------|------------------------|
| Date of<br>submis-<br>sion<br>भेजने की<br>तिथि                           | Date of<br>return<br>वापसी की<br>तिथि | Date of<br>submis-<br>sion<br>भेजने की<br>तिथि | Date of<br>return<br>वापसी की<br>तिथि |   |                       |                        |
| 7  | 8                                     | 9  | 10                                    | 11                                      | 12                    | 13                     |
|  |                                       |  |                                       |   |                       |                        |

- टिप्पणियां :-**
- 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।
  - जिनका भुगतान स्थायी पेशारी (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  
BM Form 1GOVERNMENT OF RAJASTHAN  
राजस्थान सरकार  
(To be printed on 17x 27/4 size)New Form  
No. G.A. 23  
Rule 84 (1)**Slip to accompany bills of disbursing officers on Treasuries**  
चिट जो हर वितरण अधिकारी बिलों के साथ कोषागार को भेजेंMajor Head मुख्य शीर्षक .....  
Minor Head लघु शीर्षक .....  
Sub-Head उप-शीर्षक .....Name of Treasury  
.....

| To be filled in at the Treasury<br>कोषागार में पूर्ति के लिए   | Classification of expenditure as<br>shown on the bill<br>ब्यय का वर्गीकरण जैसा बिल पर दिया हो |               |
|--|---|---------------|
|  | Heads of Account<br>लेखे का शीर्षक  | Amount<br>रकम |
| Voucher number assigned to<br>the bill at the treasury .....<br>वाउचर नं. जो कोषागार में बिल पर दर्ज<br>किया जावे। | Pay वेतन<br>Allowances भत्ते  | रु. पै.       |
|  | Gross Total<br>कुल योग  |               |
| Date of Payment .....<br>तिथि भुगतान   | Deductions<br>कटौतियां  |               |
|  | Net Amount<br>बाकी रकम  |               |
| Treasury Accountant/Clerk<br>ह. कोषालय लेखापाल /सिपिक  | Signature of officer<br>drawing the bill.....<br>ह. बिल भेजने वाले अधिकारी के                 |               |
| Dated तिथि   | Designation पद  |               |

Notes :- 1. 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 कोषागार 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.
2. राजपत्रित व अन्य अधिकारी, जो अपने बिल संघे कोष को भेजते हैं, इस चिट की एक प्रतिलिपि वितरण अधिकारी को भेजे, जो गोशवारा फार्म जी.ए. 19 में विभागाध्यक्ष/नियंत्रण अधिकारी को प्रस्तुत करता है।

GA 59A

## GOVERNMENT OF RAJASTHAN

राजस्थान सरकार

(सा.वि.एवं लेखा नियमों के नियम 96 के नीचे टिप्पणी देखें)

New Form

No. G.A. 24

Rule 84 (2)

## Bill Transit Register बिल प्रेषण पंजिका

| क्र. सं. | देयक का विवरण | शुद्ध राशि | आहरण एवं वितरण अधिकारी के हस्ताक्षर | कोष कार्यालय द्वारा आवंटित टोकन क्रमांक | कोष कार्यालय में प्राप्तकर्ता कर्मचारी के लघु हस्ताक्षर एवं दिनांक | अभ्युक्ति |
|----------|---------------|------------|-------------------------------------|---|--|-----------|
| 1        | 2             | 3          | 4                                   | 5                                       | 6  | 7         |

टिप्पणी : 1. स्तंभ 2 - यह स्तंभ देयक का क्रमांक एवं दिनांक तथा देयक किस प्रकार का है अर्थात् संस्थापन वेतन, यात्रा भता, संभाव्य व्यय इत्यादि की प्रविष्टि के लिए है। स्वयं आहरण अधिकारी के देयक 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 द्विना पास किये लौटकर आपे 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 निर्विचित।

To,

The Agent,  
State Bank of Bikaner and Jaipur,  
State Bank of India,  
The Sub-Treasury Officer,

GA 59B

[See rule 102 (viii)]

Please Pay Bill No. ..... dated ..... of the .....  
for Rs. ..... (Rupees.....)  
to Shri ..... Cashier/Peon of the office of the ..... whose  
signature is given below :-

Signature

Signature of the claimant  
(Drawing Officer)

Received Payment .....

Cashier/Peon .....

Office of the .....

Note— The signature of the messenger or payee should be attested by the claimant  
under the dated signatures.

[Inserted vide F.D. order No. F 13 (77) FD/R & AI/68, dated 19.11.1976]

GA 173  
GFAR

GOVERNMENT OF RAJASTHAN  
(To be printed on 17x27/4 both sides)

**Register for watching Encashment of Bills**

Name of Office .....

New Form No. GA 25  
Rule 84 (3)

२५  
सामान्य वित्तीय एवं लेखा नियम

| S.<br>No. | Date | Particulars of each bill<br>including S.No. of the<br>bill as entered in Bill<br>Register in Form GA 59 | Net amount<br>of the Bill | Passed by<br>Treasury |                 | Initials<br>of the<br>Supervisor | Official (including Cashier)<br>deputed for encashment |
|-----------|------|---|---------------------------|-----------------------|-----------------|----------------------------------|--|
|           |      |   |                           | On<br>(date)          | Treasury<br>No. |                                  |  |
| 1         | 2    | 3   | 4                         | 5                     | 6               | 7                                | 8  |
|           |      |   | Rs.                       | P.                    |                 |                                  | 9  |

| Date of<br>encashment | Money as per Col. 4<br>handed over to Cashier |                        | Entered in Cash Book |      | Remarks                                 |
|-----------------------|---|------------------------|----------------------|------|---|
|                       | On<br>(date)                                  | Cashier's<br>Signature | On<br>(date)         | Page | Dated initials<br>of Drawing<br>Officer |
| 10                    | 11  | 12                     | 13                   | 14   | 15                                      |
|                       |   |                        |                      |      | 16                                      |

26

सामान्य वित्तीय एवं लेखा नियम

GA 107  
G.F.A.R.

## GOVERNMENT OF RAJASTHAN

राजस्थान सरकार

(To be printed on 18x22/6 size)

## Voucher for petty contingent charges

छोटे-छोटे आकस्मिक प्रभारों के वाउचर

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

| Date<br>तिथि | Particulars of Charges<br>व्यय का विवरण | Amount रकम |    |
|--------------|---|------------|----|
|              |   | Rs.        | P. |
| रकम .....    | शब्दों में .....                        | योग .....  |    |

संबंधित अधिकारी के हस्ताक्षर

\* Certified that :—

1. I have not used my staff car or Government vehicle for visiting the places mentioned above.
2. I 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

दीजिए .....

विभागाध्यक्ष की आज्ञा

Signature हस्ताक्षर  
Designation पदSub-voucher No. उप-वाउचर संख्या ..... Month माह .....  
Paid Rs. माह भुगतान किया रु. ..... on तिथि .....

Cashier खजांची

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

GA 43  
G.FAR 60

**GOVERNMENT OF RAJASTHAN**

राजस्थान सरकार

(To be printed on 17x27/4 size)

New FormNo. G.A. 28Rule 128 (2)**CERTIFICATE OF TRANSFER OF CHARGE****(COLLECTOR & TREASURY OFFICER)**

चार्ज संभालने का प्रशासन-पत्र (कलेक्टर एवं कोषागार अधिकारी)

प्रमाणित किया जाता है कि मैंने ..... विभाग का तिथि  
..... के मध्यांतर के पहले/बाद कार्यभार दे दिया है/ले लिया है।

कार्यभार देने वाला अधिकारी

कार्यभार लेने वाला अधिकारी

पद

पद

स्थान .....

तिथि.....

अवशेष जिनका उत्तरदायित्व कार्यभार संभालने वाला अधिकारी स्वीकार करता है।

- (i) नकद रकम
- (ii) रकम/बाउचर पेशागी
- (iii) स्टाम्प (मूल्य)
- (iv) स्टोर्स (किताबी कीमत)
- (v) प्रयोग में न लाए हुए चैक (नं.)
- (vi) रसीद की किताबें (नं.)
- (vii) सर्विस बुक्स (संख्या व मूल्य)
- (viii) सर्विस रोल्स (संख्या व मूल्य)

कार्यभार देने वाला अधिकारी

कार्यभार लेने वाला अधिकारी

- प्रेषित किया (i)  
(ii)  
(iii)  
(iv)  
(v)  
(vi)

Signature हस्ताक्षर

Designation पद

GA 44  
GFAR 61

**GOVERNMENT OF RAJASTHAN**  
राजस्थान सरकार

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

**Charge Report कार्यभार प्रतिवेदन**

New Form No. GA 30  
Rule 129

Name of Office कार्यालय का नाम .....

|        |   |  |                            |
|--------|---|--|----------------------------|
| संख्या | इस कार्यालय में कार्यभार देने वाले। अधिकारी उन विषयों को लिखे लिएकी ओर कार्यभार लेने वाले का इच्छान खास तौर पर आकर्षित करता हो-कार्यालय की सामान्य दशा, हितावच व अन्य लेखों की दशा, नादी गणन नियोजन एवं स्टोर्स की जांच का परिणाम, ऑडिट एवं आज़ाज इत्यादि | इस कार्यालय में कार्यभार देने वाले अधिकारी को अपने प्रतिवेदन में कार्यवाही की अनियमितताएं या अन्य गड़बड़ियां जो वो पावे, लिखें | उच्च अधिकारी की अंशाएं     |
|        |   | Reverse  |                            |
|        | कार्यभार लेने वाला अधिकारी<br>पद<br>तिथि  | कार्यभार देने वाला अधिकारी<br>पद<br>तिथि   | उच्च अधिकारी<br>पद<br>तिथि |

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सामान्य वित्तीय एवं लेखा नियम

Name of Govt. Servant नाम कर्मचारी का नाम

Dominio público

卷之三

Value Of Commitment of continuous service निरत राज्य सेवा के प्रारंभ की तिथि

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

2. 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 column 10 to 14 by making suitable additional entries and this should be taken into account when completing column 26.

(Contd....)

Date of birth जन्म तिथि .....  
 Date of Compulsory retirement अनिवार्य निवृत्ति तिथि .....

(On Private Affairs or Medical Certificates)

| Leave Taken |       |                 |             | छुटी से विशेष<br>वापसी पर बाकी                      |  |   |
|-------------|-------|-----------------|-------------|---|--|---|
| कब से       | कब तक | दिनों की संख्या | कब से कब तक | परिवर्तित   | उगार्हित अवकाश   | अद्वैत वेतन   |
|             |       |                 |             | अवकाश अर्द्ध<br>वेतन में बदलकर<br>(कालम 20 का द्वय) | डाकटी प्रमाण-पत्र पर<br>(जिसकी अवधि पूर्ण<br>सेवा काल में 180 दिन की है) | अवकाश प्रमाण-पत्र पर<br>(जिसकी अवधि पूर्ण<br>सेवा काल में<br>17, 21 वर्ष का<br>योग) |
| 15          | 16    | 17              | 18          | 19  | 20   | 21  |
|             |       |                 |             |   |  | 22  |
|             |       |                 |             |   |  | 23  |
|             |       |                 |             |   |  | 24  |
|             |       |                 |             |   |  | 25  |
|             |       |                 |             |   |  | 26  |
|             |       |                 |             |   |  | 27  |

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सामान्य वित्तीय एवं लेखा मियम

- Notes : 3. 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.
4. 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.

|                   |                            |              |
|-------------------|----------------------------|--------------|
| GA 36             | GOVERNMENT OF RAJASTHAN    | New Form     |
| GFAR 66 & RSR 160 | राजस्थान सरकार             | No. G.A. 32  |
|                   | SERVICE BOOK सेवा पुस्तिका | Rule 134 (1) |

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

**INSTRUCTIONS**

1. 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 be verified 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.
8. 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.

32  
सामान्य वित्तीय एवं लेखा नियम

(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 योग्यताएँ

(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 योग्यताएँ

6. Exact height by measurement  
माप से ठीक ऊँचाई

7. Personal mark for identification  
पहचान का निशान

8. Left hand thumb and finger impressions of  
(non-gazetted) Government servant  
(आजपत्रित) राज्य कर्मचारी के बायें हाथ के अंगुष्ठ व  
अंगुलियों के निशान

Little Finger  
कनिष्ठा

Ring Finger  
अनामिका

Middle Finger  
मध्यमा

Fore Finger  
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  
Officer  
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.

## POST HELD, PROMOTIONS, REVERSIONS ETC. (Page 4)

| Name of Post<br>पद<br>नाम | Whether Substantive or Officiating and whether permanent or temporary<br>नियुक्ति मूल है या स्थानापन और स्थायी है या अस्थायी | If Officiating State-<br>(i) Substantive appointment, or<br>(ii) Whether service counts for pension under Rule 188 of R.S. Rules<br>यदि स्थानापन है तो लिखें-<br>(i) मूल नियुक्ति या<br>(ii) राज्य-सेवा-काल नियम 188 राज. सेवा नियम के अंतर्गत पेशन गणन योग्य है या नहीं। | Pay in substantive post<br>वेतन मूल पद |
|---------------------------|--|---|--|
| 1                         | 2  | 3   | 4                                      |
|                           |  |   |  |

| Additional pay for officiating<br>स्थानापन का अतिरिक्त वेतन | Other emoluments falling under the term 'Pay'<br>अन्य परिलाभ जो 'वेतन' शब्द में आते हैं | Date of appointment<br>नियुक्ति की तिथि |
|---|---|---|
| 5   | 6   | 7                                       |
|   |   |   |

| Signature of Govt. servant<br>हस्ताक्षर राज्य कर्मचारी | Signature and designation of the head of the office or other attesting officer in attestation of columns 1 to 8<br>हस्ताक्षर व पद कार्यालय प्रधान के या किसी अन्य अधिकारी के जो कॉलम 1 से 8 के इन्द्राज को प्रमाणित करे | Date of termination of appointment<br>तिथि नियुक्ति पद समाप्ति | Reason of termination (such as promotion, transfer, dismissal, etc.)<br>समाप्ति का कारण (जैसे तरक्की, स्थानांतर, पदब्युति इत्यादि) | Signature of the Head of the office or other attesting officer<br>कार्यालय प्रधान या अन्य प्रमाणित करने वाले अधिकारी के हस्ताक्षर व पद |
|--|---|--|--|--|
| 8  | 9   | 10   | 11   | 12   |
|  |   |  |  |  |

| Leave अवकाश  |   | Reference to any recorded punishment or censure or reward or praise of the Government servant  |             |   |
|--|---|--|-------------|---|
| Nature and duration of leave taken<br>किस व अवधि अवकाश | Allocation of periods of leave on average pay up to four months for which leave salary is debitible to another Government<br>औसत वेतन पर 4 माह तक के अवकाश में से अवधि, जिसका वेतन किसी अन्य सरकार को देना है | Signature of the head of the office or other attesting officer<br>कार्यालय प्रधान या अन्य प्रमाणित करने वाले अधिकारी के हस्ताक्षर व पद | Period अवधि | Government to which debitible नाम सरकार जिसको देना है |
| 13   | 14  | 15   | 16          | 17  |
|  |   |  |             |   |

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

Leave Account अवकाश का हिसाब  
(Page 14)

Domicile निवास स्थान .....  
Designation पद .....

Name of Govt. Servant राज्य कर्मचारी का नाम .....  
Date of commencement of continuous service निरंतर राज्य सेवा के प्रारंभ की तिथि .....

| उपर्युक्त अवकाश |             |                   | अवकाश जो लिया |             |                | सेवा अवधि     |             |         | अर्द्ध वेतन अवकाश |             |         |
|-----------------|-------------|-------------------|---------------|-------------|----------------|---------------|-------------|---------|-------------------|-------------|---------|
| From<br>कब से   | To<br>कब तक | No. of<br>कुल दिन | From<br>कब से | To<br>कब तक | No. of<br>Days | From<br>कब से | To<br>कब तक | कुल दिन | From<br>कब से     | To<br>कब तक | कुल दिन |
| 1               | 2           | 3                 | 4             | 5           | 6              | 7             | 8           | 9       | 10                | 11          | 12      |

- Notes : 1. Periods of Extraordinary Leave taken should be noted in red ink in column 27 for remarks.  
 2. 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)

Date of Birth जन्म तिथि .....

Date of compulsory retirement अनिवार्य निवृत्ति तिथि .....

**(On Private Affairs or Medical Certificates (निजी कार्य या बीमारी के कारण)**

| Leave Taken अवकाश जो लिया |        |                 |               | हट्टी से दिखेगा  |  |                                      |
|---------------------------|--------|-----------------|---------------|--|--|--------------------------------------|
|                           |        |                 |               | वापसी विवरण  |  |                                      |
|                           |        |                 |               | परिवर्तित अवकाश जो डाक्टरी प्रमाण-पत्र पर पूर्ण वेतन पर दी गई (जिसकी अवधि पूर्ण सेवाकाल में 180 दिन की है। | अद्य वेतन अवकाश डाक्टरी प्रमाण-पत्र पर (जिसकी अवधि पूर्ण सेवा काल में 180 दिन की है) | अद्य वेतन अवकाश की अवधि (कालम 14-25) |
| काल से                    | काल तक | दिनों की संख्या | काल से काल तक | दिनों की संख्या  | काल से काल तक  | दिनों की संख्या                      |
| 15                        | 16     | 17              | 18            | 19   | 20   | 21                                   |
|                           |        |                 |               |  | 22   | 23                                   |
|                           |        |                 |               |  | 24   | 25                                   |
|                           |        |                 |               |  | 26   | 27                                   |

- Notes :**
3. Whenever 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.
  4. 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.

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

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सामान्य वित्तीय एवं लेखा नियम

(Page 18)

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

| जिला व पद | प्रसंग जिला<br>आज्ञा | दिनांक | ज़िला व पद | प्रसंग जिला<br>आज्ञा | दिनांक |
|-----------|----------------------|--------|------------|----------------------|--------|
|           |                      |        |            |                      |        |

Page 19

नियुक्तियों का लेख (Record of Postings)

| जिला व पद | प्रसंग जिला<br>आज्ञा | दिनांक | जिला व पद | प्रसंग जिला<br>आज्ञा | दिनांक |
|-----------|----------------------|--------|-----------|----------------------|--------|
|           |                      |        |           |                      |        |

**\*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
7. 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

| Name & Designation | Temporary and permanent | Date of appointment | Date of appointment/termination | Reasons of termination of Appointment such as promotion/Transfer/Promotion | Sub-pay and scale | Offg. Pay and scale | Other emoluments which are classed as pay e.g. personal pay special pay | Leave, its nature & period & rate of Leave Salary Paid | If suspended date & period of suspension whether suspension period counts for pension or not | Other interruption, if any | Reference Order No. and date | Signature of Officer | Remarks |
|--------------------|-------------------------|---------------------|---------------------------------|--|-------------------|---------------------|---|--|--|----------------------------|------------------------------|----------------------|---------|
|                    |                         |                     |                                 |  |                   |                     |   |  |  |                            |                              |                      |         |

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

GA 37

GEAR 67 RSR 164-A

**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)

1. नाम .....
2. निवास-स्थान मय नाम जिला, गांव, थाना और डकखाना .....
3. पिता का नाम (और स्त्री कर्मचारी के पति का नाम भी) व निवास-स्थान .....
4. जन्म तिथि (सन् में) .....
5. माप से ठीक ऊँचाई .....
6. पहिचान के निशान .....
7. हस्ताक्षर या निशान राज्य कर्मचारी के (मय तिथि) .....
8. प्रमाणित करने वाले अधिकारी के हस्ताक्षर मय तिथि व वर्ष और पद .....

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.

बाये हाथ के अंगुष्ठ व अंगुलियों के निशान

| Thumb<br>अंगुष्ठ | Fore<br>finger<br>तर्जनी | Middle<br>finger<br>मध्यमा | Ring<br>finger<br>अनामिका | Little<br>finger<br>कनिष्ठा | हस्ताक्षर व पद अधिकारी<br>के जिसके सामने निशान<br>लगाए गए | Date<br>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. Daftaries Jamadars, etc. are appointed to act in the superior grade on pay exceeding Rs. 10.
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?

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## सामान्य विस्तौर्य एवं लेखा नियम

| पद व चारों | नियुक्ति भूल है परि स्थानापन का स्थानापन तो लिखें मूल अतिरिक्त वेतन नियुक्ति यदि कोई हो या अस्थाई | वेतन मूल पद अतिरिक्त वेतन | अन्य परिवार जो वेतन शब्द में आते हैं | नियुक्ति लिखे | मूल्य हस्ताक्षर अधिकारी के जो कालम 1 से 7 के इन्ड्राज को प्रभागित करे | तिथि नियुक्ति पद समाप्ति |
|------------|---|---------------------------|--------------------------------------|---------------|---|--------------------------|
| 1          | 2   | 3                         | 4                                    | 5             | 6   | 7                        |
|            |   |                           |                                      |               | 8   | 9                        |

Note-Six inner sheets to be inserted

| समापित का करण (जैसे तरकी, स्थानांतरण, पदच्युति, इत्यादि) |    | यूक्ष हस्ताक्षर अधिकारी के जो कालम 9 व 10 के इन्ड्रेज को प्रमाणित करे | अवकाश किल्म व अवधि और दर अवकाश वेतन, मय सूक्ष्म हस्ताक्षर अधिकारी जो प्रमाणित करे | दंड, निदा, उत्तरकार या प्रशंसा व सेवाकाल में अत्यर्धार्थी का प्रसंग। यदि मौतिल किया गया हो तो अवधि मौतिली अवकाश व पेशन के लिए गणन योग्य है या नहीं - पय हस्ताक्षर प्रमाणित करने वाले अधिकारी के | विशेष विवरण |
|--|----|---|---|---|-------------|
| 10   | 11 | 12  | 13  | 14  |             |

**Page 16** Annual certificate of verification of services with signature and designation of Head of Office.

GA 190  
GF & AR

## GOVERNMENT OF RAJASTHAN

राजस्थान सरकार

(To be printed on 17x27 $\frac{1}{2}$  size)New Form  
No. G.A. 34  
Rule 134 (3)

## REGISTER OF SERVICE BOOKS/SERVICE ROLLS

Department/Office

| S.No. | Name of assigned Government servant | Post held | Re-attestation of entries on page 3 of S.B. & 1 of S.R. due before (Date) | Done on (Date) | Forwarded on transfer to Office, No. & Date | Remarks |
|-------|-------------------------------------|-----------|---|----------------|---|---------|
|       |                                     |           |   |                |   |         |

- Note :- 1. The numbering of Service Books and Service Rolls should be in separate series and mixed up. Where a combined register is kept separate page should be allotted for each.
2. Where the number of Service Books be large, the numbering may 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 struck off neatly but not obliterated.

GA 62  
GFAR 162

## GOVERNMENT OF RAJASTHAN

राजस्थान सरकार

(To be printed on 17 x 27 $\frac{1}{4}$  size)New Form  
No. G.A. 35  
Rule 145

## Last Pay Certificate अन्तिम वेतन प्रमाण-पत्र

विभाग .....

कार्यालय .....

पुस्तक सं .....

क्रम सं .....

1. यह भुगतान प्रमाण पत्र श्री ..... विभाग के जो ..... पर ..... से ..... को जा रहे हैं।
2. इनको भुगतान दिनांक ..... तक निम्नलिखित दर से किया जा चुका है :-

विगत

दर

(i) मूल वेतन

(ii) स्थानापन वेतन

(iii) विशेष वेतन

(iv) भत्ते (अ) मकान

(ब) घोड़ा/ऊट

(ग) सवारी

## कटौतियां

3. उन्होंने ..... विभाग का कार्यभार दिनांक ..... की मध्याह के पहले/पीछे सौप दिया।
4. पृष्ठ पर लिखे अनुसार कर्मचारी से वसूलियां करनी हैं।
5. इनको निम्नलिखित अवकाश वेतन दे दिया है। पिछले पृष्ठ पर लिखी कटौतियां कर ली गई हैं।

अवधि

दर

रकम

दिनांक से

दिनांक तक

दर रु.

महवार

"

"

"

"

"

## सामान्य वित्तीय एवं लेखा नियम

6. यह निम्नलिखित रकम लेने के हकदार हैं।  
 7. इनको दूसरी जगह कार्यभार संभालने के लिए ..... दिन तक  
     का समय मिल सकता है।  
 8. इनकी निम्नलिखित बीमा पालिसी का भुगतान प्रोवीडेट फड़ से किया जाता है।

| बीमा का नाम या राजकीय बीमा विभाग | पॉलिसी नं. | रकम किस्त | किस्त भुगतान की तिथि |
|----------------------------------|------------|-----------|----------------------|
| 1                                | 2          | 3         | 4                    |
|                                  |            |           |                      |

9. आयकर की विगत, जो चालू वर्ष से आज तक वसूल हुआ है, पिछले पृष्ठ पर लिखित है।

दिनांक ..... हस्ताक्षर  
पद

(Reverse)  
गत भुगतान प्रमाण-पत्र  
वसूलियों की विगत

| किस्त वसूली | वसूल योग्य<br>कुल रकम | किस्तों की<br>संख्या | वसूल की गई<br>रकम | बाकी वसूल योग्य<br>रकम |
|-------------|-----------------------|----------------------|-------------------|------------------------|
| (i)         |                       |                      |                   |                        |
| (ii)        |                       |                      |                   |                        |
| (iii)       |                       |                      |                   |                        |

अवकाश वेतन से की गई कटौतियों की विगत

| दिनांक से | दिनांक तक | बाबत | रु. |
|-----------|-----------|------|-----|
| "         | "         | "    | "   |
| "         | "         | "    | "   |

आयकर कटौतियों की विगत (पैरा 8)

| माह     | वेतन | आनुतोषिक<br>फी, इत्यादि | फड़ व अन्य<br>कटौतियां | बीमा    | आयकर रकम<br>जो वसूल की गई | विशेष<br>विवरण |
|---------|------|-------------------------|------------------------|---------|---------------------------|----------------|
| अप्रैल  | 20   | रु. पै.                 | रु. पै.                | रु. पै. | रु. पै.                   | पै.            |
| मई      | "    |                         |                        |         |                           |                |
| जून     | "    |                         |                        |         |                           |                |
| जुलाई   | "    |                         |                        |         |                           |                |
| अगस्त   | "    |                         |                        |         |                           |                |
| सितंबर  | "    |                         |                        |         |                           |                |
| अक्टूबर | "    |                         |                        |         |                           |                |
| नवंबर   | "    |                         |                        |         |                           |                |
| दिसंबर  | "    |                         |                        |         |                           |                |
| जनवरी   | "    |                         |                        |         |                           |                |
| फरवरी   | "    |                         |                        |         |                           |                |
| मार्च   | "    |                         |                        |         |                           |                |

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सामान्य वित्तीय एवं लेखा नियम

GA 76  
(Outer)  
GFAR 189

**GOVERNMENT OF RAJASTHAN**  
राजस्थान सरकार  
(To be printed on 22x 29/2 size)

New Form  
No. G.A. 36  
Rule 150 (1)

STATE

Bill No. ....

**DETAILED PAY BILL OF PERMANENT/TEMPORARY ESTABLISHMENT  
OF THE ..... FOR THE MONTH OF ..... 20 .....  
..... DISTRICT**

Space for classification, stamp or manuscript entries of classification to be filled in by drawing officer. Names of detailed heads and corresponding amounts should be recorded by him in adjacent columns:

Major Head :

Minor Head :

Sub-Head :

1. Held-over amounts should be entered in red ink in the appropriate columns (3) (4), (5), (6) or (7) as the case may be, and ignored in totalling. Leave salary, the amount of which is not known should similarly be entered in red ink in column (4) at the same rate as pay if the official had remained on duty.
2. In the remarks column (23) should be recorded all unusual permanent events such as deaths retirements, permanent transfers and first appointments which find no place in the increment certificates or absentee statement.
3. When an increment claimed operates to carry a Government servant over an efficiency bar, it should be supported by a declaration that the Government servant in question is fit to pass the bar.
4. Names of Government servants in inferior service as well as those mentioned in GFA rule 122 may be omitted from pay bills.
5. A red line should be drawn right, across the sheet after each section of the establishment and under it the total of columns (4), (5) and (10), for the section should be shown in red ink.

| Voucher No. .... | Pay of Permanent Estab.....  | Rs.   P. |
|------------------|------------------------------|----------|
|                  | Pay of Temporary Estab.....  |          |
|                  | Allowances & Honoraria.....  |          |
|                  | Conveyance Allowance.....    |          |
|                  | Horse Allowance.....         |          |
|                  | House Allowance .....        |          |
|                  | Dearness Allowance .....     |          |
|                  | Other Fixed Allowances ..... |          |
|                  |                              |          |
|                  |                              |          |
|                  |                              |          |
| Total            |                              |          |

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.
9. The following abbreviations should be used in this and all other documents submitted with pay bills :—

|                      |       |           |
|----------------------|-------|-----------|
| Leave on average pay | ..... | LAP       |
| Leave on Half pay    | ..... | LHP       |
| On other Duty        | ..... | OD        |
| Leave Salary         | ..... | LS        |
| Conveyance Allowance | ..... | CA        |
| Under Suspension     | ..... | SP        |
| On Foreign Service   | ..... | FS        |
| Vacant               | ..... | Vac.      |
| State Insurance Fund | ..... | SI        |
| Last pay certificate | ..... | LPC       |
| Subsistence Grant    | ..... | Sub-Grant |
| Transit Pay          | ..... | TP        |

| Deduct-                                |  |  |
|--|--|--|
| General Provident Fund                 |  |  |
| Contributory Provident Fund            |  |  |
| State Insurance Fund                   |  |  |
| Conveyance Advances                    |  |  |
| H.B. Advances                          |  |  |
| House and Furniture Rent               |  |  |
| Income Tax                             |  |  |
| Attachment orders of Court             |  |  |
| Miscellaneous recoveries & overdrawals |  |  |
| Total deductions                       |  |  |
| Net Total                              |  |  |

For Accountant General's Office

Admitted Rs.

Objected Rs.

Auditor

Superintendent

G.O.

४६  
सामान्य वित्तीय एवं लेखा नियम

**ESTABLISHMENT**

| क्र. सं. | नाम कर्मचारी व वर्ग | मूल वेतन (निजी वेतन अथवा विशेष वेतन, यदि कोई है, तो वह भी इसी खाते में मूल वेतन के नीचे दिखाओ) | अवकाश वेतन | स्थानापन्न वेतन | महावाइ भता | पक्कान किरणा | अन्य स्थायी भता | योग | कटौतेया           |                  |    |    |
|----------|---------------------|--|------------|-----------------|------------|--------------|-----------------|-----|-------------------|------------------|----|----|
|          |                     |  |            |                 |            |              |                 |     | राजकीय निवाह निधि | सहायक निवाह निधि |    |    |
| 1        | 2                   | 3  | 4          | 5               | 6          | 7            | 8               | 9   | 10                | 11               | 12 | 13 |

**PAY BILL**

**GA 76 (Outer)**

| क्र. सं. व अंग्रेम | मकान व सामान किरणा | अन्य कटौती (दंड न्यायालय की कुकी) इत्यादि | राजकीय चीमा निधि | आयकर | कुल कटौतिया | दरने योग्य रकम | कटौतेया            |                  | विशेष विवरण | भाषाई |
|--------------------|--------------------|---|------------------|------|-------------|----------------|--------------------|------------------|-------------|-------|
|                    |                    |   |                  |      |             |                | मकान वास्ते पेशागी | राजकीय चीमा निधि |             |       |
| 14                 | 15                 | 16  | 17               | 18   | 19          | 20             | 21                 | 22               | 23          | 24    |

## सामान्य वित्तीय एवं लेखा नियम

**DETAILS PAY OF ABSENTEES REFUNDED**

| Sec. of Establishment | Name of incumbent | Period | Amount<br>Rs. P. |
|-----------------------|-------------------|--------|------------------|
|                       |                   |        |                  |
|                       |                   |        |                  |
|                       |                   |        |                  |
|                       |                   |        |                  |

Station .....

Dated ..... 20

**STATE ABBREVIATED CLASSIFICATION**

Signature.....

Designation of the drawing officer .....

**For Treasury Use**

Pay Rs. .... Rupees .....  
..... as follows :-  
..... In cash Rs. ....  
..... By Transfer credit to-  
IV-Taxes on Income, etc. Rs. ....  
XXXIX Civil Works Rs. ....  
G.P. Fund Rs. ....  
C.P. Fund Rs. ....  
Insurance Premium Rs. ....  
Loans and Advances Rs. ....  
Dated ..... 20

Examined and entered

Accountant

Treasury Officer

District .....

For Non-Bank Treasury

Paid Rs. ....

Payee's discharge

Bank Seal

Received payment on .....  
on .....

Paid Rs. ....  
on .....

For Bank Use

Manager Bank

For Bank Use

Signature Manager Bank

Bank Seal

Treasurer

Signature Manager Bank

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सामान्य वित्तीय एवं लेखा नियम

required under GFA rule 198 (2) has been furnished, no leave salary for any Government servants is equal to his actual pay.  
Certified that no leave salary for any Government servant (except the following in whose Service Books a note regarding allocation has been recorded) drawn in this bill for ..... is debitable to any other Government etc.

1. ....
2. ....
3. ....
4. ....
5. ....
6. ....

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## सामान्य वित्तीय एवं लेखा नियम

|                        |                         |                |   |  |                           |
|------------------------|-------------------------|----------------|---|--|---------------------------|
| <u><b>GA 74</b></u>    | नाम पद.....             | स्थायी/अस्थायी | राजस्थान सरकार<br>पंचिका कर्मचारी बां — | विभाग<br>(To be printed on 17 x 27/2 size) | <u>New Form No. GA 37</u> |
| <u><b>GFAR 188</b></u> | स्वीकृत पद संख्या ..... | .....          | Establishment Register of —             | Department for —                           | Rule 150 (5)              |

| क्र. सं. | नाम पदाधिकारी | रक्षम जो माह में दी गई |              |              |       |       |       | सेतार |
|----------|---------------|------------------------|--------------|--------------|-------|-------|-------|-------|
|          |               | आंगस्त<br>वेतन         | भारे<br>वेतन | भारे<br>चेतन | जुलाई | अगस्त | सेतार |       |
| १५       | प्रभा         |                        |              |              |       |       |       |       |
| १६       | प्रभा         |                        |              |              |       |       |       |       |
| १७       | प्रभा         |                        |              |              |       |       |       |       |
| १८       | प्रभा         |                        |              |              |       |       |       |       |
| १९       | प्रभा         |                        |              |              |       |       |       |       |
| २०       | प्रभा         |                        |              |              |       |       |       |       |
| २१       | प्रभा         |                        |              |              |       |       |       |       |
| २२       | प्रभा         |                        |              |              |       |       |       |       |
| २३       | प्रभा         |                        |              |              |       |       |       |       |
| २४       | प्रभा         |                        |              |              |       |       |       |       |
| २५       | प्रभा         |                        |              |              |       |       |       |       |
| २६       | प्रभा         |                        |              |              |       |       |       |       |
| २७       | प्रभा         |                        |              |              |       |       |       |       |
| २८       | प्रभा         |                        |              |              |       |       |       |       |
| २९       | प्रभा         |                        |              |              |       |       |       |       |
| ३०       | प्रभा         |                        |              |              |       |       |       |       |

लिथि ..... अशान् .....

आपाशा न. .... मितीथ .....

卷之三

## Scale of pay and Allowances

भुज्य शास्त्रक  
लघु शरीरक  
उप-शरीरक

卷之三

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सामान्य वित्तीय एवं सेखा नियम

GA 84  
RSR 42

GOVERNMENT OF RAJASTHAN

राजस्थान सरकार

(To be printed on 17x 27/8 size)  
**House-rent certificate by Head of Office**

कार्यालयाध्यक्ष द्वारा निवास स्थान के किराये का प्रमाण-पत्र

Enclosure to Bill No. .... of ..... office.

- “ 1. प्रमाणित किया जाता है कि सरकारी कर्मचारी / कर्मचारियों ने, जिनके लिए इस बिल में किराया निवास-स्थान समिलित है, सरकारी निवास-स्थान के लिए आवेदन किया था, परंतु कोई सरकारी स्थान नहीं दिया जा सका।
2. राज्य निर्धारित प्रमाण-पत्र सरकारी कर्मचारी / कर्मचारियों से, जिनके लिए किराया निवास-स्थान इस बिल में समिलित है, प्राप्त कर लिया है, और मैंने समाधान कर लिया है कि मांग नियमानुसार है। ”

तिथि .....

हस्ताक्षर.....

पद.....

GA 85  
RSR 42

GOVERNMENT OF RAJASTHAN

राजस्थान सरकार

(To be printed on 17x 27/8 size)  
**Certificate of H.R.A. by Govt. Servant**

New Form  
No. G.A. 39

Rule 150 Note

1. I certify –
  - (a) I do not own a house in ..... or I own a house but have been premitted to occupy rented accommodation by Government Order No. ..... dated .....;
  - (b) I am residing in a rented house in ..... from .....; and
  - (c) The house rent allowance of Rs. ..... claimed by me is the amount of the monthly rent actually paid by me in excess of 7.5 p.c. in the case of unfurnished accommodation/10 p.c. in case of furnished accommodation of my monthly pay of Rs. ....
2. I certify that no portion of the accommodation in respect of which the house rent allowance is claimed is sub-let or occupied by adults other than those belonging to my family or who are wholly dependent upon me.
3. I also certify that I applied for Government accommodation but have not been provided with such accommodation during the period in respect of which the allowance is claimed.

Signature .....  
Designation .....

**GOVERNMENT OF RAJASTHAN**

राजस्थान सरकार

(To be printed on 22x29/4 size)

**Absentee Statement अनुपस्थिति विवरण - पत्रक**

| अनुपस्थित कर्मचारी का नाम | रिक्त स्थान का पद एवं वेतन की दर | अनुपस्थिति का विवरण      |                          | भते की मासिक दर | महालेखापाल के कार्यालय में पूर्ति हेतु तक | स्थानापन अधिकारी (यदि कोई हो) |      |    | महालेखापाल के कार्यालय में पूर्ति हेतु अधिक वेतन |    |    |    |         |
|---------------------------|----------------------------------|--------------------------|--------------------------|-----------------|---|-------------------------------|------|----|--|----|----|----|---------|
|                           |                                  | पूर्वान्ह या मध्याह्न से | पूर्वान्ह या मध्याह्न तक |                 |   | नाम                           | इ    | ए  |  |    |    |    |         |
| 1                         | 2                                | 3                        | 4                        | 5               | 6   | 7                             | 8    | 9  | 10   | 11 | 12 | 13 | 14      |
|                           |                                  |                          |                          |                 |   |                               | E.C. | S. |  |    |    |    | E.C. S. |

दिनांक .....20.....

**Notes :**

- In column 4 should be stated "full average pay", "without pay", "other duty", "officiating .....", "in transit", "transferred to .....", "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 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.
- 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.
- 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 section, and if there is no unfilled post in any month facts should be recorded. Vacancies against which officiating arrangements have been made should be shown individually and in full details.

GA 92

GFAR 196 &amp; 197

## GOVERNMENT OF RAJASTHAN

राजस्थान सरकार

(To be printed on 17x27/4 size)

## Periodical Increment Certificate

सामयिक वेतन-वृद्धि प्रमाण-पत्र

New Form

No. G.A. 41

Rule 155

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.
2. 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 स्थानापन | 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 | अनुचित व्यवहार के कारण पदच्युति और ऐसी अन्य उपस्थिति, जो वेतन-वृद्धि के लिए अमान्य हो |    |    | अवैतनिक हुट्टी और स्थानापन अधिकारी के लिए कोई भी अन्य हुट्टी |    | इवांड़ लिखें |
|-----------|---|----|----|--|----|--------------|
| 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.

GA 93  
GFAR 198

**GOVERNMENT OF RAJASTHAN**  
राजस्थान सरकार  
(To be printed on 17x27/2 size)  
**Register of Pay Increments**

New Form  
No. G.A. 42  
Rule 155

वेतन वृद्धि पंजिका  
नाम कार्यालय ..... माह .....

| क्रम सं. | नाम | पद | वर्ग या विभाग | वर्तमान वेतन |          |
|----------|-----|----|---------------|--------------|----------|
|          |     |    |               | मूल          | स्थानापन |
|          |     |    |               |              |          |

| वृद्धि की दर | तिथि गत वृद्धि की या पद पर नियुक्ति की | वर्तमान वृद्धि की तिथि | वर्तमान वृद्धि के पश्चात् वेतन |
|--------------|--|------------------------|--------------------------------|
|              |  |                        |                                |

| क्या वेतन-वृद्धि कार्यक्षमता अविरोध से आगे की है | गत वेतन-वृद्धि से निलंबन, दंड या अमान्य अवकाश का लेखा | मान्यता का प्रमाण-पत्र |
|--|---|------------------------|
|  |   |                        |

| प्रतिवेदन | स्वीकृताधिकारी की आज्ञा |
|-----------|-------------------------|
|           |                         |

GA 82  
GFAR 155

**GOVERNMENT OF RAJASTHAN**  
राजस्थान सरकार  
(To be printed on 18x22/6 size)  
**Schedule of deduction of Income Tax**

New Form  
No. G.A. 43  
Rule 158 (1)

आयकर कटौतियों की अनुसूची  
माह .....

Classification—IV Taxes on Income, etc. Income-Tax deductions by Government from Salaries and Pensions

| क्रम सं. | नाम व पद | माहवारी वेतन | रकम कटौती | विशेष विवरण |
|----------|----------|--------------|-----------|-------------|
|          |          |              |           |             |

हस्ताक्षर .....,  
पद .....

GA 83

## GOVERNMENT OF RAJASTHAN

राजस्थान सरकार

## Schedule of Income Tax Calculation

आयकर की संगणना का विवरण  
Assessment year .....

New Form  
No. G.A. 44  
Rule 158 (2)

1. Name .....
2. Designation .....

## STATEMENT OF INCOME

|   |                                  |
|---|----------------------------------|
| (a) Pay   | Rs. ....                         |
| (b) D.A.  | Rs. ....                         |
| (c) C.C.A.  | Rs. ....                         |
| (d) Honorarium  | Rs. ....                         |
| (e) Arrears   | Rs. ....                         |
| (f) House Rent Allowance  | Rs. ....                         |
| Less—Least 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 rent paid<br>minus 10% of Salary  | Rs. ....                         |
|   | Rs. ....                         |
| (g) Amount of C.D.S. returned   | Rs. ....                         |
| Less—Amount deposited under C.D.S.  | Rs. ....                         |
| Less—Standard deductions at 20% of<br>the first Rs. 10,000.00 and 10%<br>of the remaining amount but<br>subject to maximum of<br>Rs. 3500/- | Rs. ....                         |
|   | Gross Taxable Income    Rs. .... |
| Less—(i) Contributions to P.F.  | Rs. ....                         |
| (ii) L.I.C. Premium   | Rs. ....                         |
| (iii) State Insurance Premium   | Rs. ....                         |
| (iv) .....  | Rs. ....                         |
| Total :   | Rs. ....                         |
| Rebate : Upto Rs.   | Rs. ....                         |
| Next Rs.  | Rs. ....                         |
|   | .....                            |
| B/F from page 1 :   | Rs. ....                         |

55  
सामान्य वित्तीय एवं लेखा नियम

**Less—Deductions for expenses on higher**

|  |          |
|--|----------|
| Education of children (see note below) | Rs. .... |
| Taxable Income                         | Rs. .... |
| Rounded off to                         | Rs. .... |

**Note :** Deduction for expenses on higher education are allowed only if the gross taxable income is less than Rs. and if the dependent is undergoing a degree or postgraduate course in Medicine, Architecture, Engineering or Technology, Business Management, Rs. per dependent. For other degree, diploma or post-graduate course Rs. per dependent, but restricted to two dependents in all.

**CALCULATION OF TAX**

|   |          |
|---|----------|
| (i) Income not exceeding Rs.  | Rs. NIL  |
| (ii) Income exceeding Rs. 10,000.00 but not exceeding Rs. 10,540.00 10% of the amount exceeding Rs. 10,000/-                                  | Rs. .... |
| (iii) Exceeding Rs. 10,540.00 but not exceeding Rs. 15,000.00—15% of the amount exceeding Rs. 8,000.00  | Rs. .... |
| (iv) Exceeding Rs. 15,000.00 but not exceeding Rs. 20,000.00—Rs. 1,050 plus 18% of the amount by which the total income exceeds Rs. 15,000.00 | Rs. .... |
| (v) Exceeding Rs. 20,000.00 but not exceeding Rs. 25,000 Rs. 1,950.00 plus 25/- of the amount by which the income exceeds Rs. 20,000.00       | Rs. .... |
| <b>Total</b>  | Rs. .... |
| Add : Union Surcharge @ 15/- of Income Tax  | Rs. .... |
| Less : Income tax already recovered through pay bill  | Rs. .... |
| Balance tax payable   | Rs. .... |

**Signature of Govt. servant**

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### सामान्य वित्तीय एवं लेखा नियम

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**

## सामान्य वित्तीय एवं लेखा नियम

GA 86A  
GFAR 156

## GOVERNMENT OF RAJASTHAN

राजस्थान सरकार

New Form

No. G.A. 46

Rule 160 (1) (ii)

विभाग

## Particulars of Accommodation allotted to Govt. servant

सरकारी कर्मचारियों को आवंटित वास सुविधा का विवरण

क्रमांक.....

दिनांक.....

1. राज्य कर्मचारी का नाम एवं पद
2. सरकारी आवास आवंटन आदेश का क्रमांक एवं दिनांक
3. आवंटित आवास की स्थिति, श्रेणी तथा क्रमांक
4. राज्य कर्मचारी द्वारा आवास के कब्जा लेने/खाली करने की दिनांक
5. सार्वजनिक निर्माण विभाग खाता संख्या, जिसमें कर्मचारी के आवास/सामान/गार्डन किराये का लेखा रखा गया है।
6. आवंटित आवास का निर्धारित अधिकतम किराया (Standard rent)
7. सामान किराये के संबंध में विवरण
  - (क) दिये गये सामान का मूल्य
  - (ख) दिये गये सामान की तिथि
  - (ग) मासिक किराया
8. अन्य विवरण

हस्ताक्षर अधिकारी

(Finance Department Order No. F 13 (10) FD/R &amp; A I/68 dated 10-11-76)

GA 86  
GFAR 150

## GOVERNMENT OF RAJASTHAN

राजस्थान सरकार

New Form

No. G.A. 47

Rule 160 (ii)

भवन/गार्डन/फर्नीचर किराये की वसूलियों की अनुसूची

1. कार्यालय का नाम ..... माह .....
2. वेतन बिल संख्या एवं तिथि .....  
3. वेतन बिल की शुद्ध राशि .....

| क्रम संख्या | राज्य कर्मचारियों का नाम एवं पद | मासिक वेतन | आवंटित क्वार्टर संख्या | सा.नि.विभाग के रजिस्टर खाता का क्रमांक |
|-------------|---------------------------------|------------|------------------------|--|
| 1           | 2                               | 3          | 4                      | 5                                      |
|             |                                 |            |                        |  |

| कटौतियां           |                |               |     | विशेष विवरण |
|--------------------|----------------|---------------|-----|-------------|
| क्वार्टर किराया    | फर्नीचर किराया | गार्डन किराया | योग |             |
| 6                  | 7              | 8             | 9   | 10          |
| मद संख्या 033 आवास |                |               |     |             |

क-राजकीय आवासीय भवनों से प्राप्तियों में जमा किये जाने योग्य राशि

मद संख्या 059 लोक निर्माण कार्य (फर्नीचर) में जमा किये जाने योग्य राशि

रु. ....

रु. ....

हस्ताक्षर  
आहरण वितरण अधिकारी

GA 61  
GFAR 158

**GOVERNMENT OF RAJASTHAN**  
**राजस्थान सरकार**  
 (To be printed on 17x27/2 size)  
**Register of Special Recoveries**

**विशेष वसूलियों की पंजिका**

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

कार्यालय .....

| आइटम नं. | आङ्ग का नं., तिथि व सूक्ष्म विवरण | किससे वसूल करना है | भूमि क्रमांक | रकम वसूली | किश्तें |     | वसूलियां जो की गई |     |       | विवरण |
|----------|-----------------------------------|--------------------|--------------|-----------|---------|-----|-------------------|-----|-------|-------|
|          |                                   |                    |              |           | तिथि    | रकम | तिथि              | रकम | बकाया |       |
|          |                                   |                    |              |           |         |     |                   |     |       |       |

GA 88  
GFAR 157 & 158

New Form  
 No. G.A. 50  
 Rule 162 (6)

**GOVERNMENT OF RAJASTHAN**  
**राजस्थान सरकार**  
 (To be printed on 17x27/8)  
**Schedule of Other Deductions/Recoveries**  
 अन्य कटौतियों/वसूलियों की अनुसूची

कार्यालय .....

माह .....

वर्गीकरण .....

| क्र. सं. | राज्य कर्मचारी का नाम व पद | वसूलियों की विगत | रकम जो वसूल की गई | विशेष विवरण |
|----------|----------------------------|------------------|-------------------|-------------|
|          |                            |                  |                   |             |

हस्ताक्षर .....,  
पद .....

GA 77  
GEAR 154

## GOVERNMENT OF RAJASTHAN

राजस्थान सरकार

New Form  
No. G.A. 52  
Rule 165 (2)

(To be printed on 17x27/4 size)

## Schedule of General Provident Fund Deductions

जनरल प्रॉविडेंट फंड के कटौतियों की अनुसूची

Name of office कार्यालय

Month माह .....

Classification वर्गीकरण : R-UNFUNDDED DEBT, State Provident Fund G.P.F.

| खाता<br>संख्या     | संख्या<br>खाता बही<br>व पृष्ठ | नाम | वेतन | दर<br>चन्दा | प्राप्त<br>रकम | पेशागी<br>रकम की<br>वापसी | *रकम<br>पेशागी | विशेष<br>विवरण |
|--------------------|-------------------------------|-----|------|-------------|----------------|---------------------------|----------------|----------------|
| Total Carried over |                               |     |      |             |                |                           |                |                |

टिप्पणी :- विशेष विवरण के खाने में : (1) चन्दा बंद करने का कारण लिखें, जैसे कि 'छुट्टी पर है', 'कार्यालय जिला ..... में तबादला हो गया', 'राज्य सेवा त्याग दी', 'मृत्यु हो गई', 'चन्दा बंद कर दिया', या (2) प्रत्येक नये नाम के सम्मुख लिखें, जैसे कि - 'नया चन्दा देने वाला' 'कार्यालय/जिला ..... में तबादला हो गया', 'पुनः चन्दा देना आरंभ किया'।

| खाता<br>संख्या | संख्या<br>खाता बही<br>व पृष्ठ | नाम | वेतन               | दर<br>चन्दा | प्राप्त<br>रकम | पेशागी<br>रकम की<br>वापसी | *रकम<br>पेशागी | विशेष<br>विवरण |
|----------------|-------------------------------|-----|--------------------|-------------|----------------|---------------------------|----------------|----------------|
|                |                               |     | Brought<br>Forward |             |                |                           |                |                |
| Total          |                               |     |                    |             |                |                           |                |                |

\* इनकी पूर्ति, यदि आवश्यकता हो तो, महालेखापाल के कार्यालय में की जावे।

Date दिनांक .....

Signature हस्ताक्षर .....

Designation पद .....

GA 78  
GEAR 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

1. 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.
2. 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.
3. In the remarks column give reasons for discontinuance of subscriptions such as 'Proceeded on leave' Transferred to ..... office ..... District 'Quitted Service' 'Direct' or 'Discontinued'.
4. In the remarks column write description against every new name such 'New Subscriber' came on transfer from ..... office ..... District 'Resumed subscription'.
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.

If interest is paid on advance mention it is the remarks column.  
Deductions made from the salary for ..... payable on 1st/Name of Accounts Officer who maintains these Accounts (See instruction 5)

| Figures in<br>Col. No. 3,<br>4, 5 & 7<br>should be<br>refund to<br>whole Rs.<br>Account<br>Nos. may<br>be written<br>thus | Account<br>No. | Name | Pay and<br>Leave<br>Salary<br>of this<br>month | Monthly<br>suscrip-<br>tion | Refund of<br>withdrawals |                           | Total<br>Realised | Remarks |
|---|----------------|------|--|-----------------------------|--------------------------|---------------------------|-------------------|---------|
|   |                |      |  |                             | Amount                   | No. of<br>Instal-<br>ment |                   |         |
|   | 1              | 2    | 3  | 4                           | 5                        | 6                         | 7                 | 8       |
|   |                |      |  |                             |                          |                           |                   |         |
|   |                |      |  |                             |                          |                           |                   |         |

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

सामान्य वित्तीय एवं लेखा नियम

GA 87  
G.F.R. 156-A

## GOVERNMENT OF RAJASTHAN

राजस्थान सरकार

(To be printed on 17x27/4)

New Form  
No. G.A. 54  
Rule 165 (iv)

## Schedule of Recoveries of L.T.A.

Schedule of recoveries of ..... advance for the month  
of ..... 20, (Type of advance)

| Name &<br>Designation                    | Month in<br>which Original<br>advance<br>was drawn | Amount of<br>Original<br>advance | Number of<br>instalments<br>of recovery | Amount deducted<br>in the bill against<br>principal/interest**                         |
|--|--|----------------------------------|---|--|
| 1  | 2  | 3                                | 4                                       | 5  |
| Total recovered upto<br>end of the month |  | Balance Outstanding              |   | Remarks regarding transfer and<br>leave of official non recovery<br>of instalment etc. |
|  | 6  | 7                                |   | 8  |

\* Strike out whichever is applicable.

Signature of the Head of the Office.

GA 60  
G.F.R. 149

## GOVERNMENT OF RAJASTHAN

राजस्थान सरकार

New Form  
No. G.A. 59  
Rule 174

(To be printed on 17x27/2)

पंजिका उन कटौतियों की, जिनको महालेखापाल की आज्ञानुसार करना है

कार्यालय .....

| मद नं. | नाम व कार्यालय<br>उस व्यक्ति का जिससे<br>वसूली करनी है | अधिक भुगतान |     | वसूलियां |     | विशेष<br>विवरण |
|--------|--|-------------|-----|----------|-----|----------------|
|        |  | किसम        | रकम | तिथि     | रकम |                |
|        |  |             |     |          |     |                |

GA 55A

राजस्थान सरकार

New Form  
No. G.A. 60  
Rule 177 (1)विभाग  
कटौतियों का वार्षिक प्रमाण-पत्र

क्रमांक .....

दिनांक .....

देखिये नियम 81 एवं तथा 156 सा.वि.एवं लेखा नियम

यह प्रमाणित किया जाता है कि श्री .....

पद .....  
के वर्ष 20 ..... 20 ..... के वेतन से की गई कटौतियों का विवरण निम्नानुसार है।

| वेतन | वेतन एवं भत्ते |       |       |       |       |       |       | माह | कटौतियां               |           |           |         |         |         |         |         |         |         |         |         |         |
|------|----------------|-------|-------|-------|-------|-------|-------|-----|------------------------|-----------|-----------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
|      | महान्          | भत्ता | भत्ता | दूरवा | दूरवा | दूरवा | दूरवा |     | राज्य बीमा के अन्तर्गत | जी.पी.एफ. | सी.पी.एफ. | प्रियम् |         |
| वेतन | महान्          | भत्ता | भत्ता | दूरवा | दूरवा | दूरवा | दूरवा |     |                        |           |           | प्रियम् |
| 1    | 2              | 3     | 4     | 5     | 6     | 7     | 8     | 9   | 10                     | 11        | 12        | 13      | 14      | 15      | 16      | 17      | 18      |         |         |         |         |

## सामान्य वित्तीय एवं लेखा नियम

अप्रैल 20

मई

जून

जुलाई

अगस्त

सितंबर

अक्टूबर

नवंबर

दिसंबर

जनवरी 20

फरवरी

मार्च

योग

## ऋण एवं अग्रिम

| किराया               | भवन निर्माण | वाहन क्रय | खाद्यान्न क्रय | अग्रिम  | त्रिवेष्टी | द्वादश  | आषाढ़   | निवार्ध | द्वादश  | त्रिवेष्टी | द्वादश  | भुगतान राशि | विवरण   |    |    |
|----------------------|-------------|-----------|----------------|---------|------------|---------|---------|---------|---------|------------|---------|-------------|---------|----|----|
| राजस्थान<br>क्रमांक  | क्रमांक     | क्रमांक   | क्रमांक        | क्रमांक | क्रमांक    | क्रमांक | क्रमांक | क्रमांक | क्रमांक | क्रमांक    | क्रमांक | क्रमांक     | क्रमांक |    |    |
| 19                   | 20          | 21        | 22             | 23      | 24         | 25      | 26      | 27      | 28      | 29         | 30      | 31          | 32      | 33 |    |
| विभाग/कार्यालय ..... |             |           |                |         |            |         |         |         |         |            |         |             |         |    | 34 |
| विभाग/कार्यालय ..... |             |           |                |         |            |         |         |         |         |            |         |             |         |    | 35 |
|                      |             |           |                |         |            |         |         |         |         |            |         |             |         |    | 36 |

हस्ताक्षर विवरण अधिकारी

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

GA 94  
G FAR 181

राजस्थान सरकार

New Form No. G.A. 64

Rule 189 (1) &amp; 203 (10)

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

बिल नं. ....

यात्रा व्यय-बिल (राजपत्रित अधिकारी) बाउचर 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।
- स्थायी यात्रा व घोड़ा आदि का भत्ता, राज्य कर्मचारी के बेतन बिल में ही सम्प्लित 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 आंतर्भक्ति तिथि 'विशेष विवरण' के खाने में अंकित करनी चाहिए।
- खाने 13 के प्रत्येक लेख अनुसार खाने 14 में लेख होना चाहिए।
- 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।
- 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 होगी।

| जिला                              | नाम पद | वेतन |
|-----------------------------------|--------|------|
| <b>यात्रा और विश्राम का विवरण</b> |        |      |

| स्थान               | प्रस्थान | यात्रा का साधन रेल (मेल या साधारण) |     |       | रेल/भोटर लोरी/बलयान/वायुयान केराया |     |        |
|---------------------|----------|------------------------------------|-----|-------|------------------------------------|-----|--------|
|                     |          | दिनांक                             | समय | स्थान | दिनांक                             | समय | श्रेणी |
| 1                   | 2        | 3                                  | 4   | 5     | 6                                  | 7   | 8      |
| (राजपत्रित अधिकारी) |          |                                    |     |       |                                    |     | 9      |
|                     |          |                                    |     |       |                                    |     | 10     |

| आनुषंगिक व्यय / अंतर पर सामान उत्तरण कराने की लागत | मोटर/बस/अन्य प्रकार से यात्रा की दूरी जिसके लिए मार्ग प्रति कि.मी. व्यय स्वीकृत है साधारण दर से | दिन की लिस्ट का प्रबोजन/सड़क दैनिक भवा विशेष दर से | लेख शीर्षक संख्या लिस्टके लिए दैनिक भवा स्वीकृत है | यात्रा का या विश्वास का प्रबोजन/सड़क यात्रा करने का कारण जबकि दोनों स्थान रेल से मिले हों | दिन की लिए दैनिक भवा भवा चाहा गया है | माह ..... 20 ..... | आगमन के स्थान पर पर्व में यात्रा करने की तिथि | विवरण |
|--|---|--|--|---|--------------------------------------|--------------------|---|-------|
| 11   | 12  | 13   | 14   | 15  | 16                                   | 17                 | 18  |       |

## सामान्य वित्तीय एवं लेखा नियम

रेल/वायुयान/जलयान का

किराया भार्ग प्रति कि.मी. व्यय-

..... कि.मी. दर से (खाना 11)

..... कि. मी. दर से (खाना 12)

.....दिनों का दैनिक भत्ता (खाना 13)

..... दिनों का दैनिक भत्ता (खाना 14)

कटौती :-

स्थायी यात्रा भत्ता दर से .....

या सरकार को देय किराया

अन्य कटौती

(खाना 10)

रु.

पै.

प्राप्त हुई

श्री ..... को भुगतान किया जावे  
हस्ताक्षर

योग

दिनांक

कुल कटौती

शुद्ध यात्रा भत्ता

वर्गीकरण

राज्य

ज्ञापन पत्र

विनियोजन वर्ष ..... के  
लिए प्रावधान  
व्यय इस बिल की रकम  
का शुभार करते हुए

रु.

पै.

अवधि शेष

प्रतिहस्ताक्षर हेतु

स्वीकृत किया रुपया ..... रुपया शब्दों में .....  
क्रमांक .....

नियंत्रक अधिकारी

कोषागार उपयोग हेतु

बैंक/कोषागार

कृपया दीजिए ..... रुपए शब्दों में .....  
जांच की .....

कोषाध्यक्ष

तिथि

जिला

लेखापाल

बैंक/कोषागार उपयोग हेतु  
भुगतान किया रुपया .....  
दिनांक .....रकम पाने वाले की रसीद  
भुगतान प्राप्त किया  
तिथि .....

खजांची

हस्ताक्षर

बैंक उपयोग हेतु  
भुगतान किया रुपया .....  
तिथि .....

बैंक मैनेजर

बैंक की मोहर

लेख शीर्षक

कार्यालय महालेखापाल उपयोग हेतु

स्वीकृत रकम

अस्वीकृत रकम .....

निरीक्षक

अधीक्षक

राजपत्रित अधिकारी

GA 95  
GFAR 204

## GOVERNMENT OF RAJASTHAN

राजस्थान सरकार  
यात्रा भत्ताNew Form  
No. G.A. 65  
Rule 189 (1)  
203 (10)

बिल संख्या .....  
दिनांक .....

वातचर संख्या .....  
भुगतान की सूची .....

## यात्रा भत्ता बिल बनाने हेतु अनुदेश

1. 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 दिखाया 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।
3. 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।
4. 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।
5. 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 7 (4) के अंतर्गत दावे पर महत्वपूर्ण प्रभाव पड़ता हो।

लेखा शीर्षक

महालेखाकार के कार्यालय उपयोग हेतु

रुपये ..... के लिए स्वीकृत।

रुपये ..... के लिए आपत्ति की गई।

आपत्ति का कारण .....

अंकेक्षण

अधीक्षक

राजपत्रित अधिकारी

66  
सामान्य वित्तीय एवं लेखा नियम

|                           |         |
|---------------------------|---------|
| नाम.....                  | पद..... |
| जिला ..... मुख्यालय ..... |         |

यात्रा भत्ता

श्रेणी .....

| यात्रा एवं विश्राम का विवरण |          |      |       |        |     | यात्रा का प्रकार यथा- | एयरपोर्ट/ रेल्वे स्टेशन/ बस/स्वच्छ की वाहन/ सरकारी गाड़ी | वायुयान/ द्वारा यात्रा के लिये- श्रेणी टिकट संख्या | वायुयान/रेल/बस द्वारा यात्रा के लिये- दूरी किलो मीटर में | किराया  |
|-----------------------------|----------|------|-------|--------|-----|-----------------------|--|--|--|---------|
| स्थान                       | प्रस्थान | आगमन | स्थान | दिनांक | समय |                       |  |  |  | रु. पै. |
| 1                           | 2        | 3    | 4     | 5      | 6   | 7                     | 8  | 9  | 10   | 11      |

**बिल**

|           |                                      |
|-----------|--------------------------------------|
| माह ..... | वेतन (विशेष वेतन को छोड़कर) रु. .... |
|-----------|--------------------------------------|

| आनुषंगिक प्रभार की दर से राशि रु. पै. | स्वयं के बाहन में सङ्केत द्वारा यात्रा के लिए मील भत्ता दूरी किलो मीटर में | विश्राम का भत्ता |    |              | वास्तविक व्यय यदि कोई हो राशि रु. पै. | प्रत्येक पर्वित का योग रु. पै. | जनरल प्रशंसन का भुगतान रु. पै. |    |    |
|---------------------------------------|--|------------------|----|--------------|---------------------------------------|--------------------------------|--------------------------------|----|----|
|                                       |  | दिनों की संख्या  | दर | राशि रु. पै. |                                       |                                |                                |    |    |
| 12                                    | 13   | 14               | 15 | 16           | 17                                    | 18                             | 19                             | 20 | 21 |

सरकारी कर्मचारी द्वारा प्रमाण-पत्र

- प्रमाणित किया जाता है कि उक्त यात्रा मैंने वस्तुतः की है तथा पूर्व में मैंने इस बिल का भुगतान प्राप्त नहीं किया है।
- प्रमाणित किया जाता है कि रविवारों या अन्य अवकाश के दिनों, जिनके लिये मैंने विश्राम भत्ता का दावा किया है, मैं वास्तविक रूप से शिविर में था।

**हस्ताक्षर**

स्थानांतरण पर यात्रा भत्ता दावों के लिए जोड़िये-

1. वैयक्तिक सामान का.....किलोमीटर के लिए .....की दर से ..... रु. ....पै. ....

2. वाहन रु. ....पै. ....

3. एक मुश्त अनुदान रु. ....पै. ....

**घटाइये-**

यात्रा भत्ता अग्रिम, यदि आहत किया गया हो बिल संख्या.... दिनांक.... रु. ....पै. ....

शुद्ध राशि, जो भुगतान योग्य है। रु. ....पै. ....

| विनियोजन                                 |  | कार्यालयाध्यक्ष द्वारा प्रमाण-पत्र  |
|--|--|---|
| १. वर्ष २० २० के लिए<br>विनियोजन         |  | १. विवरण प्राप्त किया।  |
| २. इस बिल की राशि शामिल<br>करते हुए व्यय |  | २. प्रमाणित किया जाता है कि इस बिल में शामिल<br>की गई राशि इस दिनांक से पूर्व आहरित नहीं<br>की गई है। |
| ३. शेष                                   |  |   |

कार्यालयाध्यक्षप्रतिहस्ताक्षर

रूपए ..... (शब्दों में ..... ) के लिए पास किया गया।

|              |                  |
|--------------|------------------|
| दिनांक ..... | नियंत्रण अधिकारी |
|--------------|------------------|

कोषागार कार्यालय उपयोग हेतु

बैंक कोषागार

कृपया रूपए ..... (शब्दों में रूपए ..... ) का भुगतान करें  
जांच की

कोषागार अधिकारी

लेखाकार

दिनांक .....

जिला .....

| प्राप्तिकर्ता की रसीद                   | पृष्ठांकन  | बैंक/नॉन-बैंक कोषागार के लिए                      |
|---|--|---|
| दिनांक ..... को भुगतान<br>प्राप्त किया। | कृपया श्री ..... को<br>जिनके नमूने के हस्ताक्षर नीचे<br>प्रमाणित किए गए हैं,<br>भुगतान करें। | दिनांक ..... को रूपए .....<br>का भुगतान किया गया। |

बैंक की मुहर

प्रबंधक कोषाध्यक्ष

GA 98  
GFARGOVERNMENT OF RAJASTHAN  
राजस्थान सरकार  
(To be printed on 17x27/2)New Form  
No. G.A. 66  
Rule 189 (2)T.A. Bill Register To be maintained by Drawing officer  
यात्रा भत्ता पंजिका जो प्रेषक अधिकारी को रखनी है

कार्यालय .....

लेखा 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 |
|----------|--|------------------------------|-------------------|------------------|
| 1        | 2  | 3                            | 4                 | 5                |
|          |  |                              |                   |                  |

| क्रमिक योग | दिनांक भुगतान स्वीकृत | दिनांक भुगतान | नियंत्रण अधिकारी द्वारा स्वीकृत रकम | निरीक्षण कटौतियां, यदि कोई हो | विशेष विवरण |
|------------|-----------------------|---------------|-------------------------------------|-------------------------------|-------------|
| 6          | 7                     | 8             | 9                                   | 10                            | 11          |
|            |                       |               |                                     |                               |             |

GA 99  
GFAR 204

GOVERNMENT OF RAJASTHAN

प्राजस्थान संरक्षण

(To be printed on 17x27/4 size)

submitted for countersignature.

Register of L.A. Claims submitted for countersignature to controlling Authority

ਪੰਜਿਕਾ ਤੁਨ ਯਾਤਰਾ ਭਰੇ ਬਿਲਾਂ ਕੀ ਜੋ ਨਿਧਨ ਅਥਿਕਾਰੀ ਕੇ ਪ੍ਰਸ਼ਤ ਕਿਏ ਜਾਵੇ

कार्यालय

69 सामान्य वित्तीय एवं सेखा नियम

69

## सामान्य वित्तीय एवं लेखा नियम

New Form No. GA 67  
Rule I 89 (4)

Rule 189 (4)

GA 100  
GEAR 207 (1)

## GOVERNMENT OF RAJASTHAN

राजस्थान सरकार

(To be printed on 17x27/4)

## **Acquittance Roll**

भगवान् पंजी

S. No. क्रम सं. ....

**New Form  
No. G.A. 68  
Rule 193 (1)**

**स्थाई या अस्थाई कर्मचारियों के वेतन या यात्रा के भत्ते का भुगतान-पत्र  
बाबत मास .....**

.....विभाग के वेतन बिल/यात्रा भत्ता माह .....के आधार पर<sup>रु.</sup> .....के लिए स्वीकृत किया।

खण्डी

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 पृष्ठ ..... पर कर दिया है।

ह. वितरण अधिकारी

GA 102  
GFAR 207 (3)

GOVERNMENT OF RAJASTHAN

प्राचीन भारत

(To be printed on 17x27/2

## **Register of Undisbursed Pay and Allowances**

New Form No. GA 69  
Rule 194

## सामान्य वित्तीय एवं लेखा नियम

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**Note :-** Only columns are to be repeated on reverse.

GA 89  
GFAR 164

## GOVERNMENT OF RAJASTHAN

राजस्थान सरकार

(To be printed on 17x27/8)

## NO DUES CERTIFICATE

अदेयता प्रमाण-पत्र

New Form  
No. G.A. 70  
Rule 195 (2)

Certified that with the exception of the following in respect of which recoveries have been made in the pay bill for ..... on demands have been reported as outstanding against Shri ..... who has been retired from the Government service—

- 1.
- 2.
- 3.

Signature .....  
Designation .....

- Notes : 1. In the case of Government servants who draw their own bills in Form 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).
2. 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.
3. All delays in finally settling an officer are to be scrupulously avoided. Enquiries from departments such as Water Works, Electrical and Mechanical, Buildings & Roads should be made sufficiently in advance of the date of quitting service by an official by addressing urgent letters as follows :-

## 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 office.

**Indemnity Bond for payment of arrear claims**

\* Form of Bond of Indemnity for drawing arrears of pay & allowances or pensions of deceased Government Servants or pensioners by the claimants.

KNOW ALL MEN BY THESE PRESENTS that I ..... (a) ..... widow/husband/son/daughter of Shri/Shrimati ..... (b) ..... residing at ..... (c) ..... (hereinafter called the "Obligor" which expression shall unless excluded by or repugnant to the context include his/her, executors, administrators and legal representatives) and I/we (1) ..... (d) ..... son of ..... resident of ..... and (2) ..... (e) ..... son of ..... resident of ..... Surety/Sureties on behalf of the Obligor (hereinafter called "the Surety" "Sureties" which expression shall unless excluded by or repugnant to the context include his/their heirs, executors, administrators and legal representatives) bind ourselves jointly and severally to pay to the Governor of Rajasthan (hereinafter called the "Government" which expression shall unless excluded by or repugnant to the context include his successors and assigns) on demand and without a demur sum of Rs. ..... (f) ..... (Rupees ..... ) for which payment well and truly to be made we find ourselves firmly by these presents. Dated this ..... day of ..... 20.....

WHEREAS the aforesaid Shri/Shrimati ..... (b) ..... at the time of his/her death in the employment of/receiving a pension of Rs. ..... from the Government.

AND WHEREAS the said Shri/Shrimati ..... (b) ..... died on the ..... day of ..... 20 ..... of ..... and there was due to him/her the sum of Rs. ..... (f) ..... Rupees ..... for pay and allowances in respect of his/her said employment/in receiving/in respect of his/her said pension.

AND WHEREAS the above bounden obligor (a) ..... claims to be entitled to the said sum as heir of her/his/husband/wife/father, the said Shri/Shrimati ..... (b) ..... but has not obtained letters of administration of or a succession certificate to the properly and effects of Shrimati ..... (b) .....

AND WHEREAS the Obligor has satisfied the Government that she/he is entitled to the aforesaid sum and that it would casue undue delay and hardship if she/he were required to produce letters of administration of succession certificate to the properly and effect of the said Shri/Shrimati ..... (b) .....

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 bond with one surety/two sureties to indemnity against all claims to the amount so due to the said Shri/Shrimati ..... (b) ..... before the said sum can be ..... 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. ..... (1) ..... (Rupees ..... ) refund to the Govt. the sum of Rs. ..... (f) ..... (Rupees ..... ) and shall otherwise indemnity and save Government harneese from all liability in respect of the aforesaid sum and all cost incurred in consequence of any claim thereto. THEN the above written bond or obligation shall be void but otherwise the 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.

सामान्य वित्तीय एवं लेखा नियम

IN WITNESS WHERE OF the parties here to have hereinto set their respective hands the day the year first above written.

Signed by the above named.

Signed by the above named  
Obligor in the presence of

Surety/Sureties in the presence of

**Witness**

|         |         |
|---------|---------|
| 1. .... | 1. .... |
| 2. .... | 2. .... |

Accepted for and on behalf of Government of Rajasthan by ..... in the presence of .....

**NOTE :-** (a) Full name of the claimant (b) Name of deceased Government servant/pensioner (c) Full address and place of residence of claimant (d) First Surety (e) Second 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 directed or authorised, in pursuance of Article 299 (1) of the Constitution, to accept the bond for and on behalf of the Governor.

@@ Name and designation of witness.

**NOTE :-** The Obligor as well as the sureties should have attached majority of that the bond may have legal effect or force.

GA 87A

**New Form No. G.A. 74**

Rule 206-D (10)

**SCHEDULE OF RECOVERIES OF FESTIVAL ADVANCES  
FOR THE MONTH OF .....20**

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 | Remarks |
|-------|---|--|-------------------|------------------|---------|
|       |   |  |                   |                  |         |

**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

## GOVERNMENT OF RAJASTHAN

## Register for Watching Recoveries of Festival Advance

New Form No. GA 75  
Rule 10 (c)

| Sl.<br>No. | Name of<br>the Govt.<br>Servant | No. & Date of Vr. in which<br>the Advance was drawn or<br>the name of drawing officer<br>if the advance was drawn<br>by some other office | Amount of Advance | Outstanding balance<br>as on 1st April | April Vr. No. & Date | May Vr. No. & Date | June Vr. No. & Date | July Vr. No. & Date | August Vr. No. & Date | September Vr. No. & Date | October Vr. No. & Date | November Vr. No. & Date | December Vr. No. & Date | January Vr. No. & Date | February Vr. No. & Date | March Vr. No. & Date | Total amount adjusted<br>during March | Total | Remarks | RECOVERIES DURING THE |  |  |
|------------|---------------------------------|---|-------------------|--|----------------------|--------------------|---------------------|---------------------|-----------------------|--------------------------|------------------------|-------------------------|-------------------------|------------------------|-------------------------|----------------------|---------------------------------------|-------|---------|-----------------------|--|--|
|            |                                 |   |                   |  |                      |                    |                     |                     |                       |                          |                        |                         |                         |                        |                         |                      |                                       |       |         |                       |  |  |
| 1          | 2                               | 3   | 4                 | 5                                      | 6                    | 7                  | 8                   | 9                   | 10                    | 11                       | 12                     | 13                      | 14                      | 15                     | 16                      | 17                   | 18                                    | 19    | 20      |                       |  |  |

GA 125  
GEAR 17-20

## GOVERNMENT OF RAJASTHAN

राजस्थान सरकार

(To be printed on 17x27/4)  
Bill for withdrawals from Provident Funds

भविष्य निधि से आहरण हेतु बिल

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

STATE

बिल सं ..... वाउचर नं. ....

सूची भुगतान .....

माह .....

वर्गीकरण R-Unfunded Debt  
Major Head State Provident Funds  
Minor Head ..... (a)

नाम (यदि राजपत्रित अधिकारी हो) .....

वर्ग का नाम .....

कार्यालय/विभाग ..... माह .....

| क्रमांक | सदस्य का नाम<br>तथा वेतन | निधि लेखा<br>की संख्या | स्वीकृति या<br>अधिकार-पत्र की<br>संख्या व तिथि | वापसी                           |     | रसीद |
|---------|--------------------------|------------------------|--|---------------------------------|-----|------|
|         |                          |                        |  | अंतिम, अग्रिम<br>या अन्य भुगतान | रकम |      |
|         |                          |                        |  |                                 |     |      |

योग : ..... रकम

रकम जो भुगतान को चाहिए (शब्दों में) रूपया

स्थान ..... रकम प्राप्त की  
तिथि .....  
श्री ..... को भुगतान किया जावे।हस्ताक्षर .....  
हस्ताक्षर .....  
पद .....

- (अ) लघु शीर्षक हाथ से लिखा जावे।  
 (ब) प्रतिलेख के समुख 'अंतिम भुगतान' 'अग्रिम' या 'अन्य भुगतान' लिखा जावे।

## सामान्य वित्तीय एवं लेखा नियम

**Reverse  
CERTIFICATE**

1. Certified that I have satisfied myself that all sums included in bills in form GA 125 drawn 1 Month/2 months/3 months previous to this date in favour of M/s ..... Account Nos. ..... with the exceptions of those detailed below (of which the total has been refunded by deduction from this bill) have been disbursed to the proper persons, and that their acquittances have been taken and filed in my office with receipts, stamp duly cancelled, for every payment in excess of Rs. 500.
2. Certified that the balance at my credit/the credit of each subscriber on the date of withdrawal covers the sum drawn in the bill. The Policy No. \* ..... with ..... company has already been assigned in favour of the Governor of Rajasthan and submitted to the Accountant General or the details of the Policy proposed to be taken have been communicated to and accepted by the Accountant General in his letter No. ..... dated .....
3. Certified that I have satisfied myself that the amount withdrawn previously on the same account has been utilised by the subscriber for the purpose for which it was intended relevant premium receipts has been duly encashed by me.

|  |
|--|
| Abbreviated Classification<br><b>R-U.D.<br/>S.P.F.</b> |
|--|

Signature .....  
Designation .....

**For the use of Treasury**

Examined and entered  
Accountant

Pay Rs. ....  
Treasury Officer .....  
Dated ..... Station .....

| For Non-Bank<br>Treasury | Payee's Discharge | For Bank              |
|--------------------------|-------------------|-----------------------|
| Paid Rs. ....            | Received Payment  | Paid Rs. .... on..... |
| On .....                 | on .....          | Bank Seal             |
| Treasurer                | Signature         | Bank Manager          |

**For use in A.G.'s Office**

Admitted Rs. ....  
Objected Rs. ....

|         |                |      |
|---------|----------------|------|
| Auditor | Superintendent | G.O. |
|---------|----------------|------|

\* Give details here if more than one policy has to be cited.

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सामान्य वित्तीय एवं लेखा नियम

**GA 70**  
**GFAIR 149D**

**GOVERNMENT OF RAJASTHAN**  
राजस्थान सरकार  
(To be printed on 17×27½ size)  
**Salary Bill of Members of the Legislature**

विधानसभा सदस्यों का वेतन-बिल  
(देवें 1952 का राजस्थान विधानसभा अधिनियम)

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

**टिप्पणी-** सरकार की कोई जिम्मेदारी न होगी, यदि कोई व्यक्ति, जिसको नकद, चैक या बिल भुगतान के लिए भेजा जावे, किसी तरह गबन या दुरुपयोग कर ले।

|   |   |
|---|---|
| नाम .....                               | अन्य सदस्यों के लिए .....               |
| अध्यक्ष/उपाध्यक्ष के लिए .....          | शपथ लेने व प्रतिज्ञा करने की तिथि ..... |
| तिथि जब उपरोक्त पद के लिए चुने गए ..... | .....                                   |
| पद रिक्त इत्यादि की तिथि .....          | सदस्यता से वंचित की तिथि .....          |
| नाम कोष, जहां से भुगतान लेना हो .....   | .....                                   |

|          |                    |                        |
|----------|--------------------|------------------------|
| जांच सं. | मुख्य शीर्षक ..... | वाउचर नं. ....         |
|          | लघु शीर्षक .....   | सूची भुगतानों की ..... |
|          | नियोजन इकाई .....  | माह .....              |

| प्राप्त किया  | मासिक दर | रकम          |
|---|----------|--------------|
|   |          | रु.      पै. |
| सभाध्यक्ष/उप-सभाध्यक्ष/सदस्य<br>विधानसभा का अपना वेतन बाबत<br>माह ..... सन् ..... |          |              |
| सवारी भत्ता, यदि कोई हो   |          |              |
| मकान किराया, यदि कोई हो   |          |              |
| कमी करें  |          |              |
| (1) कटौतियां, यदि कोई हों, नियम की धारा<br>3 व 5 के अनुसार (विगत अनुसूची में)     |          | कुल रकम      |
| (2) अन्य कटौतियां आय-कर व<br>अधि-कर   |          |              |
| कुल कटौतियां .....  |          |              |
| बाकी भुगतान योग्य रकम.....  |          |              |

बाकी रकम को शब्दों में सदस्य अपने हस्ताक्षरों से लिखें।  
(रुपए शब्दोंमें) .....

टिकट

कृपया श्री ..... को दीजिए।

|      |           |                 |
|------|-----------|-----------------|
| तिथि | हस्ताक्षर | हस्ताक्षर सदस्य |
|------|-----------|-----------------|

## Counter Signature

Passed for Rs. .... Rupees (in words) .....

Secretary,  
Legislative Assembly

## For Use of Treasury

## Treasury/Bank

Pay Rs. .... as under :-

(1) In cash Rs. .... (in words)  
..... to .....

(2) By Transfer credit to-

(i) ..... = Rs.

(ii) ..... = Rs.

(iii) ..... = Rs.

Treasury Officer .....

Dated .....

## (Reverse)

## सहायतार्थ टिप्पणियां

- प्रत्येक सदस्य महोदय अपने बिल का वास्तविक प्रेषक अधिकारी है यद्यपि बिल पर सचिव 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 बाली प्रति को वापस करेंगे कि सदस्य महोदय भुगतान के लिए प्रवरित 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 अंतिम वेतन प्रमाण-पत्र (L.P.C.) ग्राप्त 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 को भेजें, जहां से अपने बिलों का भुगतान लेना हो।
- मासिक वेतन बिल प्रवरित कोषागार को मास की अंतिम तिथि के कुछ दिन पूर्व भेजा जा सकता है।

**८०**  
सामान्य वित्तीय एवं लेखा नियम

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 |
| भुगतान प्राप्त किया | भुगतान किया रु. .... तिथि   |
| हस्ताक्षर           | खजांची                      |

**बैंक के उपयोग हेतु (For use of Bank)**

भुगतान किये रु. ....

बैंक की मोहर

बैंक मैनेजर

**For use in Accountant General's Office**

Admitted Rs. ....

Objected to Rs. .... (i)

**Auditor**

**Superintendent**

**G.O.**

81  
सामान्य वित्तीय एवं लेखा नियम

GA 71  
GEAR 149 D

राजस्थान सरकार  
राजस्थान विधानसभा सचिवालय  
कटौतियों की अनुसूची

New Form  
No. G.A. 78  
Rule 208 (2)

कोषाधिकारी क्रमांक जयपुर, दिनांक ..... 20

विषय : विधानसभा सदस्यों के वेतन बिलों से संघटित किये कटौती के संबंध में :  
श्री ..... सदस्य, विधानसभा जो .....  
आवास गृह संख्या ..... में निवास कर रहे हैं, उनसे माह ..... के वेतन बिल में से निम्नानुसार संघटित किये की कटौती की जाकर राशि निम्नांकित बजट मर्दों में जमा करा दी जावे। इस फार्म की दूसरी प्रति में कटौती की गई राशि (बजट मर्दों के अनुसार) एवं ट्रैज़री वाउचर संख्या व दिनांक अंकित कर इसे सचिवालय को 15 दिन की अवधि में निम्नांकित वापस लौटाने का कष्ट करें:-

- प्रथम प्रति कार्यालय प्रति के रूप में कोष कार्यालय में रखनी है।
- द्वितीय प्रति इस सचिवालय की विभिन्न मर्दों के अनुसार जो कटौती की गई है तथा कालम 8 व 9 की पूर्ति कर लौटानी है।
- तृतीय प्रति अधिशासी अभियंता, भवन व पथ, नगर संभाग-1, सार्वजनिक निर्माण विभाग, जयपुर को कालम संख्या 1, 2, 7, 8 व 9 की पूर्ति की जाकर लौटानी है।

| 083-गृह निर्माण                        |   | 095-अन्य सामाजिक तथा सामुदायिक सेवायें |            | 065-अन्य प्रशासनिक सेवायें ख-निर्वाचन                                   |  |
|--|---|--|------------|---|--|
| (क) राजकीय आवासीय भवनों से प्राप्तियां | (ख) चिड़ियाघर तथा सार्वजनिक उद्यान से प्राप्तियां | (ग) अन्य प्राप्तियां                   | (इ) उद्यान | (iv) विधानसभा के सदस्यों से प्रकाश और जल व्यय के कारण की गई प्राप्तियां |  |
|  |   |  |            |   |  |

| मकान किराया  | फर्नीचर किराया                 | बागान खर्च      | विद्युत खर्च                        | पानी खर्च   |
|--|--------------------------------|-----------------|-------------------------------------|-------------|
| 1  | 2                              | 3               | 4                                   | 5           |
| माईनस (-) 211-संसद/राज्य/संघ सांसित क्षेत्र के लिये विधान मंडल | (क) विधानसभा<br>(i) विधान मंडल | कुल योग         | प्राप्त कोष द्वारा पूर्ति करने हेतु | विशेष विवरण |
| (6) विधानसभा के सदस्यों की ओर से प्रकाश और जल का भुगतान        |                                |                 |                                     |             |
| विद्युत व पानी के 100 रु. से अधिक खर्चों की वसूली              |                                | वसूल की गई राशि | ट्रैज़री वाउचर सं. व दिनांक         |             |
| 6  | 7                              | 8               | 9                                   | 10          |

सहायक लेखाधिकारी  
राजस्थान विधानसभा सचिवालय, जयपुर

कालम संख्या 8 व 9 की पूर्ति की जाकर सहायक लेखाधिकारी, राजस्थान विधानसभा सचिवालय, जयपुर को प्रेषित की जा रही है।

संख्या दिनांक 20

हस्ताक्षर कोषाधिकारी

४२  
सामान्य वित्तीय एवं लेखा नियम

GA 72  
GFAR 149 D-F

**GOVERNMENT OF RAJASTHAN**

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)

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

Bill No. ....

Voucher No. ....

**सहायतार्थ टिप्पणियां** ..... for

1. बिल दो प्रतियों से तैयार किये जावें-एक प्रति पर टिकट लगाकर रसीद के हस्ताक्षर किए जावें।
2. सदस्य महोदय के निवास की जगह व प्रवरित कोषागार, जहां से भुगतान प्राप्त करना हो उनके नाम यथास्थान पर हाथ से लिखे जावें।
3. यदि सदस्य महोदय का साधारण निवास स्थान राजस्थान से बाहर हो, तो राजस्थान में उस स्थान से सबसे समीप स्थान का नाम बताया जावे और उसे ही सदस्य महोदय का साधारण निवास स्थान माना जावेगा।
4. शपथ लेने या प्रतिज्ञा करने या सदस्यता से वंचिति की तिथि उस माह के बिल में, जिसमें घटना हो, उपयुक्त स्थान पर लिखी जावे।
5. विधानसभा/कमेटी के अधिवेशन की तिथियां और स्थगन की अवधि या उस माह अथवा अवधि का, जिसके लिए बिल बनाया जावे, उनको बिल में उपयुक्त स्थान पर लिखा जावे।
6. विशेष विवरण के खाने में अधोलिखित सूचनाएं दी जावें।
  - (अ) रेल द्वारा की हुई निःशुल्क 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 अस्ववृत्ता के अतिरिक्त कारणों से अनुपस्थित रहे-नियम 5 (1)।
  - (द) 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 अवधि में अनुपस्थित रहें, लिखें-नियम (4)।
7. खाना 13 के प्रत्येक लेख के सम्मुख खाने 14 में वैसे ही इन्द्राज होने चाहिए।

**For use in the Accountant General's Office**

महालेखापाल के कार्यालय उपयोग हेतु

Admitted for Rs. ....

Objected to Rs. ....

Reasons for objections :

Auditor

Superintendent

Gazetted Officer

|                    | कब से   | कब तक |
|--------------------|---|-------|
| अधिवेशन दिनांक     |   |       |
| समिति बैठक दिनांक  |   |       |
| स्थगन अवधि         |   |       |
| साधारण निवास स्थान | शपथ लेने की/प्रतिज्ञा करने या सदस्यता से वंचित होने की तिथि ..... |       |
| बैठक का स्थान      | नाम कोष, जिससे भुगतान लेना है .....                               |       |

| यात्रा का विवरण |        |     |       |        |     | यात्रा का साधन, रेल (डाक साधारण) जलयान, वायुयान, सड़क * या मोटर लोरी) | रेल, जलयान, वायुयान किराया** |                      |       |
|-----------------|--------|-----|-------|--------|-----|---|------------------------------|----------------------|-------|
| प्रस्थान        |        |     | आगमन  |        |     |   | त्रेणी                       | कुल टिकटों की संख्या | रकम   |
| स्थान           | दिनांक | समय | स्थान | दिनांक | समय | 7   | 8                            | 9                    | 10    |
| 1               | 2      | 3   | 4     | 5      | 6   |   |                              |                      |       |
|                 |        |     |       |        |     |   |                              |                      | 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).

४  
 सामान्य वित्तीय एवं लेखा नियम  
**Travelling Allowance Bill**  
 (Officer and Members of Legislative Assembly)  
 यात्रा भत्ता बिल  
 (विधानसभा के अधिकारी व सदस्यों का)

नाम .....

|                                     |  | Head of Account                        |  |                  |  |        |  |       |  |                   |  |
|-------------------------------------|--|--|--|------------------|--|--------|--|-------|--|-------------------|--|
|                                     |  | 18- Parliament and State Legislature   |  |                  |  |        |  |       |  |                   |  |
|                                     |  | B- State Legislature                   |  |                  |  |        |  |       |  |                   |  |
|                                     |  | (a)-Legislative Assembly               |  |                  |  |        |  |       |  |                   |  |
|                                     |  | Allowances and Honoraria               |  |                  |  |        |  |       |  |                   |  |
| सड़क या मोटर लारी से यात्रा की दूरी |  | रुपये                                  |  | विश्राम का विवरण |  |        |  |       |  |                   |  |
| जिसके लिए माईलेज<br>स्वीकृत है      |  | जिसके लिए<br>दैनिक भत्ता<br>स्वीकृत है |  | रुपये            |  | कब से  |  | कब तक |  | विश्राम का प्रयोग |  |
| साधारण<br>दर से                     |  | और दर से                               |  | स्थान            |  | दिनांक |  | समय   |  | दिनांक            |  |
| 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.'

85  
सामान्य वित्तीय एवं लेखा नियम

| Abstract   | Rs. | P. | Contents received                                |
|--|-----|----|--|
| Rail, Aeroplane or steamer fare<br>(Col. 10) Road Mileage    |     |    | Please pay to                                    |
| ..... Miles @ ..... (Col. 11)                                |     |    | Signature of the Officer/Member<br>who travelled |
| ..... Miles @ ..... (Col. 12)                                |     |    |  |
| ..... days for which daily<br>allowance is claimed Col. 14 @ |     |    | Date .....                                       |
| Total  |     |    |  |
| Deduct hire due to Government                                |     |    |  |
| Other deductions-  |     |    |  |
| Net Claim .....  |     |    |  |
| Rupees (in words) .....                                      |     |    |  |
| <b>ABBREVIATED CLASSIFICATION</b>                            |     |    |  |
| स्वीकृत किया (शब्दों में) रुपया .....                        |     |    |  |

खजांची/ बैंक  
दीजिए रु. (शब्दों में) रुपया .....

कोषागार उपयोग हेतु

सचिव विधानसभा  
तिथि

कोषाध्यक्ष  
तिथि .....

जिला .....

|  |  |   |
|--|--|---|
| नॉन बैंक कोषागार हेतु<br>भुगतान किया रु.<br>तिथि ..... | रकम पाने वाले की रसीद<br>भुगतान प्राप्त किया<br>तिथि ..... | बैंक के उपयोग हेतु<br>भुगतान किया रु.<br>तिथि ..... |
| खजांची   | हस्ताक्षर  | बैंक मैनेजर   |

प्रमाण-पत्र

प्रमाणित किया जाता है कि-

1. उस दिन जिसका भत्ता विधानसभा के अधिकेशन या विधानसभा की नियुक्त की हुई .....  
कमेटी की बैठकों के लिए बिल में लगाया है ..... में रहा था।
2. मैंने इसी यात्रा का सफर खर्च व इसी विश्राम या इसी उपस्थिति का दैनिक भत्ता किसी अन्य सरकारी कार्य में पहले वसूल नहीं किया है।
3. जिन दिनों का भत्ता इस बिल में लगाया है, मैं विधानसभा की सभाओं में उपस्थित रहा या अस्वस्थता के कारण ..... दिवस उपस्थित नहीं हो सका।
4. आवश्यकतानुसार अन्य प्रमाण-पत्र

तिथि .....

हस्ताक्षर .....

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 भत्तों 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 इयोद्धी एवं राजमाता के साथ निवासियों को देय भत्तों के बिल**

GA 189  
GFAR 244 (vii)

**GOVERNMENT OF RAJASTHAN**  
राजस्थान सरकार  
(To be printed on 17x27/4)

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

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

No.

Dated .....

To,

The Accountant General  
Rajasthan  
Jaipur,  
Reference—This office Memo No. .... Dated .....

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

GA 106  
GFAR 226 (2)GOVERNMENT OF RAJASTHAN  
राजस्थान सरकार  
(To be printed on 17x27/8)New Form  
No. G.A. 83  
Rule 217 (2)**Advice in respect of bills of Contingent charges endorsed for payment to Suppliers etc.**The Treasury Officer .....  
कोषाध्यक्ष .....

No. संख्या ..... Date दिनांक .....

You are hereby informed that the bills whose particulars are given below have been endorsed in favour of the persons named against each item –

आपको सूचित किया जाता है कि अधोलिखित बिल का भुगतान उन व्यक्तियों को करना है, जिसका नाम प्रति बिल के सामने लिखा है :-

| S. No.<br>क्रम सं. | Bill No.<br>बिल सं. | Full particulars<br>of the bill<br>बिल का पूर्ण<br>विवरण | Amount<br>payable<br>भुगतान<br>योग्य<br>रकम | Name of person in<br>whose favour the<br>bill is endorsed<br>व्यक्ति, जिसके नाम<br>बिल हो | Remarks<br>विशेष<br>विवरण |
|--------------------|---------------------|--|---|---|---------------------------|
|                    |                     |  |   |   |                           |

Sig. हस्ताक्षर .....  
Des. पद .....

સામાન્ય વિત્તીય એવ લેખા નિયમ

GA 108  
G FAR 228 & 229

**GOVERNMENT OF RAJASTHAN**

રાજસ્થાન સરકાર

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

પરિપૂર્ણ આકસ્મિક-વ્યય બિલ

New Form  
No. G.A. 84  
Rule 219

બિલ સંખ્યા .....

STATE

|                        |  |  |     |     |     |     |
|------------------------|--|--|-----|-----|-----|-----|
| જિલ્લા                 | .....કા વિસ્તૃત અન્ય વ્યય બિલ માહ.... તન્નું....   | માહ કે વ્યય કી સૂચી કે<br>વાઉચર કા ક્રમાંક |     |     |     |     |
|                        | *હિસાબ કા મદ   |  |     |     |     |     |
| ઉપ-વાઉચર<br>કા ક્રમાંક | વ્યય કા વિવરણ ઔર જિસ વ્યય કે લિએ વિશેષ સ્વીકૃતિ કી<br>આવશ્યકતા હો, ઉસ સ્વીકૃતિ કા ક્રમાંક એવં દિનાંક |  | રકમ |     |     |     |
|                        | યોગ .....  |  | રૂ. | પૈ. | રૂ. | પૈ. |

- 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 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 mutilated that they cannot be used again. All work bills are annexed.
- 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 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.
- Certified that :-
  - 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.

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- (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 contents :                                 | Appropriation for the current year ..... |                |
|   | Expenditure including this bill .....    |                |
|   | Amount of works bill annexed .....       |                |
|   | Balance available .....                  |                |
| Signature and designation<br>of the Drawing Officer | Abbreviated Classification               |                |
| Treasury/Bank                                       | For Treasury use                         |                |
| Pay Rupees ( ) .....                                |  |                |
| Examined & entered.                                 | Treasury Officer                         |                |
| Accountant  | Date .....                               |                |
|   | Station .....                            |                |
| For Non-Bank Treasury                               | Payee's discharge                        | For Bank       |
| Paid Rs. .....                                      | Received Rs. .....                       | Paid Rs. ..... |
| on .....  | on .....                                 | on .....       |
| Treasury  | Signature                                | Bank Seal      |
|   |  | Manager        |

**For use in Accountant General's Office**

| Head of Account | Admitted for Rs. | Objected to Rs. | Reason of objection |
|-----------------|------------------|-----------------|---------------------|
| Auditor         | Supdt.           | G.O.            |                     |
|                 |                  |                 |                     |

**GA 109** **GOVERNMENT OF RAJASTHAN** **New Form**  
**GFAIR 230** **राजस्थान सरकार** **No. G.A. 85**  
**(To be printed on 17x27/4)** **Rule 219**

## **Abstract Contingent Bill संक्षिप्त कंटिनजेंट व्यय-पत्र**

पत्र संख्या ..... STATE  
सविवरण कंटिन्यूएट व्यय पत्र ता. ..... तक प्रमाणित हस्ताक्षर सहित भेज दिया जाएगा।

|      |                                |   |
|------|--------------------------------|---|
| जिला | विभाग का कंटिनर्जेंट व्यय-पत्र | मास, जिसमें कोष से रकम प्राप्त करने के लिए भेजा गया |
|      | हिसाब का मद                    | माह .....20 ..... की ....<br>व्यय-सूची का वाउचर नं. |

| उप-वाउचरों का विवरण | व्यय की विस्तृत मद (पूर्ण विवरण सहित जहां आवश्यक हो) और जहां विशेष आँजा अनिवार्य हो, वहां अधिकारी का उल्लेख | रकम          |
|---------------------|---|--------------|
|                     |   | रु.      पै. |
| 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 कंटिनर्जेंट बिल में वो तमाम रकमें शामिल हो जावें, जो कोषागार से उस माह में ली हों।

|                        |   |                                |
|------------------------|---|--------------------------------|
| उप-वाउचरों<br>का विवरण | व्यय की विस्तृत मद (पूर्ण विवरण सहित जहां आवश्यक हो)<br>और जहां विशेष आङ्ग अनिवार्य हो, वहां अधिकारी<br>का उल्लेख हो। | रकम                            |
|                        | Brought Forward   | रु.      पै.      रु.      पै. |
|                        |   | योग                            |
| काटिये :-              | रकम जो नियंत्रण अधिकारी ने बिल संख्या.....<br>तिथि..... में से अस्वीकृत की है।<br>शब्दों में                          | भुगतान योग्य रकम ....          |

## सामान्य वित्तीय एवं लेखा नियम

Note :— The Government Officer drawing this bill is responsible for having initialised the date of each payment in the contingent register. The register is required to be sent up with bills and sub-vouchers for this purpose.

तिथि

रकम प्राप्त की  
प्रेषक अधिकारी

## Abbreviated classification in bold letters

|  |  |   |            |
|--|--|---|------------|
| बैंक/खजांची                                    | कोषागार उपयोग हेतु<br>दीजिए रु. .... शब्दों में रूपया<br>जांचा व इन्द्राज किया | तिथि .....  | कोषाध्यक्ष |
| लेखापाल  |  | तिथि .....  |            |
| खजांची के लिए<br>भुगतान किया रु.<br>तिथि ..... | रकम पाने वाले के<br>भुगतान पाया<br>तिथि .....                                  | बैंक उपयोग हेतु<br>भुगतान किया रु. ....<br>तिथि ..... |            |
| हस्ताक्षर                                      | हस्ताक्षर  | बैंक की मुहर  | मैनेजर     |

## For Use in Accountant General's Office

Head of Account

Objected in full pending receipt of detailed  
contingent bill and objected to Rs. ....  
on the following ground:

Auditor Superintendent Gazetted Officer

GA 110 GOVERNMENT OF RAJASTHAN New Form  
GEAR 234 & 236 राजस्थान सरकार No. G.A. 86

Rule 219

(To be printed on 22x29/8)

Detailed Countersigned Contingent Bill  
प्रमाणित संख्या सहित सविवरण कंटिन्यूएट व्यय-पत्र

बिल संख्या .....

सूचना :- यदि नियंत्रण अधिकारी के प्रमाणित हस्ताक्षर रकम प्राप्त करने से पूर्व आवश्यक हों, तो  
फार्म नं. 111 काम में लाया जावे।

कोष से चुकारा न होने योग्य

नियंत्रण अधिकारी को ता. .... को भेजा गया। प्रमाणित हस्ताक्षर  
सहित महालेखापाल को ता. .... को भेजा गया।

|      |  |
|------|--|
| जिला | मासिक सविवरण कंटिन्यूएट व्यय-पत्र माह ..... 20..... के लिये। |
|      | हिसाब का मद  |

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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 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 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 store accounts of materials and stores purchased are required to be maintained.

**For use of Controlling Officer**

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

Disallowed from sub-voucher No. ....

|      |       |                          |
|------|-------|--------------------------|
| -do- | ..... | Total of this bill ..... |
| -do- | ..... | .....                    |

Passed for Rupees .....

I certify that in support of every charge of more than Rs. 25 made in this bill, a receipt for other voucher has been given to me. The receipts and vouchers for items in excess of Rs. 100 are attached to the bill, and I am responsible that the receipts and vouchers for all other items of more than Rs. 25 are 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/Jodhpur.

Dated ..... 20 .....

Signature of the Countersigning Officer

For use in the A.G's Office

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सामान्य वित्तीय एवं लेखा निवम

**GA 105**  
**GEAR 236 & 237**

**GOVERNMENT OF RAJASTHAN**  
राजस्थान सरकार  
(To be printed on 17x27/2)

**New Form**  
**No. G.A. 88**  
**Rule 219 (iv)**

**Register of Detailed Bills of contingent  
charges countersigned by**

Designation of Disbursing Officer ..... year .....

| S.<br>No. | Try.<br>Voucher<br>No. &<br>Date of<br>A.C.<br>Bill | Amount<br>of the<br>A.C.<br>Bill | Brief<br>particulars<br>for which the<br>amount<br>has been<br>drawn | Bill<br>No. &<br>date | Date<br>of<br>receipt<br>of D.C.<br>bills<br>in the<br>office | Detailed heads                 |   |   | Total |    |
|-----------|---|----------------------------------|--|-----------------------|---|--------------------------------|---|---|-------|----|
|           |   |                                  |  |                       |   | Appropriation<br>for each head |   |   |       |    |
|           |   |                                  |  |                       |   | 1                              | 2 | 3 |       |    |
| 1         | 2   | 3                                | 4  | 5                     | 6   | 7                              | 8 | 9 | 10    | 11 |
|           |   |                                  |  |                       |   |                                |   |   |       |    |
|           |   |                                  |  |                       |   |                                |   |   |       |    |

| Disallowances (-)<br>Re-allowances (+) |        | Net amount<br>passed | Initials<br>of C.A. | Date<br>of<br>despatch | Remarks |
|--|--------|----------------------|---------------------|------------------------|---------|
| Particulars with<br>Sub-vrs. No. etc.  | Amount |                      |                     |                        |         |
| 12                                     | 13     | 14                   | 15                  | 16                     | 17      |
|  |        |                      |                     |                        |         |
|  |        |                      |                     |                        |         |

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

GA 172  
G.F.R. 244 (vi)GOVERNMENT OF RAJASTHAN  
राजस्थान सरकार  
(To be printed on 17x27/4)New Form  
No. G.A. 89  
Rule 221 (1)

## Acknowledgement for making advances

अग्रिम देने के लिए प्राप्ति स्वीकृति

नाम व पद कर्मचारी जिसको पेशगी चाहिए .....  
 पेशगी का प्रयोजन .....  
 व्यय का अनुमान .....  
रकम शब्दोंव अक्षरोंमें ..... हस्ताक्षर कर्मचारी

उच्च अधिकारी की सम्मति  
 पेशगी आवश्यक है और नियम ..... के अनुकूल है, परंतु रकम  
 रु. ..... से अधिक नहीं हो।

हस्ताक्षर  
पद

आक्षण स्वीकृत अधिकारी  
दीजिए रु. ..... हस्ताक्षर  
पद

भुगतान व वसूली  
भुगतान पाया रु. ..... भुगतान किया रु. .....  
दिनांक सहित हस्ताक्षर ..... दिनांक ..... को ..... खाजांची  
पद .....  
वसूल किए रु. ..... दिनांक ..... को ..... खाजांची

नोट : यह बाउचर 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।
- 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।
- निरीक्षणाधिकारी शब्द में Accountant, Head Clerk व Accounts Clerk जिनको प्रेषक अधिकारी इस पंजिका के लेखों का जांच कार्य सुपुर्द करे, सम्मिलित हैं।
- जब खाजांची भुगतान प्राप्त करने भेजा जावे तो खाना 11 व 12 की पूर्ति जरूरी नहीं है।
- प्रेषक अधिकारी इस पंजिका के लेखों पर रोकड़ बही के लेखोंके साथ-साथ हस्ताक्षर करे और इस विधि का पालन दृढ़तापूर्वक किया जाये।
- यदि कोषागार नान-बैंकिंग हो तो खाना 5 व 6 में लेख आवश्यक नहीं है।

**GA 104**  
**GFAR 222**

राजस्थान सरकार  
(To be printed on 17x27 full size)  
**Register of Contingent Expenditure**  
आकस्मिक खर्च पंजीयका

New Form No. GA 91  
Rule 222 (1)

श्रेणी आकस्मिक खर्च .....  
संख्या

विभाग .....  
वर्ष .....

| क्रम<br>संख्या | क्रिसको भुगतान किया<br>प्रत्येक शीघ्रक के खर्च की नीयत रकम | उप-वाउचर<br>गोशबारा<br>संख्या | विस्तृत मद व विस्तृत मद के उप-भा जैसा आवश्यक हो, यदि स्वीकृत रकम |  |  |  |  |  |  |  |  |  |  |
|----------------|--|-------------------------------|--|--|--|--|--|--|--|--|--|--|--|
|                |  |                               | विभाग .....  |  |  |  |  |  |  |  |  |  |  |
|                | माह ( )  |                               |  |  |  |  |  |  |  |  |  |  |  |

| विवरण तथा विस्तृत मद के उप-भागों में कंटी हुई न हो तो उन सबकी इकट्ठी<br>रकम चिन्ह ( ) लगाकर एकत्रित लिख दी जावे। | विवरण तथा विस्तृत मद के उप-भा जैसा आवश्यक हो, यदि स्वीकृत रकम | विवरण तथा विस्तृत मद के उप-भा जैसा आवश्यक हो, यदि स्वीकृत रकम |   |   |   |   |   |   |   |   |   |  |  |
|--|---|---|---|---|---|---|---|---|---|---|---|--|--|
|  |   | विवरण तथा विस्तृत मद के उप-भा जैसा आवश्यक हो, यदि स्वीकृत रकम | विवरण तथा विस्तृत मद के उप-भा जैसा आवश्यक हो, यदि स्वीकृत रकम | विवरण तथा विस्तृत मद के उप-भा जैसा आवश्यक हो, यदि स्वीकृत रकम | विवरण तथा विस्तृत मद के उप-भा जैसा आवश्यक हो, यदि स्वीकृत रकम | विवरण तथा विस्तृत मद के उप-भा जैसा आवश्यक हो, यदि स्वीकृत रकम | विवरण तथा विस्तृत मद के उप-भा जैसा आवश्यक हो, यदि स्वीकृत रकम | विवरण तथा विस्तृत मद के उप-भा जैसा आवश्यक हो, यदि स्वीकृत रकम | विवरण तथा विस्तृत मद के उप-भा जैसा आवश्यक हो, यदि स्वीकृत रकम | विवरण तथा विस्तृत मद के उप-भा जैसा आवश्यक हो, यदि स्वीकृत रकम | विवरण तथा विस्तृत मद के उप-भा जैसा आवश्यक हो, यदि स्वीकृत रकम |  |  |
|  |   |   |   |   |   |   |   |   |   |   |   |  |  |

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सामान्य वित्तीय एवं लेखा नियम

## **Bill for Service Postage Stamps**

## सेवा डाक टिकटों के लिए बिल (Obverse)

नकद भुगतान न किया जाकर जमा खर्च किया जावे

बिल नं.

वाउचर संख्या .....

व्यय-सूची मास ..... 20 .....

कार्यालय ..... का सर्विस पोस्टेज स्टाप्प्स का बिल मास ..... 20 .....

\*हिसाब का मद

विभाग

**\*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 पद

कोषागार के उपयोग हेतु

Pay Rupees ( ) .....

..... by transfer credit to Post Office.

Dated ..... 20.....

Treasury Officer  
Station .....

For use in Accountant General's Office

|                 |                     |      |
|-----------------|---------------------|------|
| Head of Account | Audit Register page |      |
|                 | Admitted Rs.        |      |
|                 | Objected to Rs.     |      |
|                 | Reason of objection |      |
| Auditor         | Suptd.              | G.O. |

GA 113  
GFAR 240

**GOVERNMENT OF RAJASTHAN**

(To be printed on 17x27/4)

**INDENT FOR SERVICE POSTAGE STAMPS**

(To be used only in cases in which value of Stamps is paid by cheque)

Office of the .....

To

The Treasury Officer .....

**GOVERNMENT OF RAJASTHAN**

(To be printed on 17x27/4)

**INDENT FOR SERVICE POSTAGE STAMPS**

(To be used only in cases in which value of Stamps is paid by cheque)

Office of the .....

To

The Treasury Officer .....

New Form No. G.A. 93

Rule 225 (1) (i)

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सामान्य वित्तीय एवं लेखा नियम

| No.       | Description                  | Value | No.       | Description                  | Value |
|-----------|------------------------------|-------|-----------|------------------------------|-------|
|           | Service Post Cards           |       |           | Service Post Cards           |       |
| 1         | Paisa Service Postage Stamps | "     | 1         | Paisa Service Postage Stamps | "     |
| 2         | "                            | "     | 2         | "                            | "     |
| 5         | "                            | "     | 5         | "                            | "     |
| 10        | "                            | "     | 10        | "                            | "     |
| 15        | "                            | "     | 15        | "                            | "     |
| 20        | "                            | "     | 20        | "                            | "     |
| 25        | "                            | "     | 25        | "                            | "     |
| 50        | "                            | "     | 50        | "                            | "     |
| 1         | Ruppee                       | "     | 1         | Ruppee                       | "     |
| 2         | "                            | "     | 2         | "                            | "     |
| 5         | "                            | "     | 5         | "                            | "     |
| 10        | "                            | "     | 10        | "                            | "     |
| 15        | "                            | "     | 15        | "                            | "     |
| 25        | "                            | "     | 25        | "                            | "     |
| Total Rs. |                              |       | Total Rs. |                              |       |

Cheque No. ....  
Cash Book Voucher No. ....  
Dated .....

Total Rs. ....

A receipt for the amount sent here with by cheque  
is requested.  
Dated .....

No. ....

Signature  
Designation

Signature  
Designation

GA 114  
GFAR

**GOVERNMENT OF RAJASTHAN**  
**राजस्थान सरकार**  
(To be printed on 17x27/4)

New Form  
No. G.A. 94  
Rule 225 (1) (ii)

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

| कार्यालय .....          | स्टाम्प की दर |     |        |       |             |
|-------------------------|---------------|-----|--------|-------|-------------|
| आपद व निर्गम<br>की तिथि | विवरण         | आपद | निर्गम | बकाया | विशेष विवरण |
|                         |               |     |        |       |             |

GA 115  
SM Para 53**GOVERNMENT OF RAJASTHAN**

राजस्थान सरकार  
(To be printed on 17x27/4)

New Form  
No. G.A. 95  
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 /<br>रसीद | पत्र का विवरण<br>रसीद | पत्र किसको<br>भेजा | लगाये गये या<br>प्राप्त टिकटों<br>का मूल्य | बाकी स्टाम्प | विशेष विवरण |
|-----------------------|-----------------------|--------------------|--|--------------|-------------|
|                       |                       |                    |  |              |             |

GA 116  
SM Para 271

GA 116  
SM Para 271  
फोन नं.....

GOVERNMENT OF RAJASTHAN

राजस्थान संग्रही

फोन ने.....

(To be printed on 17x27/4 size)

अधिकारी का नाम तथा पद .....

|             |                                     |        |     |                           |       |      |                              |   |                           |   |  |
|-------------|-------------------------------------|--------|-----|---------------------------|-------|------|------------------------------|---|---------------------------|---|--|
|             |                                     |        |     |                           |       |      |                              |   |                           |   |  |
| क्र.<br>सं. | बात करने वाले<br>सं. व्यक्ति का नाम | दिनांक | समय | राजकीय<br>या<br>व्यावितात | फेस्म | कारण | स्थान एवं<br>टेलीफोन<br>नंबर | पूरा पता उस<br>व्यक्ति का<br>जिससे बात की | बिल<br>स्वीकृति<br>दिनांक | यदि व्यय बरमुल<br>होना हो तो व्यक्ति<br>का नाम व पता<br>लिखा जावे | विवरण<br>सहित<br>अधिकारी<br>के हस्ताक्षर |

## सामान्य वित्तीय एवं लेखा नियम

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New Form No. GA 96

Rule 226

**GOVERNMENT OF RAJASTHAN**

राजस्थान सरकार

(To be printed on 17x27/4 size)

**Bill for Refund of Revenue राजस्व की वापसी का बिल**

New Form No. GA 100  
Rule 255 (ii)

| Head of Account            | लेखा मद (ए)                   |                     |                            |  | Refund of Revenue  | राजस्व की वापसी                |                        |
|----------------------------|-------------------------------|---------------------|----------------------------|--|--|--------------------------------|------------------------|
| District                   | जिला                          |                     |                            |  |  | Deduct - Refunds कटौती - वापसी |                        |
| किसके नाम में<br>जमा की गई | रकम जमा<br>करने का<br>प्रयोजन | रकम जो जमा<br>की गई | कोषागार में<br>जमा की तिथि | रकम, जिसमें वापस किए<br>जाने वाला रुपया शामिल था<br>और हिसाब की मद<br>जिसमें रकम जमा की<br>गई थी | कोषागार में जमा<br>किए जाने की जांच<br>के लिए कोषाध्यक्ष<br>के हस्ताक्षर | नाम पाने<br>वाले का            | रकम जो वापस<br>करनी है |
| 1                          | 2                             | 3                   | 4                          | 5  | 6  | 7                              | 8                      |
|                            |                               | रु.                 | पै.                        | रु.  | पै.  | R.S.                           | P.                     |

उन दशाओं में जब कि उमाने 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 जिस पर रकम जमा कराई गई है, दिया जावे 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 आशा 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 आशा नहीं की गई है।  
भुगतान के लिए स्वीकृति दी (आशा नं.) ..... दिनांक .....

हस्ताक्षर न्यायाधीश या अन्य अधिकारी

Received Payment

Claimant's Signature

|                                       |   |                                       |
|---------------------------------------|---|---------------------------------------|
| स्वीकृति दी व भुगतान के लिए आदेश दिया |   |                                       |
| रकम पाने वाले की रसीद                 | जांच किया   | कोषालगढ़ उपयोग हेतु<br>दीजिए रु. .... |
| भुगतान प्राप्त किया                   | हस्ताक्षर   | कोषालगढ़ लेखापाल<br>कोषालगढ़ स्थान    |
| तिथि ..... 20 ...                     |   | महालेखापाल के कार्यालय के उपयोग हेतु  |
|                                       | नान-बैंक कोषालगढ़ उपयोग हेतु<br>भुगतान दिया रु. .... तिथि ..... | स्वीकृत<br>खजांची                     |
|                                       | बैंक उपयोग हेतु<br>भुगतान दिया रु. ....                         | अस्वीकृत<br>बैंक मैनेजर               |
|                                       | <b>Bank Seal</b>  | सुपरिनेंडेंट                          |

**GA 171**  
**GFAR 325 to 330**

**GOVERNMENT OF RAJASTHAN**  
राजस्थान सरकार

(To be printed on 17x27/4 both sides)

नाम कार्यालय .....  
निक्षेप वर्ग .....

**Register of Deposits & their Payments निक्षेप व उनके प्रतिशोधन की पंजिका**

| पद सं.                              | सञ्चयवहार का<br>दिनांक | रसीद स.        | कोषगार में निक्षेप |                                     | निक्षेपक का नाम व पता तथा<br>निक्षेप संबंधी अनावश्यक विवरण | प्रत्येक निक्षेप<br>की रकम  |
|-------------------------------------|------------------------|----------------|--------------------|-------------------------------------|--|---|
|                                     |                        |                | देनाक              | चलान सं.                            |  |   |
| 1                                   | 2                      | 3              | 4                  | 5                                   | 6  | 7   |
| <b>प्रत्येक प्रतिशोधन की विवरात</b> |                        |                |                    |                                     |  |   |
| दिनांक                              | प्रमाणक क्रम           | किसको दिया गया | रकम जो दी गई       | प्रत्येक सञ्चयवहार<br>के बाद संतुलन | सूक्ष्म हस्ताक्षर  | अत्याधिकता जामा की<br>सूची में स्थानांतरित<br>होने के माह का प्रसा<br>दते हुए विशेष विवरण |
| 8                                   | 9                      | 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.

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## सामान्य वित्तीय एवं लेखा नियम

GA 120  
GEAR 325

## GOVERNMENT OF RAJASTHAN

राजस्थान सरकार

(To be printed on 17x27/4)

## Deposit Repayment Order and Voucher

अमानत वापसी की आज्ञा व बाउचर

..... कोषागार ..... माह ..... 20 .....

बिल सं .....

New Form  
No. G.A. 103  
Rule 263 (c)

STATE

|  |   |
|--|---|
| लेखा शीर्षक .....                                | बाउचर सं ..... सूची की .....<br>भुगतान                    |
| असल संख्या .....                                 | नाम जमा कराने वाले का .....                               |
| जमा की तिथि .....                                | असली जमा रकम .....  |
| कोषागार के उपयोग हेतु<br>जांचा व इन्द्राज किया   | तिथि ..... को<br>अमानती रूपया .....                       |
| कोषागार लेखापाल<br>तिथि .....                    | जिसका विवरण ऊपर दिया है बाबत<br>.....<br>प्राप्त किया।    |
| बैंक/खांची<br>कृपया दीजिए रु. (शब्दों में) रुपया |   |
| कोषाध्यक्ष<br>तिथि .....                         | हस्ताक्षर हकदार   |
| खांची उपयोग हेतु<br>रुपया दिया.....              | भुगतान किया जावे श्री .....                               |
| तिथि ..... को<br>खांची                           | रु. ..... रुपया .....                                     |
| बैंक उपयोग हेतु<br>रुपया दिया .....              | जज, न्यायाधीश व अन्य अधिकारी<br>कृपया दीजिए श्री ..... को |
| तिथि ..... को                                    | हस्ताक्षर हकदार   |
| बैंक की मोहर                                     | महालेखापाल के कार्यालय हेतु<br>मैनेजर                     |

GA 155  
GFAR 337

**GOVERNMENT OF RAJASTHAN**

राजस्थान सरकार

(To be printed on 20x30/8 both sides)

New Form  
No. G.A. 104

Rule 264 (1) (v)

**Pass Book of Personal Deposit Account**

निजी अमानत की पास बुक

नाम .....

हिसाब नं. ....

कोषागार .....

| लेन-देन की तिथि | चालान इत्यादि की सं. जिनसे जमा किया | चै. सं. जिनका भुगतान किया | प्राप्त रकम | भुगतान की गई रकम | बाकी      | विशेष विवरण |
|-----------------|-------------------------------------|---------------------------|-------------|------------------|-----------|-------------|
|                 |                                     |                           | रु.   पै.   | रु.   पै.        | रु.   पै. |             |
|                 |                                     |                           |             |                  |           |             |

GA 154  
GFAR 230

**GOVERNMENT OF RAJASTHAN**

राजस्थान सरकार

(To be printed on 17x27/4)

New Form  
No. G.A. 105

Rule 265 (3)

**Refund & Lapsed Deposit Application & Voucher**

कालातीत अमानत के वापसी का प्रार्थना-पत्र एवं वाउचर

सेवा में,

महालेखाकार, राजस्थान.....

श्री ..... ने निम्नलिखित कालातीत अमानत जिसकी कुल रकम रुपया ..... (शब्दों में) होती है, की वापसी के लिए प्रार्थना की है। मैंने उसकी पहचान और रकम के हकदार होने के विषय में अपने को संतुष्ट कर लिया है। रकम वापस देने की स्वीकृति के लिए आपसे प्रार्थना की जाती है।

| किस्म<br>अमानत | असल अमानत की विवरण |        | बाकी रकम जो सरकारी हिसाब में जमा की गई | कालातीत सूची की तिथि | रकम जो वापस मांगी है | विशेष विवरण |
|----------------|--------------------|--------|--|----------------------|----------------------|-------------|
|                | वर्ष               | संख्या |  |                      |                      |             |
|                |                    |        | रु.   पै.                              |                      | रु.   पै.            |             |

दिनांक ..... 20 .....

हस्ताक्षर  
जज मजिस्ट्रेट या अन्य अधिकारी

**सहायता अनुदान हेतु बॉड  
[देखिए नियम 280 (5) (i)]**

New Form  
No. G.A. 106  
Rule 280 (5) (i)

आज दिनांक ..... माह ..... सन् २० .....  
 ..... को एक पक्ष के ..... (इसमें इसे आगे 'अनुदानगृहीता' कहा गया है तथा इस अभिव्यक्ति में, जहां संदर्भ द्वारा अपेक्षित हो, उसके वारिस, उत्तराधिकारी, निष्पादक एवं प्रशासक शामिल होंगे) तथा राजस्थान राज्य के 'राज्यपाल' (इसे इसमें आगे राज्यपाल कहा गया है तथा इस अभिव्यक्ति में, जहां संदर्भ से ऐसा अपेक्षित हो, उनके पद के उत्तराधिकारी एवं समनुदेशीती शामिल होंगे) द्वितीय पक्ष के बीच एक बन्ध-पत्र निष्पादित किया गया।  
 चूंकि राज्य सरकार ने अनुदान गृहीता (ग्रांटी) ..... को रु. .... (रुपए ..... मात्र) अनुदान सहायता के रूप में देने का निर्णय किया है तथा इसकी उचित रसीद प्राप्त हो गई है।

एवं चूंकि अनुदान गृहीता (ग्रांटी) ..... राज्य सरकार को विश्वसनीय व्यक्तियों की दो प्रतिभूतियां प्रस्तुत करेगा।

और अब अनुदान गृहीता ..... एवं जामिन स्वीकृति सं. .... दिनांक ..... में विनिर्दिष्ट अनुदान की शर्तों का निम्न प्रकार पूर्णतया पालन करेंगे -

1. अनुदान का उपयोग उसी प्रयोजन के लिए किया जाएगा, जिसके लिए यह स्वीकार किया गया है;
2. उसमें विनिर्दिष्ट लक्षित तारीखों की अनुपालना की जाएगी;
3. अव्ययित राशि, जिस कार्य के लिए अनुदान दिया गया है, उसके पूर्ण होने के बाद की अवधि में प्रतिदाय कर दी जाएगी या अव्ययित शेष राशि को इस कार्य के लिए अगला अनुदान, यदि कोई हो, मंजूर करते समय समायोजित किया जाएगा;

और भी चूंकि (अनुदानगृहीता) ..... एवं जामिन पृथक् एवं संयुक्त रूप से अनुदान की संपूर्ण राशि का एवं उस पर के ब्याज का अथवा ..... रु. की राशि का प्रतिदाय राज्य सरकार को करने के लिए दायी होंगे।

एवं चूंकि इस बॉड से उत्पन्न होने वाला कोई विवाद तथा इस बॉड की व्याख्या से संबंधित सभी प्रश्न राज्य सरकार द्वारा विनिश्चित किए जाएंगे तथा राजस्थान सरकार का निर्णय अंतिम होगा।

इसके साक्ष्य में पक्षकारों ने आज दिनांक ..... माह ..... सन् ..... को अपने हस्ताक्षर किए।

अनुदान गृहीता के हस्ताक्षर  
दिनांक ..... राज्यपाल के लिए एवं उसकी ओर से हस्ताक्षर  
पदनाम .....

साक्षी I

तारीख .....

साक्षी II

साक्षी I

जामिनों के हस्ताक्षर

साक्षी II

1. (नाम व पूर्ण पता)

साक्षी I

2. (नाम व पूर्ण पता)

साक्षी II

साक्षी I

साक्षी II

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## सामान्य वित्तीय एवं लेखा नियम

GA 118  
GEAR 311GOVERNMENT OF RAJASTHAN  
राजस्थान सरकार  
(To be printed on 17x27/8)  
Bill for Grant-in-Aid, Contribution, etc.  
सहायतार्थ अनुदान इत्यादि बिलNew Form  
No. G.A. 110  
Rule 287 (a)

STATE

बिल सं. ....

|                        |
|------------------------|
| वाउचर नं. ....         |
| सूची भुगतानों की ..... |
| माह .....              |

लेखा शीर्षक .....  
 अवधि के लिए सहायतार्थ अनुदान के रूपए ..... (शब्दोंमें) .....  
 आपने पत्र संख्या ..... तिथि ..... को स्वीकृत किया,  
 प्राप्त हुए। (प्रतिलिपि संलग्न है)।

तिथि ..... 20 ..... हस्ताक्षर .....  
 ..... पद .....

प्रति हस्ताक्षरार्थ  
 ..... रूपयों के लिए प्रतिहस्ताक्षरित किया।

हस्ताक्षर .....  
 पद .....  
 तिथि .....

Abbreviated Classification

कोष के प्रयोग हेतु  
 दीजिए रु. ....

कोषाधिकारी  
 जांच की  
 कोषागार लेखापाल तिथि .....

खजांची के उपयोग हेतु  
 भुगतान किया रु. .... खजांची

बैंक उपयोग हेतु  
 भुगतान किया रु. ....  
 बैंक की मोहर

बैंक मैनेजर

महालेखापाल के कार्यालय उपयोग हेतु

स्वीकृत रु. ....  
 अस्वीकृत रु. ....  
 अस्वीकृत का कारण .....

निरीक्षण

अधीक्षक

राज-पत्रित अधिकारी

## Register of Grants-in-aid

## सहायता अनुदान का रजिस्टर

[देखिये नियम 287 (ग)]

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

## स्वीकृति प्राधिकारी .....

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

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



//  
सामान्य वित्तीय एवं लेखा नियम

|         |                  |                                |   |                          |   |                |             |
|---------|------------------|--------------------------------|---|--------------------------|---|----------------|-------------|
| क्रमांक | स्वीकृति का वर्ष | छात्रवृत्ति या वृतिका का किस्म | छात्रवृत्ति या वृतिका पाने वाले विद्यार्थी का नाम | मासिक छात्रवृत्ति        | दिनों की संख्या जिसके लिए छात्रवृत्ति मांगी गई है | रकम जो उठाई गई | विशेष विवरण |
|         |                  |                                |   | Brought forward<br>Total | P.  | Rs.            | P.          |

पिछले माह का अवितरित शेष घटाया जावे  
शेष जो हसिल करनी है।

I hereby certify 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.  
Certified also that the scholarships or stipends drawn on the last bill, with the exception of those refunded by deduction have been paid to the proper persons and their receipts taken in acquittance rolls kept in my office.

Abbreviated classification

Countersigned for Rs.

| STATE                              | Treasury/Bank<br>Examined and Entered<br>Accountant | Pay Rs.<br>Date  | For use in Treasury<br>Rupees in (words) |
|------------------------------------|---|--|--|
| For Non-Bank Treasury<br>Treasurer | Payee's Discharge                                   | For use in Accountant General's Office                   | Principal/Manager<br>College/School      |
| Paid Rs. .... on .....             | Received payment on .....                           | Admitted Rs.<br>Objected to Rs.<br>Reason for objection. |  |
| For Bank<br>Paid Rs. .... On.....  | Bank Seal<br>Bank Manager                           | Signature<br>Auditor                                     | Superintendent<br>Gazetted Officer       |

**ऋणों एवं अग्रिमों की मंजूरी हेतु बांड**  
 [देखिये नियम 297 (1) (v)]

New Form  
 No. G.A. 113  
 Rule 297 (1) (v)

आज दिनांक ..... माह ..... सन् ..... को एक पक्ष के .....(इसमें इसे आगे 'उधारगृहीता' कहा गया है तथा इस अभिव्यक्ति में जहां संदर्भ द्वारा अपेक्षित हो, उसके वारिस, उत्तराधिकारी, निष्पादक एवं प्रशासक शामिल होंगे) तथा राजस्थान राज्य के राज्यपाल (जिन्हें इसमें आगे 'सरकार' कहा गया है तथा इस अभिव्यक्ति में जहां संदर्भ द्वारा ऐसा अपेक्षित हो, उनके पद के उत्तराधिकारी एवं समनुदेशिती शामिल होंगे)। द्वितीय पक्ष के बीच एक बंध-पत्र निष्पादित किया गया।

एवं चूंकि राज्य सरकार ने (उधार गृहीता) ..... को ऋणों एवं अग्रिम के रूप में ..... रूपए प्रदान किये हैं, जिसकी कि उचित रसीद प्राप्त हो गई है।

एवं चूंकि उधारगृहीता ..... ऋणों एवं अग्रिमों को प्रदान करने की शर्तों को मानेगा तथा साथ ही इनका प्रयोग उसी प्रबोजन के लिए किया जाएगा, जिनके लिए वह प्रदान किये गये हैं अर्थात् ..... (कार्ब का नाम) के लिए उपयोजन प्रमाण-पत्र प्रस्तुत कर दिया जाएगा।

एवं चूंकि उपरोक्त ऋण एवं अग्रिम पर .....प्रतिशत प्रतिवर्ष की दर पर ब्याज देय होगा एवं चूंकि ऋणों एवं अग्रिमों की तथा उस पर ब्याज का पुनर्भुगतान उधारगृहीता द्वारा .....किस्तों में अर्द्धवार्षिक आधार पर तथा भुगतान की नियत तारीख को जो नीचे निर्धारित की गई है, किया जाएगा। अंतिम किस्त का भुगतान दिनांक ..... को देय होगा।

**मूल ऋण एवं अग्रिम**

- 1.
- 2.
- 3.
- 4.

**ब्याज**

- 1.
- 2.
- 3.
- 4.

एवं चूंकि (उधारगृहीता) ..... द्वारा उपर्युक्त वर्णित तरीके से ऋणों एवं अग्रिमों का पुनर्भुगतान न करने पर .....प्रतिशत प्रतिवर्ष की दर पर दांडिक ब्याज उस तारीख से, जिससे वह बकाया था तथा उस तारीख तक, जिसको इसका भुगतान किया गया है, राज्य सरकार को चुकाने के लिए दायी होगा तथा राज्य सरकार भूलधन की अधिकारी (ओवरड्रू) राशि को दांडिक ब्याज की राशि के साथ भू-राजस्व/पी.डी.आर . एक्ट के अंतर्गत वसूल करेगी।

एवं चूंकि इस बांड से कोई विवाद उत्पन्न होने पर तथा इस बांड की व्याख्या के संबंध में सभी प्रश्न राज्य सरकार द्वारा विनिश्चित किए जाएंगे तथा राज्य सरकार का निर्णय अंतिम होगा।

इसकी साक्षी में पक्षकारों ने आज दिनांक ..... माह ..... सन् ..... 20 ..... को अपने हस्ताक्षर किए।

उधार गृहीता के हस्ताक्षर

तारीख :

साक्षी सं. 1 .....  
 साक्षी सं. 2 .....

राज्यपाल के लिए  
 एवं उसकी ओर से हस्ताक्षर  
 पदनाम.....  
 तारीख .....

साक्षी सं. 1 .....

साक्षी सं. 2 .....



GA 121  
GFAR 368 & 375

## GOVERNMENT OF RAJASTHAN

राजस्थान सरकार

(To be printed on 17x27/4 Green Paper)

## Bill for Loans and Advances

ऋणों व अग्रिमों हेतु बिल

New Form  
No. G.A. 116  
Rule 304 (2)

Bill No. ....

Voucher No. ....

Major Head .....

List No. ....

Minor Head .....

Detailed Head .....

Name .....

Received from the Government Treasury the sum of Rs. .... as per particulars given below—

| Sanction No.<br>and date | Particulars and reference to the A.G.'s authority for drawing money, where necessary | Amount |
|--------------------------|--|--------|
|                          |  | Rs. P. |
|                          |  |        |
|                          |  |        |

Amount (in words) Rupees .....

Signature .....

Received Payment

Designation .....

Stamp, where necessary

Address .....

Signature of payee

Dated .....

Certificate in case the advance is payable direct to the party concerned (GFAR 373)

Countersigned for Rs. ....

- Certified that the proper receipt of the party (name) ..... has been taken separately and filed in my office.
- Certified that the detailed accounts in Form GA 122 of Advances previously drawn have been rendered.

Signature.....

Designation .....

Signature  
Designation

Date .....

## Endorsement by the Drawer

Please pay to .....

Signature .....

whose specimen signatures are given below—

Designation .....

Specimen Signature

Date .....

Signature of the payee

Signature .....

Signature .....

Designation .....

Date .....

Signature .....

## Directions for Note :-

1. 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<br>(b) By a Drawing Officer<br><br>(c) By a duly authorised representative (countersigned by a competent authority.)<br>(d) By the party concerned (countersigned by a duly authorised Revenue or other officer.<br><br>(e) By a duly authorised Revenue or other officer. | Advances on his personal account.<br>(i) Advances for departmental purpose.<br>(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.<br>(iii) Permanent advance.<br>Loans on behalf of a Municipality Local Fund, Panchayat or other quasipublic body. |
|   | Revenue or other advances, duly received by the payee or supported by a certificate from the Collector or duly authorised officer if the receipt is taken separately for departmental record.<br>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             | Payee's discharge<br>Received payment | For Bank                  |
|---------------------------|---------------------------------------|---------------------------|
| Paid Rs. ....<br>on ..... | Signature                             | Paid Rs. ....<br>on ..... |
| Treasurer                 |                                       | Bank Seal                 |
| Manager                   |                                       |                           |

**For use in Accountant General's Office**

Classification .....

Admitted Rs. ....

Objected Rs. ....

Auditor

Superintendent

Gazetted Officer

**GA 185**  
**GFAR 364**

**GOVERNMENT OF RAJASTHAN**

राजस्थान सरकार

कार्यालय/विभाग .....  
लेखनों का कागिकरण .....

(To be printed on 17x27/2 both sides)

**Register of Loans & Advances क्राणों व अग्रिमों की पंजिका**

क्रिस्म

| मद<br>सं. | नाम कर्मचारी / व्यक्ति | स्वीकृति | प्रत्यादेय की<br>किश्तों की<br>संख्या | परिदृश्य  |     |      | 1 अप्रैल को<br>संतुलन | दर      | रकम     | प्रतिदृश्य रकम<br>9 व 11 |
|-----------|------------------------|----------|---------------------------------------|-----------|-----|------|-----------------------|---------|---------|--------------------------|
|           |                        |          |                                       | स. व तीथे | रकम | तीथे | रकम                   |         |         |                          |
| 1         | 2                      | 3        | 4                                     | 5         | 6   | 7    | 8                     | 9       | 10      | 11                       |
|           |                        | रु. पै.  | रु. पै.                               |           |     |      |                       | रु. पै. | रु. पै. | रु. पै.                  |
|           |                        |          |                                       |           |     |      |                       |         |         |                          |

**New Form No. GA 117**  
**Rule 304 (4)**

सामान्य वित्तीय एवं लेखा नियम  
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| अप्रैल | मई | जून | जुलाई | अगस्त | सितम्बर | अक्टूबर | नवम्बर | दिसम्बर | जनवरी | फरवरी | मार्च | योग | 31 मार्च  |           | नई पांचका के<br>इन्द्राजल का<br>पुष्ट व मद | विशेष विवरण |
|--------|----|-----|-------|-------|---------|---------|--------|---------|-------|-------|-------|-----|-----------|-----------|--|-------------|
|        |    |     |       |       |         |         |        |         |       |       |       |     | को संतुलन | को संतुलन |  |             |
| 13     | 14 | 15  | 16    | 17    | 18      | 19      | 20     | 21      | 22    | 23    | 24    | 25  | 26        | 27        | 28   |             |
|        |    |     |       |       |         |         |        |         |       |       |       |     |           |           |  |             |
|        |    |     |       |       |         |         |        |         |       |       |       |     |           |           |  |             |

**Instructions-**

- 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  
G.F.R. 360

## GOVERNMENT OF RAJASTHAN

राजस्थान सरकार

New Form  
No. G.A. 118  
Rule 305 (3)

(To be printed on 17x27/4 both sides)

Annual Statement of Loans and Advances  
sanctioned by Rajasthan Government

Year ..... Due date ..... Before 30th September

| Name of person/party receiving the loan/advance | Amount of loan/advance sanctioned | Rate of Interest | No. and date of orders authorising the loan/advances |
|---|-----------------------------------|------------------|--|
| 1   | 2                                 | 3                | 4  |

| Balance from the last year | Amount advanced this year | Total | Repayment of principal  |   |
|----------------------------|---------------------------|-------|---|---|
|                            |                           |       | Instalments of principal due for repayment during the year and arrears of Instalments due relating to earlier years, if any (Figures to be shown year-wise) | Amount of principal re-paid during the year |
| 5                          | 6                         | 7     | 8   | 9   |

| Payment of Interest  |   |   |                            | Remarks<br>(Please see note below) |
|--|---|---|----------------------------|------------------------------------|
| Balance of loan/advance of the close of the year (Col. 7 (-) Col. 9) | Amount of interest due for and upto the year under Review | Amount of interest received and credited to during revenue the year | Balance of interest unpaid |                                    |
| 10   | 11  | 12  | 13                         | 14                                 |

No. ....

Dated .....

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 General under Rule 365 of General Financial and Account Rules Vol. I.

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## सामान्य वित्तीय एवं लेखा नियम

GA 122  
GEAR 373 & 374 GOVERNMENT OF RAJASTHAN

राजस्थान सरकार

(To be printed on 17x27/4 green Paper)

New Form  
No. G.A. 119  
Rule 305 (4)/

310

## Detailed Disbursement Account of Advances

पेशगी वितरण का विस्तृत हिसाब

नाम कार्यालय .....

रकम

बिल संख्या, जिससे रकम ली ..... (वा. सं. .... तिथि ..... ) =

" " ..... " ..... " ..... " ..... =

" " ..... " ..... " ..... " ..... =

पेशगी रकम का योग =

काटिये-रकम जो जमा की गई, चालान सं. .... तिथि ..... =

असल रकम जो वितरित की ..... =

## वितरण का विवरण

| उप-वाउचर<br>की सं. | भुगतान की विगत<br>और स्वीकृति<br>का प्रसंग | खर्च जाब्ता | रकम वसूल<br>योग्य | योग | विशेष<br>विवरण |
|--------------------|--|-------------|-------------------|-----|----------------|
|                    |  |             |                   |     |                |
| Carried over ....  |  |             |                   |     |                |

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सामान्य वित्तीय एवं लेखा नियम

| उप वाउचर<br>की सं. | भुगतान की विगत और<br>स्वीकृति का प्रसंग | खर्चा<br>जाब्ता | रकम वसूल<br>योग्य | योग | विशेष<br>विवरण |
|--------------------|---|-----------------|-------------------|-----|----------------|
|                    | Brought Forward                         |                 |                   |     |                |
|                    | योग                                     |                 |                   |     |                |
|                    | रकम (शब्दों में) रु. ....               |                 |                   |     |                |

प्रमाणित किया जाता है

- (1) कि उपरोक्त वसूल योग्य पेशागी 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 हैं और वे मेरे कार्यालय में रखी हैं और
- (3) कि इन भुगतानों का इन्द्राज वसूली निगरानी वाले 'कर्म पंजिका' में कर दिया गया है।

Countersigned

हस्ताक्षर .....

हस्ताक्षर .....

पद .....

पद .....

दिनांक .....

दिनांक .....

---

टिप्पणी :- इस फार्म में उन पेशागियों 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

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.

Appendix - I

## **MASTER DATA OF EMPLOYEES**

DDO CODE ..... Office Name .....

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

## MASTER DATA (TABLE - I)

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**MASTER DATA (TABLE - II)**

| S. No. | GPF<br>No. | Master Data of LIC Policies |                  |
|--------|------------|-----------------------------|------------------|
|        |            | LIC Policy No.(s)           | Premium (in Rs.) |
| 1      | 2          | 3                           | 4                |
|        |            |                             |                  |

| Category of Employees |                        | Code |
|-----------------------|------------------------|------|
| 1.                    | AIS                    | A    |
| 2.                    | State Service          | B    |
| 3.                    | Subordinate Services   | C    |
| 4.                    | Ministerial            | D    |
| 5.                    | Class-IV               | E    |
| 6.                    | Work Charged Employees | F    |
| (i)                   | Permanent              | G    |
| (ii)                  | Semi-permanent         | H    |
| 7.                    | Others (Specify)       |      |

Signature of DDO.  
With Seal.

**Note :**

1. 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.
2. Clear & specific information must be filled-in in all the columns in respect of each employee.

## ESTABLISHMENT PAY BILL

Outer Sheet (Appendix-II Front Page)

| Bill No. ....  | Date .....                     |   |  |
|--|--------------------------------|---|--|
| Details of pay bill of PERMANENT/TEMPORARY establishment of<br>for the month of ..... 20 ..... |                                |   |  |
| To,  | The Treasury Officer,<br>..... |   |  |
| DDO CODE .....   |                                |   |  |
| District .....   |                                |   |  |
| (A) PAYMENTS   |                                | Rs.   | Space for Classification<br>(Stamp or manuscript entries of<br>classification to be filled in by<br>drawing officer) |
| 1. Pay / consolidated Pay  |                                |   |  |
| 2. Leave Salary  |                                |   |  |
| 3. Spi Pay   |                                |   |  |
| 4. D.A.  |                                |   |  |
| 5. H.R.A.  |                                |   | Major Head .....   |
| 6. C.C.A   |                                |   | Sub-Major Head .....   |
| 7. Washing Allowance   |                                |   | Minor Head .....   |
| 8. Conveyance Allowance  |                                |   |  |
| 9. Handicapped Allowance   |                                |   |  |
| 10. Others if any (Specify)  |                                |   | Sub-Head .....   |
| 1. Budget Allocation   |                                |   | Group Head .....   |
| 2. Previous Expenditure  |                                |   | Detailed Head .....  |
| 3. Amount of this Bill   |                                |   |  |
| 4. Expenditure up-to-date (2+3)  |                                |   |  |
| 5. Balance Available (1-4)   |                                |   |  |
|  |                                | Total (A)<br>(As per Col. 8 of Inner sheet) | Rs.  |

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### आमाच्य वित्तीय एवं लेखा नियम

| <p><b>Certified that I have personally examined and satisfied myself about the genuineness of this claim that the pay and allowances of the employees included in this pay bill are strictly in accordance with rules and that the said employees are entitled to such pay and allowances.</b></p> <p>It is further certified that I have personally ensured observance of all formalities regarding necessary entries in relevant record/register(s)/service book(s), as the case may be, before presenting this claim.</p>   |                      | <b>(B) DEDUCTIONS</b>  | <b>For Treasury Use</b>   |       |          |      |     |    |                    |   |       |    |                |   |       |    |                      |   |       |    |                      |   |       |    |                   |   |       |
|--|----------------------|--|---|-------|----------|------|-----|----|--------------------|---|-------|----|----------------|---|-------|----|----------------------|---|-------|----|----------------------|---|-------|----|-------------------|---|-------|
|  |                      | Treasury Voucher No. ....<br>Date ..... List .....<br>for ..... 20 .....                     | Try. Code No. ....<br>Signature of Treasury Accountant  |       |          |      |     |    |                    |   |       |    |                |   |       |    |                      |   |       |    |                      |   |       |    |                   |   |       |
|  |                      | 1. G.P.F. (Contribution + Loan)<br>2. C.P.F.<br>3. State Insurance<br>(Premium + Loan + Int) | 4. RPMF<br>5. LIC<br>6. FGA Principal<br>7. FGA Interest<br>8. Group/Accidental Insurance<br>9. MCA Principal |       |          |      |     |    |                    |   |       |    |                |   |       |    |                      |   |       |    |                      |   |       |    |                   |   |       |
|  |                      | 10. MCA Interest<br>11. OCA Principal<br>12. OCA Interest                                    | 13. HBA Principal<br>14. HBA Interest<br>15. HUDCO Principal<br>16. HUDCO Interest<br>17. HDFC Principal      |       |          |      |     |    |                    |   |       |    |                |   |       |    |                      |   |       |    |                      |   |       |    |                   |   |       |
| <p><b>Category-wise Employees Covered under this bill</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">S.No.</th> <th style="width: 30%;">Category</th> <th style="width: 15%;">Code</th> <th style="width: 15%;">No.</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td>All India Services</td> <td>A</td> <td>.....</td> </tr> <tr> <td>2.</td> <td>State Services</td> <td>B</td> <td>.....</td> </tr> <tr> <td>3.</td> <td>Subordinate Services</td> <td>C</td> <td>.....</td> </tr> <tr> <td>4.</td> <td>Ministerial Services</td> <td>D</td> <td>.....</td> </tr> <tr> <td>5.</td> <td>Class IV Services</td> <td>E</td> <td>.....</td> </tr> </tbody> </table> |                      |  |   | S.No. | Category | Code | No. | 1. | All India Services | A | ..... | 2. | State Services | B | ..... | 3. | Subordinate Services | C | ..... | 4. | Ministerial Services | D | ..... | 5. | Class IV Services | E | ..... |
| S.No.  | Category             | Code   | No.   |       |          |      |     |    |                    |   |       |    |                |   |       |    |                      |   |       |    |                      |   |       |    |                   |   |       |
| 1.   | All India Services   | A  | .....   |       |          |      |     |    |                    |   |       |    |                |   |       |    |                      |   |       |    |                      |   |       |    |                   |   |       |
| 2.   | State Services       | B  | .....   |       |          |      |     |    |                    |   |       |    |                |   |       |    |                      |   |       |    |                      |   |       |    |                   |   |       |
| 3.   | Subordinate Services | C  | .....   |       |          |      |     |    |                    |   |       |    |                |   |       |    |                      |   |       |    |                      |   |       |    |                   |   |       |
| 4.   | Ministerial Services | D  | .....   |       |          |      |     |    |                    |   |       |    |                |   |       |    |                      |   |       |    |                      |   |       |    |                   |   |       |
| 5.   | Class IV Services    | E  | .....   |       |          |      |     |    |                    |   |       |    |                |   |       |    |                      |   |       |    |                      |   |       |    |                   |   |       |

## सामान्य वित्तीय एवं लेखा नियम

## **Establishment Pay Bill बेतन बिल**

Inner Sheet (Appendix - III)

Bill No. & Date ..... Month ..... Year .....

| GPF<br>Contr.<br>Loan<br>Total<br>CPF | SI<br>Premium<br>LIC<br>(Total of<br>all<br>premium) | RPMF<br>Principal<br>Interest<br>(Total<br>Interest<br>Total<br>CPF) | FGA<br>Principal<br>Interest<br>(Total of<br>all<br>premium) | GI<br>AIS<br>Accide-<br>ntal | MCA<br>Principal<br>Interest<br>OCA | HBA<br>HUDCO<br>HDFC | HBA<br>HUDCO<br>HDFC | AHF<br>Conv.<br>HBA | Tax<br>Income<br>prof. | HFR<br>House<br>Furniture<br>Garden | Others if any<br>(Specify) |    | Total Deductions<br>(Col. 9 to 20) |  | Net payable Amount<br>(Col. 8-21) |  |
|---------------------------------------|--|--|--|------------------------------|-------------------------------------|----------------------|----------------------|---------------------|------------------------|-------------------------------------|----------------------------|----|------------------------------------|--|-----------------------------------|--|
|                                       |  |  |  |                              |                                     |                      |                      |                     |                        |                                     | Deductions                 |    |                                    |  |                                   |  |
| 9                                     | 10   | 11   | 12   | 13                           | 14                                  | 15                   | 16                   | 17                  | 18                     | 19                                  | 20                         | 21 | 22                                 |  |                                   |  |

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**Notes :**

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

1. Pay/leave salary includes Basic pay + other allowances on which D.A. is also admissible.
  2. In column No. 7, specific mention should be made of the nature of allowance being paid to the employee. 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 (BRA) etc.
  3. 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.
- B. Certificate to be recorded by Treasury Officer on the hard copy to be sent to DDO alongwith outer sheet (Appendix-II)**

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.

## Outer Sheet (Appendix - II Back Page)

| Total Payments (As per Col. No. 8 of inner sheet) | Rs. |  | FOR TREASURY USE                    |
|---|-----|--|-------------------------------------|
| Deduct : Undisbursable amount as detailed below : | Rs. |  | Pay Rs. ....<br>(in words) Rs. .... |
| 1. G.P.F. (Contribution - Loan)                   |     |  |                                     |
| 2. C.P.F.   |     |  |                                     |
| 3. State Insurance (Premium + Loan + Interest)    |     |  |                                     |
| 4. RPMF   |     |  |                                     |
| 5. LIC  |     |  |                                     |
| 6. FGA Principal                                  |     |  |                                     |
| 7. FGA Interest                                   |     |  |                                     |
| 8. Group/Accidental Insurance                     |     |  |                                     |
| 9. MCA Principal                                  |     |  |                                     |
| 10. MCA Interest                                  |     |  |                                     |
| 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                                    |     |  |                                     |

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## सामान्य वित्तीय एवं लेखा नियम

|  |                          |  |               |   |                          |
|--|--------------------------|--|---------------|---|--------------------------|
| 22. Profession Tax   |                          | Total Credit Rs.....   |               |   |                          |
| 23. House/Furniture/Garden Rent  |                          | (in words) Rs.....   |               |   |                          |
| 24. Others if any (Specify)  |                          | .....<br>.....<br>.....<br>.....<br>.....<br>.....<br>.....<br>..... |               |   |                          |
|  |                          | Examined and entered .....   |               |   |                          |
|  |                          | Accountant                          Treasury Officer/ATO/STO         |               |   |                          |
|  |                          | Dated                                  Treasury/Sub-Treasury         |               |   |                          |
| <b>TOTAL DEDUCTIONS (As per Col. No. 21 of inner sheet)</b>  |                          |  |               |   |                          |
| <b>STATE ABBREVIATED CLASSIFICATION</b>  |                          |  |               |   |                          |
| [ ]  |                          |  |               |   |                          |
| <b>DETAILS OF REFUND OF ABSENTEES' PAY [Rule 193(3)]</b>   |                          |  |               |   |                          |
| <b>Section of Establishment</b>  | <b>Name of Incumbent</b> | <b>Period</b>  | <b>Amount</b> | <b>Received Payment on .....</b>                | <b>Payee's discharge</b> |
|  |                          |  |               |   |                          |
| Total net amount required for payment<br>(As per Col. No. 22 of inner sheet) Rs. ....<br>(in words) Rs. .... |                          |  |               | Signature of DDO<br>(With Seal)                 |                          |
| Station .....  | Signature .....          | Designation of the drawing officer<br>(with seal)                    |               | For Non Bank Sub-Treasury/Bank<br>Paid Rs. .... |                          |
| Date ..... 20 .....  | DDO Code .....           |  |               | Sub-Treasury Officer/Bank Manager               |                          |

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-II 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.
3. 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).
5. 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.

४१५/१६  
(रामावतार शर्मा)  
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, जयपुर ।
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/संसाधीय आयुक्त ।
10. समस्त विभागाध्यक्ष को प्रेषित कर लेख है कि इन संशोधनों बाबत् सभी कार्यालयाध्यक्षों/आहरण-वितरण अधिकारियों को सम्पर्क रूप से जागरूक (sensitize) कराना सुनिश्चित करावे ।
11. निदेशक, कोंप एवं लेखा विभाग, राजस्थान, जयपुर इन संशोधनों बाबत् सभी संबंधित अधिकारियों को उन्नीत रूप से जागरूक (sensitize) कराना/अनुपालना में आवश्यकतानुसार सहयोग कराना सुनिश्चित करावे ।
12. पंजीयक, राजस्थान उच्च न्यायालय, जोधपुर/जयपुर ।
13. समस्त कोषाधिकारियों को प्रेषित कर लेख है कि इन संशोधनों बाबत् सभी विभागाध्यक्ष/आहरण वितरण अधिकारियों को अपने रत्नर से भी सम्पर्क रूप से जागरूक (sensitize) कराएं एवं व्यावहारिक रूप से अनुपालना बाबत् आवश्यक सहयोग प्रदान करावे ।
14. कार्मिक एवं प्रशासनिक सुधार विभाग(कोडीफिकेशन) अतिरिक्त प्रति सहित ।
15. पंजीयक, राजस्थान सिविल सेवा अपील अधिकरण, जयपुर ।
16. विधि व्यवस्था संगठन को भेजकर लेख है कि इस आदेश/परिपत्र का हिन्दी अनुवाद करवाकर इस विभाग को अविलम्ब भेजवायें 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 करावे ।

(हरीश लड्ढा)  
मुख्य लेखाधिकारी

(GF&AR - 13/2016)

| GA 76<br>GFAR 189   | Government of Rajasthan   |                         |                | New Form No. GA 36<br>Rule 150 (1)               |  |  |                         |  |  |  |  |                  |  |  |  |           |        |     |        |                |       |        |                |       |                           |  |  |  |  |                             |  |  |  |  |                             |  |  |  |  |                                 |  |  |  |  |                               |  |  |  |  |                               |  |  |  |  |                                  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|---------------------------|-------------------------|----------------|--|--|--|-------------------------|--|--|--|--|------------------|--|--|--|-----------|--------|-----|--------|----------------|-------|--------|----------------|-------|---------------------------|--|--|--|--|-----------------------------|--|--|--|--|-----------------------------|--|--|--|--|---------------------------------|--|--|--|--|-------------------------------|--|--|--|--|-------------------------------|--|--|--|--|----------------------------------|--|--|--|--|------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Reference No.   | Salary Bill (Outer Sheet) |                         |                | Month/Year :                                     |  |  |                         |  |  |  |  |                  |  |  |  |           |        |     |        |                |       |        |                |       |                           |  |  |  |  |                             |  |  |  |  |                             |  |  |  |  |                                 |  |  |  |  |                               |  |  |  |  |                               |  |  |  |  |                                  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Detailed Pay 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 N/P V/C Demand No. : 00 Plan : 0.00 Non Plan : 0.00 TAN No. :  |                           |                         |                |  |  |  |                         |  |  |  |  |                  |  |  |  |           |        |     |        |                |       |        |                |       |                           |  |  |  |  |                             |  |  |  |  |                             |  |  |  |  |                                 |  |  |  |  |                               |  |  |  |  |                               |  |  |  |  |                                  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| To The Treasury Officer, (Concerning Treasury)<br>Please Order to pay Rs..... .... as per claim contained in this bill.   |                           |                         |                |  |  |  |                         |  |  |  |  |                  |  |  |  |           |        |     |        |                |       |        |                |       |                           |  |  |  |  |                             |  |  |  |  |                             |  |  |  |  |                                 |  |  |  |  |                               |  |  |  |  |                               |  |  |  |  |                                  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Certificates :  |                           |                         |                |  |  |  |                         |  |  |  |  |                  |  |  |  |           |        |     |        |                |       |        |                |       |                           |  |  |  |  |                             |  |  |  |  |                             |  |  |  |  |                                 |  |  |  |  |                               |  |  |  |  |                               |  |  |  |  |                                  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|   |                           | For Treasury Use        |                |  |  |  |                         |  |  |  |  |                  |  |  |  |           |        |     |        |                |       |        |                |       |                           |  |  |  |  |                             |  |  |  |  |                             |  |  |  |  |                                 |  |  |  |  |                               |  |  |  |  |                               |  |  |  |  |                                  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Auditor AAO-II Treasury Officer   |                           |                         |                |  |  |  |                         |  |  |  |  |                  |  |  |  |           |        |     |        |                |       |        |                |       |                           |  |  |  |  |                             |  |  |  |  |                             |  |  |  |  |                                 |  |  |  |  |                               |  |  |  |  |                               |  |  |  |  |                                  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| For Accountant General Office   |                           |                         |                |  |  |  |                         |  |  |  |  |                  |  |  |  |           |        |     |        |                |       |        |                |       |                           |  |  |  |  |                             |  |  |  |  |                             |  |  |  |  |                                 |  |  |  |  |                               |  |  |  |  |                               |  |  |  |  |                                  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Gross Amount : Total Deduction :  |                           |                         |                |  |  |  |                         |  |  |  |  |                  |  |  |  |           |        |     |        |                |       |        |                |       |                           |  |  |  |  |                             |  |  |  |  |                             |  |  |  |  |                                 |  |  |  |  |                               |  |  |  |  |                               |  |  |  |  |                                  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Net Amount :<br>(In words) :  |                           |                         |                |  |  |  |                         |  |  |  |  |                  |  |  |  |           |        |     |        |                |       |        |                |       |                           |  |  |  |  |                             |  |  |  |  |                             |  |  |  |  |                                 |  |  |  |  |                               |  |  |  |  |                               |  |  |  |  |                                  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Supdt. Gaz. officer   |                           |                         |                |  |  |  |                         |  |  |  |  |                  |  |  |  |           |        |     |        |                |       |        |                |       |                           |  |  |  |  |                             |  |  |  |  |                             |  |  |  |  |                                 |  |  |  |  |                               |  |  |  |  |                               |  |  |  |  |                                  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1"> <thead> <tr> <th colspan="2">Auditor</th> <th colspan="3"></th> </tr> </thead> </table>  |                           |                         |                |  | Auditor  |  |                         |  |  |  |  |                  |  |  |  |           |        |     |        |                |       |        |                |       |                           |  |  |  |  |                             |  |  |  |  |                             |  |  |  |  |                                 |  |  |  |  |                               |  |  |  |  |                               |  |  |  |  |                                  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Auditor   |                           |                         |                |  |  |  |                         |  |  |  |  |                  |  |  |  |           |        |     |        |                |       |        |                |       |                           |  |  |  |  |                             |  |  |  |  |                             |  |  |  |  |                                 |  |  |  |  |                               |  |  |  |  |                               |  |  |  |  |                                  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |



| GA 76<br>GFAR 189  | Government of Rajasthan                          |  |  | New Form No. GA 36 A<br>Rule 150 (1) |  |  |  |  |                |       |        |     |                  |        |        |                  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |                              |
|--|--|--|--|--------------------------------------|--|--|--|--|----------------|-------|--------|-----|------------------|--------|--------|------------------|--|--|--|--|--|--|--|--|---------------------------|--|--|--|--|--|--|--|--|-----------------------------|--|--|--|--|--|--|--|--|-------------------|--|--|--|--|--|--|--|--|---------|--|--|--|--|--|--|--|--|---------|--|--|--|--|--|--|--|--|---------|--|--|--|--|--|--|--|--|------------------|--|--|--|--|--|--|--|--|-------------------------------|--|--|--|--|--|--|--|--|-----------------|--|--|--|--|--|--|--|--|-----------------|--|--|--|--|--|--|--|--|-------------------|--|--|--|--|--|--|--|--|----------------|--|--|--|--|--|--|--|--|------------------------------|
| Reference No.  | Salary Arrear Bill (Outer Sheet)                 |  |  | Month/Year :                         |  |  |  |  |                |       |        |     |                  |        |        |                  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |                              |
| Detailed Salary Arrear Bill of Permanent/Temporary establishment of :<br>(Office Name)   |  |  |  | Office ID :                          |  |  |  |  |                |       |        |     |                  |        |        |                  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |                              |
| Bill No. : Date : DDO Code : Name of DDO : Object Head :   |  |  |  |                                      |  |  |  |  |                |       |        |     |                  |        |        |                  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |                              |
| Budget Head: 0000-000-000-00-00 NP/P V/C Demand No. : 00 Plan : 0.00 Non Plan : 0.00 TAN No. :   |  |  |  |                                      |  |  |  |  |                |       |        |     |                  |        |        |                  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |                              |
| <p>To The Treasury Officer, (Concerning Treasury)<br/>Please Order to pay Rs..... .... as per claim contained in this bill.</p>  |  |  |  |                                      |  |  |  |  |                |       |        |     |                  |        |        |                  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |                              |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Sign of Clerk</td> <td style="width: 25%;">Sign of Jr.ACC/AAO-I/I</td> <td style="width: 25%;">Sign (With Seal)/ e-Sign/<br/>Digital Sign of DDO</td> <td style="width: 25%;">Sign (With Seal)/ e-Sign/<br/>Digital Sign of DDO</td> </tr> </table>   |  |  |  |                                      | Sign of Clerk                                    | Sign of Jr.ACC/AAO-I/I                           | Sign (With Seal)/ e-Sign/<br>Digital Sign of DDO | Sign (With Seal)/ e-Sign/<br>Digital Sign of DDO |                |       |        |     |                  |        |        |                  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |                              |
| Sign of Clerk  | Sign of Jr.ACC/AAO-I/I                           | Sign (With Seal)/ e-Sign/<br>Digital Sign of DDO | Sign (With Seal)/ e-Sign/<br>Digital Sign of DDO |                                      |  |  |  |  |                |       |        |     |                  |        |        |                  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |                              |
| <p><b>Certificates :</b></p> <ol style="list-style-type: none"> <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 observance of all formalities regarding necessary entries.</li> <li>3. The Amount of this bill is within the limits of allotted budget for the Year (Current Financial Year).</li> <li>4. This bill is drawn against the Sanctioned Post(s) of this Office.</li> </ol>   |  |  |  |                                      |  |  |  |  |                |       |        |     |                  |        |        |                  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |                              |
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| Sign (With Seal)/ e-Sign/<br>Digital Sign of DDO   | Sign (With Seal)/ e-Sign/<br>Digital Sign of DDO | Sign (With Seal)/ e-Sign/<br>Digital Sign of DDO | Sign (With Seal)/ e-Sign/<br>Digital Sign of DDO |                                      |  |  |  |  |                |       |        |     |                  |        |        |                  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |                              |
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|  |  |  |  |                                      | Date :   | For Treasury Use                                 |  |  |                |       |        |     |                  |        |        |                  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |                              |
|  |  |  |  |                                      |  |  |  | Pay Rs. :<br>(In words) :                        |                |       |        |     |                  |        |        |                  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |                              |
|  |  |  |  |                                      |  |  |  | (In Cash) :<br>(In words) :                      |                |       |        |     |                  |        |        |                  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |                              |
|  |  |  |  |                                      |  |  |  | Total Credit Rs.:                                |                |       |        |     |                  |        |        |                  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |                              |
|  |  |  |  |                                      |  |  |  | By B.T.  |                |       |        |     |                  |        |        |                  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |                              |
|  |  |  |  |                                      |  |  |  | Auditor  |                |       |        |     |                  |        |        |                  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |                              |
|  |  |  |  |                                      |  |  |  | AAO-I/I  |                |       |        |     |                  |        |        |                  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |                              |
|  |  |  |  |                                      |  |  |  | Treasury Officer                                 |                |       |        |     |                  |        |        |                  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |                              |
|  |  |  |  |                                      |  |  |  | For Accountant General Office                    |                |       |        |     |                  |        |        |                  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |                              |
|  |  |  |  |                                      |  |  |  | Objected (R.S.)                                  |                |       |        |     |                  |        |        |                  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |                              |
|  |  |  |  |                                      |  |  |  | Admitted (R.S.)                                  |                |       |        |     |                  |        |        |                  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |                              |
|  |  |  |  |                                      |  |  |  | Total Deduction :                                |                |       |        |     |                  |        |        |                  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |                              |
|  |  |  |  |                                      |  |  |  | Gross Amount :                                   |                |       |        |     |                  |        |        |                  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |                              |
|  |  |  |  |                                      |  |  |  | Net Amount :<br>(In words) :                     |                |       |        |     |                  |        |        |                  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |                              |
| <p>Disclaimer: All contents related to this bill are provided by Head of Office/DDO and he/she is solely responsible for it.<br/>Group Name : Print Date &amp; Time :</p>  |  |  |  |                                      |  |  |  |  |                |       |        |     |                  |        |        |                  |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |                   |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |                              |

|  |   |   |              |                                |                              |  |                             |              |               |
|--|---|---|--------------|--------------------------------|------------------------------|--|-----------------------------|--------------|---------------|
| Government of Rajasthan<br>Salary Arrear Bill (Inner Sheet)  |   |   |              |                                |                              |  |                             |              |               |
| Reference No.:   | Date:                                       | DDO Code:   | Name of DDO: | Object Head:                   | New Form No. GA 36 A         |  |                             |              |               |
| Detailed Salary Arrear Bill of Permanent/Temporary establishment of : (Office Name)  | Office ID:                                  | Office ID:  | TAN No.:     |                                |                              |  |                             |              |               |
| Bill No.:  | Date:                                       | Demand No.:   | Plan:        | Non Plan:                      | Pay Deduction to be deducted | Pay Deduction already deducted               | Pay Deduction already drawn | Gross Amount | Name of DDO : |
| Budget Head: 0000-00-000-00-00 NP/P V/C  |   | 0.00  | 0.00         | 0.00                           |                              |  |                             |              |               |
| S.No.  | Employee Name<br>Designation<br>Employee ID | Nominee Name<br><i>(only where<br/>Payment is made to<br/>Nominee)</i><br>Name of Bank/<br>Name of Branch/<br>Account No. | Month & Year | Pay Allowance<br>already drawn | Pay Allowance<br>to be drawn | Difference of<br>Gross Amount<br>to be drawn | Gross<br>Amount             |              |               |
| 1.   |   |   |              |                                |                              |  |                             |              |               |
| 2.   |   |   |              |                                |                              |  |                             |              |               |
| Deduction Amount :   |   |   |              |                                |                              |  |                             |              |               |
| Net Amount :   |   |   |              |                                |                              |  |                             |              |               |
| Amount in words :  |   |   |              |                                |                              |  |                             |              |               |
| Details of Previous Arrear Bills for the same period (If any) :  |   |   |              |                                |                              |  |                             |              |               |
| S. No.   | Bill No. & Date                             | For the Month of  | Amount       | Reason                         |                              |  |                             |              |               |
| 1.   |   |   |              |                                |                              |  |                             |              |               |
| 2.   |   |   |              |                                |                              |  |                             |              |               |
| Certificates :   |   |   |              |                                |                              |  |                             |              |               |
| <ol style="list-style-type: none"> <li>1. All required information including bank account details in this bill has been checked and verified.</li> <li>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 pay bill are strictly in accordance with rules and that the said employee(s) are entitled to such pay and allowance.</li> <li>3. 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. (If any)</li> <li>4. The entry of this arrear has been made in service record/relevant records(s) whose arrear drawn in this bill. (According GF&amp;AR rule 186 &amp; 187(2)).</li> <li>5. It is certify that i have carefully examined &amp; verified the master data of the <b>said claim</b>.</li> </ol> |   |   |              |                                |                              |  |                             |              |               |
| Enclosures (System generated/Scanned)^ :   |   |   |              |                                |                              |  |                             |              |               |
| <p>1.</p> <p>2.</p>  |   |   |              |                                |                              |  |                             |              |               |



| Government of Rajasthan<br>DA Arrear Bill (Inner Sheet)   |                     |  |  |                    |                                      |                                 |   |                 |   | New Form No. GA 36 B                  |   |
|---|---------------------|--|--|--------------------|--------------------------------------|---------------------------------|---|-----------------|---|---------------------------------------|---|
| Reference No.   |                     | Month/Year :                                   |  |                    |                                      |                                 |   |                 |   |                                       |   |
| Detailed DA Arrear Bill of Permanent/Temporary establishment of : (Office Name)   |                     |  |  |                    |                                      |                                 |   |                 |   | Office ID :                           |   |
| Bill No.:   |                     | Date :   |  | DDO Code :         |                                      | Name of DDO :                   |   | Object Head :   |   |                                       |   |
| Budget Head: 00000-00-000-00-00 N/P   |                     | V/C  |  | Demand No. : 00    |                                      | Plan : 0.00                     |   | Non Plan : 0.00 |   | TAN No. :                             |   |
| S.No.   | GPF No.<br>Belt No. | Employee<br>Name<br>Designation<br>Employee ID | Nominee Name<br>Date of Death<br>(only where<br>Payment is made<br>to Nominee) | Month<br>&<br>Year | Pay<br>Allowance<br>already<br>drawn | Pay<br>Allowance<br>to be drawn | Difference of<br>Gross<br>Amount to<br>be drawn | Gross<br>Amount | Pay<br>Deduction<br>already<br>deducted | Pay<br>Deduction<br>to be<br>deducted | Difference of<br>Amount to<br>be deducted |
| 1.  |                     |  |  |                    |                                      |                                 |   |                 |   |                                       |   |
| 2.  |                     |  |  |                    |                                      |                                 |   |                 |   |                                       |   |
| Gross Amount :  |                     | Deduction Amount :                             |  |                    |                                      |                                 |   |                 |   |                                       |   |
| Amount in words :   |                     | Net Amount :                                   |  |                    |                                      |                                 |   |                 |   |                                       |   |
| <b>Certificates :</b>   |                     |  |  |                    |                                      |                                 |   |                 |   |                                       |   |
| <ol style="list-style-type: none"> <li>1. All required information including bank account details in this bill has been checked and verified.</li> <li>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 FD Circular No. (from database) &amp; Date (from database) and that the said employee(s) are entitled to such pay and allowance.</li> <li>3. The entry of this arrear has been made in relevant records whose arrear drawn in this bill. (According GF&amp;AR rule 186 &amp; 187(2)).</li> <li>4. It is certify that I have carefully examined &amp; verified the master data of the said claim.</li> </ol> |                     |  |  |                    |                                      |                                 |   |                 |   |                                       |   |
| <b>Enclosures (System generated/Scanned)^ :</b>   |                     |  |  |                    |                                      |                                 |   |                 |   |                                       |   |
| <p>1.</p> <p>2.</p>   |                     |  |  |                    |                                      |                                 |   |                 |   |                                       |   |
| <b>Sign (With Seal)/e-Sign/ Digital Sign of DDO</b>   |                     |  |  |                    |                                      |                                 |   |                 |   |                                       |   |
| <p>Disclaimer: All contents related to this bill are provided by Head of Office/DDO and he/she is solely responsible for it.</p> <p>Group Name : _____</p> <p>Print Date &amp; Time : _____</p>   |                     |  |  |                    |                                      |                                 |   |                 |   |                                       |   |
| 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   | Government of Rajasthan      |             |                 | New Form No. GA 36 C<br>Rule 150 (1) |
| GFAR 189  | Surrender Bill (Outer Sheet) |             |                 | Month/Year :                         |
| Reference No.   |                              |             |                 | Office ID :                          |
| Detailed Surrender Bill of Permanent/Temporary establishment of : (Office Name) |                              |             |                 | Object Head :                        |
| Bill No. :  | Date :                       | DDO Code :  | Name of DDO :   |                                      |
| Budget Head: 0000-00-000-00-00 N/P/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.

|               |                         |  |
|---------------|-------------------------|--|
| Sign of Clerk | Sign of Jr.ACC/AAO-I/II | Sign (With Seal)/ e-Sign/<br>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.

| <u>Treasury Voucher</u>      |       |        |                |       |        |     |                             |                                      |
|------------------------------|-------|--------|----------------|-------|--------|-----|-----------------------------|--------------------------------------|
| Allowances                   | Payid | Amount | Deduction Name | Payid | Amount | No. | For Treasury Use            | Date :                               |
| Gross Amount:                |       |        |                |       |        |     | Pay Rs. :<br>(In words) :   |                                      |
| Net Amount :<br>(In words) : |       |        |                |       |        |     | (In Cash) :<br>(In words) : |                                      |
|                              |       |        |                |       |        |     | By B.T.<br>Total Credit Rs. |                                      |
|                              |       |        |                |       |        |     | Auditor                     | AAO-I/II                             |
|                              |       |        |                |       |        |     |                             | Treasury Officer                     |
|                              |       |        |                |       |        |     |                             | <u>For Accountant General Office</u> |
|                              |       |        |                |       |        |     |                             | Admitted (RS.)                       |
|                              |       |        |                |       |        |     |                             | Objected (RS.)                       |
|                              |       |        |                |       |        |     |                             | 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 : \_\_\_\_\_  
Group Name : \_\_\_\_\_

| Reference No.   |  | Government of Rajasthan<br>Surrender Bill (Inner Sheet)                                |                                | New Form No. GA 36 C |   |
|---|--|--|--------------------------------|----------------------|---|
| Detailed Surrender Bill of Permanent/Temporary establishment of : (Office Name)   |  |  |                                | Month/Year :         |   |
| Bill No. :  | Date :   | DDO Code :   | Name of DDO :                  | Office ID :          |   |
| Budget Head: 0000-00-000-00-00 NP/P   | V/C  | Demand No. : 00  | Plan : 0.00                    | Object Head :        |   |
| TAN No. :   |  | Non Plan : 0.00  |                                |                      |   |
| S.No.   | GPF/PRAN No.   | Name<br>Designation<br>Employee ID<br>Bank A.c. No.<br>Aadhar No.<br>Sanction No./Date | ---{Pay Allowance}--<br>Amount | Gross<br>Amount      | ---{Pay Deduction}--<br>Sum Of<br>Deduction |
| 1.  | Date of Birth<br>Belt No.<br>PAN No.<br>St. Ins. No.<br>Pay Scale<br>Basic Pay<br>Grade Pay/DP |  |                                |                      | Net Total                                   |
| 2.  |  |  |                                |                      |   |
| For the Financial Year of :   |  |  |                                |                      |   |
| Gross Amount :  |  | Deduction Amount :   |                                | Net Amount :         |   |
| Amount in words :   |  |  |                                |                      |   |
| Certificates :  |  |  |                                |                      |   |
| <p>1. All required information including bank account details in this bill has been checked and verified.</p> <p>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 allowance.</p> <p>3. Encash of above leave has been entered in Service Book of employee(s) with RED Ink.</p> <p><b>4. It is certify that I have carefully examined &amp; verified the master data of the said claim.</b></p> |  |  |                                |                      |   |
| Enclosures (System generated/Scanned)^ :  |  |  |                                |                      |   |
| <p>1.</p> <p>2.</p>   |  |  |                                |                      |   |
| 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.   |  |  |                                |                      |   |

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

| Government of Rajasthan<br>Surrender Arrear Bill (Inner Sheet)  |   |  |   |                                      |                                 |  | New Form No. GA 36 D |   |                                       |   |                             |              |
|---|---|--|---|--------------------------------------|---------------------------------|--|----------------------|---|---------------------------------------|---|-----------------------------|--------------|
|   |   |  |   |                                      |                                 |  | Month/Year :         |   |                                       |   |                             |              |
| Detailed Surrender Arrear 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 N/P/P V/C Demand No. : 00 Plan : 0.00 Non Plan : 0.00 TAN No. :  |   |  |   |                                      |                                 |  |                      |   |                                       |   |                             |              |
| S.No.   | GPF No.<br>St. Ins. No.<br>PayScale<br>Dp/Grade<br>Pay<br>Basic Pay | Employee<br>Name<br>Designation<br>Employee ID | Name of Bank/<br>Name of Branch/<br>Account No. | Pay<br>Allowance<br>already<br>drawn | Pay<br>Allowance<br>to be drawn | Difference of<br>Gross Amount<br>to be drawn | Gross<br>Amount      | Pay<br>Deduction<br>already<br>deducted | Pay<br>Deduction<br>to be<br>deducted | Difference of<br>Amount to be<br>deducted | Net<br>Amount to<br>be paid |              |
| 1.  |   |  |   |                                      |                                 |  |                      |   |                                       |   |                             |              |
| 2.  |   |  |   |                                      |                                 |  |                      |   |                                       |   |                             |              |
| Gross Amount :  |   |  |   |                                      |                                 |  | Deduction Amount :   |   |                                       |   |                             | Net Amount : |
| Amount in words :   |   |  |   |                                      |                                 |  |                      |   |                                       |   |                             |              |
| Details of Previous Arrear Bills for the same period (If any) :   |   |  |   |                                      |                                 |  |                      |   |                                       |   |                             |              |
| S. No.  | Bill No. & Date   | Amount   | Reason  |                                      |                                 |  |                      |   |                                       |   |                             |              |
|   |   |  |   |                                      |                                 |  |                      |   |                                       |   |                             |              |
|   |   |  |   |                                      |                                 |  |                      |   |                                       |   |                             |              |
|   |   |  |   |                                      |                                 |  |                      |   |                                       |   |                             |              |
| <b>Certificates :</b>   |   |  |   |                                      |                                 |  |                      |   |                                       |   |                             |              |
| <ol style="list-style-type: none"> <li>1. All required information including bank account details in this bill has been checked and verified.</li> <li>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 allowance.</li> <li>3. The entry of this arrear has been made in relevant record(s) whose arrear drawn in this bill. (According GF&amp;AR rule 186 &amp; 187(2)).</li> <li>4. <b>It is certify that I have carefully examined &amp; verified the master data of the said claim.</b></li> </ol> |   |  |   |                                      |                                 |  |                      |   |                                       |   |                             |              |
| 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.   |   |  |   |                                      |                                 |  |                      |   |                                       |   |                             |              |
| Print Date & Time :   |   |  |   |                                      |                                 |  |                      |   |                                       |   |                             |              |
| Sign (With Seal)/e-Sign/ Digital Sign of DDO  |   |  |   |                                      |                                 |  |                      |   |                                       |   |                             |              |

| GA 76<br>GFAR 189  | Government of Rajasthan  |                 |                      | New Form No. GA 36 E<br>Rule 150(1) |  |                    |  |       |  |                  |  |            |        |           |       |        |                                   |                |  |                |            |        |     |                           |  |  |  |  |  |                             |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |                               |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |
|--|--------------------------|-----------------|----------------------|-------------------------------------|--|--------------------|--|-------|--|------------------|--|------------|--------|-----------|-------|--------|-----------------------------------|----------------|--|----------------|------------|--------|-----|---------------------------|--|--|--|--|--|-----------------------------|--|--|--|--|--|-----------------------------|--|--|--|--|--|--|--|--|--|--|--|--------------------------------------|--|--|--|--|--|-------------------------------|--|--|--|--|--|----------------------------------|--|--|--|--|--|--|--|--|--|--|--|
| Reference No.  | Bonus Bill (Outer Sheet) |                 |                      | <b>Month/Year :</b>                 |  |                    |  |       |  |                  |  |            |        |           |       |        |                                   |                |  |                |            |        |     |                           |  |  |  |  |  |                             |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |                               |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |
| 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 N/P/J/P   | V/C                      | Demand No. : 00 | Plan: 0.00           | Non Plan : 0.00                     | TAN No. :  |                    |  |       |  |                  |  |            |        |           |       |        |                                   |                |  |                |            |        |     |                           |  |  |  |  |  |                             |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |                               |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |
| <p>To The Treasury Officer, (Concerning Treasury)<br/>Please Order to pay Rs..... .... as per claim contained in this bill.</p>  |                          |                 | <b>Sign of Clerk</b> | <b>Sign of Jr.ACC/AAO-II</b>        | <b>Sign (With Seal)/ e-Sign/<br/>Digital Sign of DDO</b> |                    |  |       |  |                  |  |            |        |           |       |        |                                   |                |  |                |            |        |     |                           |  |  |  |  |  |                             |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |                               |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |
| <p><b>Certificates :</b></p> <ol style="list-style-type: none"> <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 observance of all formalities regarding necessary entries.</li> <li>3. The Amount of this bill is within the limits of allotted budget for the Year (<i>Current Financial Year</i>).</li> </ol>  |                          |                 |                      |                                     |  |                    |  |       |  |                  |  |            |        |           |       |        |                                   |                |  |                |            |        |     |                           |  |  |  |  |  |                             |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |                               |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |
| <p><b>Sign (With Seal)/ e-Sign/<br/>Digital Sign of DDO</b></p>  |                          |                 |                      |                                     |  |                    |  |       |  |                  |  |            |        |           |       |        |                                   |                |  |                |            |        |     |                           |  |  |  |  |  |                             |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |                               |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1"> <thead> <tr> <th colspan="2">For Financial Year</th> <th colspan="2">Bonus</th> <th colspan="2">Treasury Voucher</th> </tr> <tr> <th>Allowances</th> <th>Amount</th> <th>Deduction</th> <th>Payid</th> <th>Amount</th> <th>Date :<br/><u>For Treasury Use</u></th> </tr> </thead> <tbody> <tr> <td>Allowance Name</td> <td></td> <td>Deduction Name</td> <td>Payid Name</td> <td>Amount</td> <td>No.</td> </tr> <tr> <td colspan="6">Pay Rs. :<br/>(In words) :</td> </tr> <tr> <td colspan="6">(In Cash) :<br/>(In words) :</td> </tr> <tr> <td colspan="6">By B.T.<br/>Total Credit Rs.</td> </tr> <tr> <td colspan="6">Auditor <b>AAO-II</b> Treasury Officer</td> </tr> <tr> <td colspan="6"><b>For Accountant General Office</b></td> </tr> <tr> <td colspan="6">Admitted (RS.) Objected (RS.)</td> </tr> <tr> <td colspan="6">Gross Amount : Total Deduction :</td> </tr> <tr> <td colspan="6">Net Amount :<br/>(In words) : Auditor Supdt. Gaz. officer</td> </tr> </tbody> </table> |                          |                 |                      |                                     |  | For Financial Year |  | Bonus |  | Treasury Voucher |  | Allowances | Amount | Deduction | Payid | Amount | Date :<br><u>For Treasury Use</u> | Allowance Name |  | Deduction Name | Payid Name | Amount | No. | Pay Rs. :<br>(In words) : |  |  |  |  |  | (In Cash) :<br>(In words) : |  |  |  |  |  | By B.T.<br>Total Credit Rs. |  |  |  |  |  | Auditor <b>AAO-II</b> Treasury Officer |  |  |  |  |  | <b>For Accountant General Office</b> |  |  |  |  |  | Admitted (RS.) Objected (RS.) |  |  |  |  |  | Gross Amount : Total Deduction : |  |  |  |  |  | Net Amount :<br>(In words) : Auditor Supdt. Gaz. officer |  |  |  |  |  |
| For Financial Year   |                          | Bonus           |                      | Treasury Voucher                    |  |                    |  |       |  |                  |  |            |        |           |       |        |                                   |                |  |                |            |        |     |                           |  |  |  |  |  |                             |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |                               |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |
| Allowances   | Amount                   | Deduction       | Payid                | Amount                              | Date :<br><u>For Treasury Use</u>                        |                    |  |       |  |                  |  |            |        |           |       |        |                                   |                |  |                |            |        |     |                           |  |  |  |  |  |                             |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |                               |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |
| Allowance Name   |                          | Deduction Name  | Payid Name           | Amount                              | No.  |                    |  |       |  |                  |  |            |        |           |       |        |                                   |                |  |                |            |        |     |                           |  |  |  |  |  |                             |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |                               |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |
| Pay Rs. :<br>(In words) :  |                          |                 |                      |                                     |  |                    |  |       |  |                  |  |            |        |           |       |        |                                   |                |  |                |            |        |     |                           |  |  |  |  |  |                             |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |                               |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |
| (In Cash) :<br>(In words) :  |                          |                 |                      |                                     |  |                    |  |       |  |                  |  |            |        |           |       |        |                                   |                |  |                |            |        |     |                           |  |  |  |  |  |                             |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |                               |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |
| By B.T.<br>Total Credit Rs.  |                          |                 |                      |                                     |  |                    |  |       |  |                  |  |            |        |           |       |        |                                   |                |  |                |            |        |     |                           |  |  |  |  |  |                             |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |                               |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |
| Auditor <b>AAO-II</b> Treasury Officer   |                          |                 |                      |                                     |  |                    |  |       |  |                  |  |            |        |           |       |        |                                   |                |  |                |            |        |     |                           |  |  |  |  |  |                             |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |                               |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |
| <b>For Accountant General Office</b>   |                          |                 |                      |                                     |  |                    |  |       |  |                  |  |            |        |           |       |        |                                   |                |  |                |            |        |     |                           |  |  |  |  |  |                             |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |                               |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |
| Admitted (RS.) Objected (RS.)  |                          |                 |                      |                                     |  |                    |  |       |  |                  |  |            |        |           |       |        |                                   |                |  |                |            |        |     |                           |  |  |  |  |  |                             |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |                               |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |
| Gross Amount : Total Deduction :   |                          |                 |                      |                                     |  |                    |  |       |  |                  |  |            |        |           |       |        |                                   |                |  |                |            |        |     |                           |  |  |  |  |  |                             |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |                               |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |
| Net Amount :<br>(In words) : Auditor Supdt. Gaz. officer   |                          |                 |                      |                                     |  |                    |  |       |  |                  |  |            |        |           |       |        |                                   |                |  |                |            |        |     |                           |  |  |  |  |  |                             |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |                               |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |
| <p>Disclaimer: All contents related to this bill are provided by Head of Office/DDO and he/she is solely responsible for it.<br/>Print Date &amp; Time : <i>[Signature]</i></p>  |                          |                 |                      |                                     |  |                    |  |       |  |                  |  |            |        |           |       |        |                                   |                |  |                |            |        |     |                           |  |  |  |  |  |                             |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |                                      |  |  |  |  |  |                               |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |

|   |   |  |                    |                          |                 |                      |                      |            |
|---|---|--|--------------------|--------------------------|-----------------|----------------------|----------------------|------------|
| Reference No.   | Government of Rajasthan<br>Bonus Bill (Inner Sheet)   |  |                    |                          |                 | New Form No. GA 36 E |                      |            |
|   |   |  |                    |                          |                 | Month/Year :         |                      |            |
|   |   |  |                    |                          |                 | Office ID :          |                      |            |
| Detailed Bonus Bill of Permanent/Temporary establishment of : (Office Name)   | DDO Code :  | Name of DDO :  |                    | Object Head :            |                 |                      |                      |            |
| Bill No. : Date :   |   |  |                    |                          |                 |                      |                      |            |
| Budget Head: 00000-00-000-00-00 NP/P V/C  | Demand No. : 00   | Plan: 0.00   |                    | Non Plan: 0.00 TAN No. : |                 |                      |                      |            |
| S.No.   | GPF/PRAN No.<br>Date of Birth<br>Belt No.<br>SI No.<br>PAN No.<br>PayScale<br>Basic Pay<br>Grade Pay/DP | Name<br>Designation<br>Employee ID<br>Bank Account No. | -Pay Allowance--   |                          | Gross<br>Amount | Pay<br>Deductions    | Sum of<br>Deductions | Net Amount |
| 1.  |   |  |                    |                          |                 |                      |                      |            |
| 2.  |   |  |                    |                          |                 |                      |                      |            |
| Gross Amount :  |   |  | Deduction Amount : |                          | Net Amount :    |                      |                      |            |
| Amount in words :   |   |  |                    |                          |                 |                      |                      |            |
| <b>Certificates :</b>   |   |  |                    |                          |                 |                      |                      |            |
| <p>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. (<i>from Database</i>) &amp; date (<i>from Database</i>) 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.</p> <p>2. All required information including Bank Account Details in this bill has been checked and verified.</p> <p>3. <b>It is certify that I have carefully examined &amp; verified the master data of the said claim.</b></p> |   |  |                    |                          |                 |                      |                      |            |
| Enclosures (System generated/Scanned) ^ :   |   |  |                    |                          |                 |                      |                      |            |
| <p>1.</p> <p>2.</p>   |   |  |                    |                          |                 |                      |                      |            |
| 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.   |   |  |                    |                          |                 |                      |                      |            |

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

| GA 76<br>GFAR 189  | Government of Rajasthan<br>Leave Encashment Bill (Outer Sheet) |  |   | New Form No. GA 36 F<br>Rule 150(1)                                   |               |   |  |                       |  |                |  |        |                |              |  |  |  |     |                                   |  |  |  |  |                           |  |  |  |  |                             |  |  |  |  |         |  |  |  |  |                  |  |  |  |  |                                   |  |  |  |  |   |  |  |  |  |                                  |  |  |  |  |  |
|--|--|--|---|---|---------------|---|--|-----------------------|--|----------------|--|--------|----------------|--------------|--|--|--|-----|-----------------------------------|--|--|--|--|---------------------------|--|--|--|--|-----------------------------|--|--|--|--|---------|--|--|--|--|------------------|--|--|--|--|-----------------------------------|--|--|--|--|---|--|--|--|--|----------------------------------|--|--|--|--|--|
| Reference No.  |  |  |   | Month/Year :  |               |   |  |                       |  |                |  |        |                |              |  |  |  |     |                                   |  |  |  |  |                           |  |  |  |  |                             |  |  |  |  |         |  |  |  |  |                  |  |  |  |  |                                   |  |  |  |  |   |  |  |  |  |                                  |  |  |  |  |  |
| Detailed Leave Encashment Bill of Permanent establishment of :<br>Bill No. : Date :<br>Budget Head: 00000-00-000-00-00 NP/P V/C  | (Office Name)<br>DDO Code :<br>Demand No. : 00                 | Name of DDO :<br>Name of DDO :<br>Plan: 0.00     | Office ID :<br>Object Head :<br>Non Plan : 0.00 TAN No. : |   |               |   |  |                       |  |                |  |        |                |              |  |  |  |     |                                   |  |  |  |  |                           |  |  |  |  |                             |  |  |  |  |         |  |  |  |  |                  |  |  |  |  |                                   |  |  |  |  |   |  |  |  |  |                                  |  |  |  |  |  |
| To<br>The Treasury Officer, (Concerning Treasury)<br>Please Order to pay Rs..... .... as per claim contained in this bill.   |  |  |   |   |               |   |  |                       |  |                |  |        |                |              |  |  |  |     |                                   |  |  |  |  |                           |  |  |  |  |                             |  |  |  |  |         |  |  |  |  |                  |  |  |  |  |                                   |  |  |  |  |   |  |  |  |  |                                  |  |  |  |  |  |
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| Sign of Clerk  | Sign of Jr.ACC/AAO-II/<br>Digital Sign of DDO                  | Sign (With Seal)/ e-Sign/<br>Digital Sign of DDO |   |   |               |   |  |                       |  |                |  |        |                |              |  |  |  |     |                                   |  |  |  |  |                           |  |  |  |  |                             |  |  |  |  |         |  |  |  |  |                  |  |  |  |  |                                   |  |  |  |  |   |  |  |  |  |                                  |  |  |  |  |  |
| <b>Certificates :</b>  |  |  |   |   |               |   |  |                       |  |                |  |        |                |              |  |  |  |     |                                   |  |  |  |  |                           |  |  |  |  |                             |  |  |  |  |         |  |  |  |  |                  |  |  |  |  |                                   |  |  |  |  |   |  |  |  |  |                                  |  |  |  |  |  |
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| Allowance Name   | Payid  | Amount   | Deduction Name  | Payid Amount  |               |   |  |                       |  |                |  |        |                |              |  |  |  |     |                                   |  |  |  |  |                           |  |  |  |  |                             |  |  |  |  |         |  |  |  |  |                  |  |  |  |  |                                   |  |  |  |  |   |  |  |  |  |                                  |  |  |  |  |  |
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|  |  |  |   | By B.T.   |               |   |  |                       |  |                |  |        |                |              |  |  |  |     |                                   |  |  |  |  |                           |  |  |  |  |                             |  |  |  |  |         |  |  |  |  |                  |  |  |  |  |                                   |  |  |  |  |   |  |  |  |  |                                  |  |  |  |  |  |
|  |  |  |   | Total Credit Rs.  |               |   |  |                       |  |                |  |        |                |              |  |  |  |     |                                   |  |  |  |  |                           |  |  |  |  |                             |  |  |  |  |         |  |  |  |  |                  |  |  |  |  |                                   |  |  |  |  |   |  |  |  |  |                                  |  |  |  |  |  |
|  |  |  |   | Auditor AAO-II/I Treasury Officer                                     |               |   |  |                       |  |                |  |        |                |              |  |  |  |     |                                   |  |  |  |  |                           |  |  |  |  |                             |  |  |  |  |         |  |  |  |  |                  |  |  |  |  |                                   |  |  |  |  |   |  |  |  |  |                                  |  |  |  |  |  |
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|  |  |  |   | Gross Amount : Total Deduction :                                      |               |   |  |                       |  |                |  |        |                |              |  |  |  |     |                                   |  |  |  |  |                           |  |  |  |  |                             |  |  |  |  |         |  |  |  |  |                  |  |  |  |  |                                   |  |  |  |  |   |  |  |  |  |                                  |  |  |  |  |  |
|  |  |  |   | Net Amount :<br>(In words) : Auditor Supdt. Gaz. officer              |               |   |  |                       |  |                |  |        |                |              |  |  |  |     |                                   |  |  |  |  |                           |  |  |  |  |                             |  |  |  |  |         |  |  |  |  |                  |  |  |  |  |                                   |  |  |  |  |   |  |  |  |  |                                  |  |  |  |  |  |
| <p>Disclaimer: All contents related to this bill are provided by Head of Office/DDO and he/she is solely responsible for it.<br/>Print Date &amp; Time : / /</p>   |  |  |   |   |               |   |  |                       |  |                |  |        |                |              |  |  |  |     |                                   |  |  |  |  |                           |  |  |  |  |                             |  |  |  |  |         |  |  |  |  |                  |  |  |  |  |                                   |  |  |  |  |   |  |  |  |  |                                  |  |  |  |  |  |

| Government of Rajasthan<br>Leave Encashment Bill (Inner Sheet)   |                     |  |   |   | New Form No. GA 36 F        |  |
|--|---------------------|--|---|---|-----------------------------|--|
|  |                     |  |   |   | Month/Year :                |  |
|  |                     |  |   |   | Office ID :                 |  |
| Reference No.  |                     |  |   |   |                             |  |
| Detailed Leave Encashment Bill of Permanent establishment of : (Office Name)   |                     |  |   |   |                             |  |
| 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. :    |  |
| S.No.  | GPF No.<br>Belt No. | Employee<br>Name<br>Designation<br>Employee ID<br>Sanction<br>No./Date | Nominee Name<br>Name of Bank/<br>Name of Branch/<br>Account No. | No. of<br>leaves to<br>be<br>encashed<br>(days) | Basic<br>Pay<br>Allowance-- | --Pay<br>Gross<br>Amount<br>Deduction--<br>Net<br>Amount |
| 1.   |                     |  |   |   |                             |  |
| 2.   |                     |  |   |   |                             |  |
| Date of Retirement/Death :<br>Payable on or after (date.....) : (To be filled by DDO)  |                     |  |   |   | Net Amount :                |  |
| Gross Amount :   |                     |  |   |   | Deduction Amount :          |  |
| Amount in words :  |                     |  |   |   |                             |  |
| <b>Certificates :</b>  |                     |  |   |   |                             |  |
| <p>1. Certified that I have personally examined and satisfied myself about the genuineness of claim that the Leave Encashment 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 Leave Encashment Bill. It is further certified that I have personally ensured observance of all formalities regarding necessary entries in relevant record/ register(s)/ service book as the case may be, before presenting this claim.</p> <p>2. All required information including Bank Account Details in this bill has been checked and verified.</p> <p>3. <b>It is certify that I have carefully examined &amp; verified the master data of the said claim.</b></p> |                     |  |   |   |                             |  |
| Enclosures (System generated/Scanned)^ :   |                     |  |   |   |                             |  |
| <p>1.</p> <p>2.</p>  |                     |  |   |   |                             |  |
| <b>Sign (With Seal)/ e-Sign/ Digital Sign of DDO</b>   |                     |  |   |   |                             |  |
| 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.  |                     |  |   |   |                             |  |

| GA 76<br>GFAR 189   | Government of Rajasthan                    |               |  | New Form No. GA 36 G<br>Rule 150(1)              |            |  |           |                  |  |                |       |        |                |              |  |  |  |     |  |  |  |  |                  |  |  |  |  |                         |  |  |  |  |             |  |  |  |  |              |  |  |  |  |         |  |  |  |  |                  |  |  |  |  |         |          |  |  |  |                               |  |  |  |  |                                  |  |  |  |  |                 |  |  |  |  |                               |  |  |  |  |                                  |  |  |  |  |                 |  |  |  |  |        |  |  |  |  |              |  |
|---|--|---------------|--|--|------------|--|-----------|------------------|--|----------------|-------|--------|----------------|--------------|--|--|--|-----|--|--|--|--|------------------|--|--|--|--|-------------------------|--|--|--|--|-------------|--|--|--|--|--------------|--|--|--|--|---------|--|--|--|--|------------------|--|--|--|--|---------|----------|--|--|--|-------------------------------|--|--|--|--|----------------------------------|--|--|--|--|-----------------|--|--|--|--|-------------------------------|--|--|--|--|----------------------------------|--|--|--|--|-----------------|--|--|--|--|--------|--|--|--|--|--------------|--|
| Reference No.   | Leave Encashment Arrear Bill (Outer Sheet) |               |  | Month/Year :                                     |            |  |           |                  |  |                |       |        |                |              |  |  |  |     |  |  |  |  |                  |  |  |  |  |                         |  |  |  |  |             |  |  |  |  |              |  |  |  |  |         |  |  |  |  |                  |  |  |  |  |         |          |  |  |  |                               |  |  |  |  |                                  |  |  |  |  |                 |  |  |  |  |                               |  |  |  |  |                                  |  |  |  |  |                 |  |  |  |  |        |  |  |  |  |              |  |
| Detailed Leave Encashment Bill of Permanent establishment of : (Office Name)  | DDO Code :                                 | Name of DDO : | Office ID :                                      | Object Head :                                    |            |  |           |                  |  |                |       |        |                |              |  |  |  |     |  |  |  |  |                  |  |  |  |  |                         |  |  |  |  |             |  |  |  |  |              |  |  |  |  |         |  |  |  |  |                  |  |  |  |  |         |          |  |  |  |                               |  |  |  |  |                                  |  |  |  |  |                 |  |  |  |  |                               |  |  |  |  |                                  |  |  |  |  |                 |  |  |  |  |        |  |  |  |  |              |  |
| Bill No. : Date :   | Demand No. : 00                            | Plan: 0.00    | Non Plan : 0.00                                  | TAN No. :  |            |  |           |                  |  |                |       |        |                |              |  |  |  |     |  |  |  |  |                  |  |  |  |  |                         |  |  |  |  |             |  |  |  |  |              |  |  |  |  |         |  |  |  |  |                  |  |  |  |  |         |          |  |  |  |                               |  |  |  |  |                                  |  |  |  |  |                 |  |  |  |  |                               |  |  |  |  |                                  |  |  |  |  |                 |  |  |  |  |        |  |  |  |  |              |  |
| Budget Head: 0000-00-000-00-00 N/P/P V/C  |  |               |  |  |            |  |           |                  |  |                |       |        |                |              |  |  |  |     |  |  |  |  |                  |  |  |  |  |                         |  |  |  |  |             |  |  |  |  |              |  |  |  |  |         |  |  |  |  |                  |  |  |  |  |         |          |  |  |  |                               |  |  |  |  |                                  |  |  |  |  |                 |  |  |  |  |                               |  |  |  |  |                                  |  |  |  |  |                 |  |  |  |  |        |  |  |  |  |              |  |
| To The Treasury Officer, (Concerning Treasury)<br>Please Order to pay Rs..... .... as per claim contained in this bill.   |  |               |  |  |            |  |           |                  |  |                |       |        |                |              |  |  |  |     |  |  |  |  |                  |  |  |  |  |                         |  |  |  |  |             |  |  |  |  |              |  |  |  |  |         |  |  |  |  |                  |  |  |  |  |         |          |  |  |  |                               |  |  |  |  |                                  |  |  |  |  |                 |  |  |  |  |                               |  |  |  |  |                                  |  |  |  |  |                 |  |  |  |  |        |  |  |  |  |              |  |
|   |  |               | Sign of Clerk                                    | Sign of Jr.ACC/AAO-II/I                          |            |  |           |                  |  |                |       |        |                |              |  |  |  |     |  |  |  |  |                  |  |  |  |  |                         |  |  |  |  |             |  |  |  |  |              |  |  |  |  |         |  |  |  |  |                  |  |  |  |  |         |          |  |  |  |                               |  |  |  |  |                                  |  |  |  |  |                 |  |  |  |  |                               |  |  |  |  |                                  |  |  |  |  |                 |  |  |  |  |        |  |  |  |  |              |  |
|   |  |               | Sign (With Seal)/ e-Sign/<br>Digital Sign of DDO | Sign (With Seal)/ e-Sign/<br>Digital Sign of DDO |            |  |           |                  |  |                |       |        |                |              |  |  |  |     |  |  |  |  |                  |  |  |  |  |                         |  |  |  |  |             |  |  |  |  |              |  |  |  |  |         |  |  |  |  |                  |  |  |  |  |         |          |  |  |  |                               |  |  |  |  |                                  |  |  |  |  |                 |  |  |  |  |                               |  |  |  |  |                                  |  |  |  |  |                 |  |  |  |  |        |  |  |  |  |              |  |
| <b>Certificates :</b>   |  |               |  |  |            |  |           |                  |  |                |       |        |                |              |  |  |  |     |  |  |  |  |                  |  |  |  |  |                         |  |  |  |  |             |  |  |  |  |              |  |  |  |  |         |  |  |  |  |                  |  |  |  |  |         |          |  |  |  |                               |  |  |  |  |                                  |  |  |  |  |                 |  |  |  |  |                               |  |  |  |  |                                  |  |  |  |  |                 |  |  |  |  |        |  |  |  |  |              |  |
| <ol style="list-style-type: none"> <li>The Amount claimed in this bill has not been drawn earlier.</li> <li>It is further certified that I have personally ensured observance of all formalities regarding necessary entries.</li> </ol>  |  |               |  |  |            |  |           |                  |  |                |       |        |                |              |  |  |  |     |  |  |  |  |                  |  |  |  |  |                         |  |  |  |  |             |  |  |  |  |              |  |  |  |  |         |  |  |  |  |                  |  |  |  |  |         |          |  |  |  |                               |  |  |  |  |                                  |  |  |  |  |                 |  |  |  |  |                               |  |  |  |  |                                  |  |  |  |  |                 |  |  |  |  |        |  |  |  |  |              |  |
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| Allowances  |  | Deduction     | Treasury Voucher                                 |  |            |  |           |                  |  |                |       |        |                |              |  |  |  |     |  |  |  |  |                  |  |  |  |  |                         |  |  |  |  |             |  |  |  |  |              |  |  |  |  |         |  |  |  |  |                  |  |  |  |  |         |          |  |  |  |                               |  |  |  |  |                                  |  |  |  |  |                 |  |  |  |  |                               |  |  |  |  |                                  |  |  |  |  |                 |  |  |  |  |        |  |  |  |  |              |  |
| Allowance Name  | Payid                                      | Amount        | Deduction Name                                   | Payid Amount                                     |            |  |           |                  |  |                |       |        |                |              |  |  |  |     |  |  |  |  |                  |  |  |  |  |                         |  |  |  |  |             |  |  |  |  |              |  |  |  |  |         |  |  |  |  |                  |  |  |  |  |         |          |  |  |  |                               |  |  |  |  |                                  |  |  |  |  |                 |  |  |  |  |                               |  |  |  |  |                                  |  |  |  |  |                 |  |  |  |  |        |  |  |  |  |              |  |
|   |  |               | No.  |  |            |  |           |                  |  |                |       |        |                |              |  |  |  |     |  |  |  |  |                  |  |  |  |  |                         |  |  |  |  |             |  |  |  |  |              |  |  |  |  |         |  |  |  |  |                  |  |  |  |  |         |          |  |  |  |                               |  |  |  |  |                                  |  |  |  |  |                 |  |  |  |  |                               |  |  |  |  |                                  |  |  |  |  |                 |  |  |  |  |        |  |  |  |  |              |  |
|   |  |               | For Treasury Use                                 |  |            |  |           |                  |  |                |       |        |                |              |  |  |  |     |  |  |  |  |                  |  |  |  |  |                         |  |  |  |  |             |  |  |  |  |              |  |  |  |  |         |  |  |  |  |                  |  |  |  |  |         |          |  |  |  |                               |  |  |  |  |                                  |  |  |  |  |                 |  |  |  |  |                               |  |  |  |  |                                  |  |  |  |  |                 |  |  |  |  |        |  |  |  |  |              |  |
|   |  |               | Pay Rs.<br>(In words) :                          |  |            |  |           |                  |  |                |       |        |                |              |  |  |  |     |  |  |  |  |                  |  |  |  |  |                         |  |  |  |  |             |  |  |  |  |              |  |  |  |  |         |  |  |  |  |                  |  |  |  |  |         |          |  |  |  |                               |  |  |  |  |                                  |  |  |  |  |                 |  |  |  |  |                               |  |  |  |  |                                  |  |  |  |  |                 |  |  |  |  |        |  |  |  |  |              |  |
|   |  |               | (In Cash) :                                      |  |            |  |           |                  |  |                |       |        |                |              |  |  |  |     |  |  |  |  |                  |  |  |  |  |                         |  |  |  |  |             |  |  |  |  |              |  |  |  |  |         |  |  |  |  |                  |  |  |  |  |         |          |  |  |  |                               |  |  |  |  |                                  |  |  |  |  |                 |  |  |  |  |                               |  |  |  |  |                                  |  |  |  |  |                 |  |  |  |  |        |  |  |  |  |              |  |
|   |  |               | (In words) :                                     |  |            |  |           |                  |  |                |       |        |                |              |  |  |  |     |  |  |  |  |                  |  |  |  |  |                         |  |  |  |  |             |  |  |  |  |              |  |  |  |  |         |  |  |  |  |                  |  |  |  |  |         |          |  |  |  |                               |  |  |  |  |                                  |  |  |  |  |                 |  |  |  |  |                               |  |  |  |  |                                  |  |  |  |  |                 |  |  |  |  |        |  |  |  |  |              |  |
|   |  |               | By B.T.  |  |            |  |           |                  |  |                |       |        |                |              |  |  |  |     |  |  |  |  |                  |  |  |  |  |                         |  |  |  |  |             |  |  |  |  |              |  |  |  |  |         |  |  |  |  |                  |  |  |  |  |         |          |  |  |  |                               |  |  |  |  |                                  |  |  |  |  |                 |  |  |  |  |                               |  |  |  |  |                                  |  |  |  |  |                 |  |  |  |  |        |  |  |  |  |              |  |
|   |  |               | Total Credit Rs.                                 |  |            |  |           |                  |  |                |       |        |                |              |  |  |  |     |  |  |  |  |                  |  |  |  |  |                         |  |  |  |  |             |  |  |  |  |              |  |  |  |  |         |  |  |  |  |                  |  |  |  |  |         |          |  |  |  |                               |  |  |  |  |                                  |  |  |  |  |                 |  |  |  |  |                               |  |  |  |  |                                  |  |  |  |  |                 |  |  |  |  |        |  |  |  |  |              |  |
|   |  |               | Auditor  | AAO-II/I   |            |  |           |                  |  |                |       |        |                |              |  |  |  |     |  |  |  |  |                  |  |  |  |  |                         |  |  |  |  |             |  |  |  |  |              |  |  |  |  |         |  |  |  |  |                  |  |  |  |  |         |          |  |  |  |                               |  |  |  |  |                                  |  |  |  |  |                 |  |  |  |  |                               |  |  |  |  |                                  |  |  |  |  |                 |  |  |  |  |        |  |  |  |  |              |  |
|   |  |               | For Accountant General Office                    |  |            |  |           |                  |  |                |       |        |                |              |  |  |  |     |  |  |  |  |                  |  |  |  |  |                         |  |  |  |  |             |  |  |  |  |              |  |  |  |  |         |  |  |  |  |                  |  |  |  |  |         |          |  |  |  |                               |  |  |  |  |                                  |  |  |  |  |                 |  |  |  |  |                               |  |  |  |  |                                  |  |  |  |  |                 |  |  |  |  |        |  |  |  |  |              |  |
|   |  |               | Admitted (R.S.) Treasury Officer                 |  |            |  |           |                  |  |                |       |        |                |              |  |  |  |     |  |  |  |  |                  |  |  |  |  |                         |  |  |  |  |             |  |  |  |  |              |  |  |  |  |         |  |  |  |  |                  |  |  |  |  |         |          |  |  |  |                               |  |  |  |  |                                  |  |  |  |  |                 |  |  |  |  |                               |  |  |  |  |                                  |  |  |  |  |                 |  |  |  |  |        |  |  |  |  |              |  |
|   |  |               | Objected (R.S.)                                  |  |            |  |           |                  |  |                |       |        |                |              |  |  |  |     |  |  |  |  |                  |  |  |  |  |                         |  |  |  |  |             |  |  |  |  |              |  |  |  |  |         |  |  |  |  |                  |  |  |  |  |         |          |  |  |  |                               |  |  |  |  |                                  |  |  |  |  |                 |  |  |  |  |                               |  |  |  |  |                                  |  |  |  |  |                 |  |  |  |  |        |  |  |  |  |              |  |
|   |  |               | For Accountant General Office                    |  |            |  |           |                  |  |                |       |        |                |              |  |  |  |     |  |  |  |  |                  |  |  |  |  |                         |  |  |  |  |             |  |  |  |  |              |  |  |  |  |         |  |  |  |  |                  |  |  |  |  |         |          |  |  |  |                               |  |  |  |  |                                  |  |  |  |  |                 |  |  |  |  |                               |  |  |  |  |                                  |  |  |  |  |                 |  |  |  |  |        |  |  |  |  |              |  |
|   |  |               | Admitted (R.S.) Treasury Officer                 |  |            |  |           |                  |  |                |       |        |                |              |  |  |  |     |  |  |  |  |                  |  |  |  |  |                         |  |  |  |  |             |  |  |  |  |              |  |  |  |  |         |  |  |  |  |                  |  |  |  |  |         |          |  |  |  |                               |  |  |  |  |                                  |  |  |  |  |                 |  |  |  |  |                               |  |  |  |  |                                  |  |  |  |  |                 |  |  |  |  |        |  |  |  |  |              |  |
|   |  |               | Objected (R.S.)                                  |  |            |  |           |                  |  |                |       |        |                |              |  |  |  |     |  |  |  |  |                  |  |  |  |  |                         |  |  |  |  |             |  |  |  |  |              |  |  |  |  |         |  |  |  |  |                  |  |  |  |  |         |          |  |  |  |                               |  |  |  |  |                                  |  |  |  |  |                 |  |  |  |  |                               |  |  |  |  |                                  |  |  |  |  |                 |  |  |  |  |        |  |  |  |  |              |  |
|   |  |               | Supdt.   |  |            |  |           |                  |  |                |       |        |                |              |  |  |  |     |  |  |  |  |                  |  |  |  |  |                         |  |  |  |  |             |  |  |  |  |              |  |  |  |  |         |  |  |  |  |                  |  |  |  |  |         |          |  |  |  |                               |  |  |  |  |                                  |  |  |  |  |                 |  |  |  |  |                               |  |  |  |  |                                  |  |  |  |  |                 |  |  |  |  |        |  |  |  |  |              |  |
|   |  |               | Gaz. officer                                     |  |            |  |           |                  |  |                |       |        |                |              |  |  |  |     |  |  |  |  |                  |  |  |  |  |                         |  |  |  |  |             |  |  |  |  |              |  |  |  |  |         |  |  |  |  |                  |  |  |  |  |         |          |  |  |  |                               |  |  |  |  |                                  |  |  |  |  |                 |  |  |  |  |                               |  |  |  |  |                                  |  |  |  |  |                 |  |  |  |  |        |  |  |  |  |              |  |
| <p><b>Gross Amount :</b><br/>Total Deduction :</p> <p><b>Net Amount :</b><br/>(In words) :</p>  |  |               |  |  |            |  |           |                  |  |                |       |        |                |              |  |  |  |     |  |  |  |  |                  |  |  |  |  |                         |  |  |  |  |             |  |  |  |  |              |  |  |  |  |         |  |  |  |  |                  |  |  |  |  |         |          |  |  |  |                               |  |  |  |  |                                  |  |  |  |  |                 |  |  |  |  |                               |  |  |  |  |                                  |  |  |  |  |                 |  |  |  |  |        |  |  |  |  |              |  |
| <p>Disclaimer: All contents related to this bill are provided by Head of Office/DDO and he/she is solely responsible for it.</p> <p>Print Date &amp; Time:</p> <p>Group Name :</p>  |  |               |  |  |            |  |           |                  |  |                |       |        |                |              |  |  |  |     |  |  |  |  |                  |  |  |  |  |                         |  |  |  |  |             |  |  |  |  |              |  |  |  |  |         |  |  |  |  |                  |  |  |  |  |         |          |  |  |  |                               |  |  |  |  |                                  |  |  |  |  |                 |  |  |  |  |                               |  |  |  |  |                                  |  |  |  |  |                 |  |  |  |  |        |  |  |  |  |              |  |

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Group Name : \_\_\_\_\_  
Print Date & Time :

| Government of Rajasthan<br>Leave Encashment Arrear Bill (Inner Sheet)  |  |  |  |                                      |                                 |  | New Form No. GA 36 G<br>Month/Year : |   |                                       |   |                             |
|--|--|--|--|--------------------------------------|---------------------------------|--|--------------------------------------|---|---------------------------------------|---|-----------------------------|
| Reference No.  |  | Detailed Leave Encashment Bill of Permanent 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 V/C  |  | Demand No. : 00  | Plan: 0.00   | Non Plan: 0.00                       |                                 | TAN No. :                                    |                                      |   |                                       |   |                             |
| S.No.  | GPF No.<br>Belt No.<br>St. Ins. No.<br>PayScale<br>Dpi/Grade<br>Pay<br>Basic Pay | Employee<br>Name<br>Designation<br>Employee ID<br>Sanction<br>No./Date       | Nominee Name<br>Name of Bank/<br>Name of<br>Branch/<br>Account No. | Pay<br>Allowance<br>already<br>drawn | Pay<br>Allowance<br>to be drawn | Difference of<br>Gross Amount<br>to be drawn | Gross<br>Amount                      | Pay<br>Deduction<br>already<br>deducted | Pay<br>Deduction<br>to be<br>deducted | Difference of<br>Amount to be<br>deducted | Net<br>Amount to<br>be paid |
| 1.   |  |  |  |                                      |                                 |  |                                      |   |                                       |   |                             |
| 2.   |  |  |  |                                      |                                 |  |                                      |   |                                       |   |                             |
| Date of Retirement/Death :<br>Payable on or after (date.....) : (To be filled by DDO)  |  |  |  |                                      |                                 |  |                                      |   |                                       |   |                             |
| Gross Amount :   |  |  |  |                                      |                                 |  | Deduction Amount :                   |   |                                       |   |                             |
| Amount in words :  |  |  |  |                                      |                                 |  | Net Amount :                         |   |                                       |   |                             |
| Details of Previous Arrear Bills for the same period (If any) :  |  |  |  |                                      |                                 |  |                                      |   |                                       |   |                             |
| S. No.   | Bill No. & Date  |  | Amount   | Reason                               |                                 |  |                                      |   |                                       |   |                             |
|  |  |  |  |                                      |                                 |  |                                      |   |                                       |   |                             |
|  |  |  |  |                                      |                                 |  |                                      |   |                                       |   |                             |
| Certificates :   |  |  |  |                                      |                                 |  |                                      |   |                                       |   |                             |
| 1. Certified that I have personally examined and satisfied myself about the genuineness of claim that the Leave Encashment Arrear 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 Leave Encashment Bill. It is further certified that I have personally ensured observance of all formalities regarding necessary entries in relevant record/ register(s)/ service book as the case may be, before presenting this claim. |  |  |  |                                      |                                 |  |                                      |   |                                       |   |                             |
| 2. All required information including Bank Account Details in this bill has been checked and verified.   |  |  |  |                                      |                                 |  |                                      |   |                                       |   |                             |
| 3. It is certify that I have carefully examined & verified the master data of the said claim.  |  |  |  |                                      |                                 |  |                                      |   |                                       |   |                             |
| Enclosures (System generated/Scanned) ^ :  |  |  |  |                                      |                                 |  |                                      |   |                                       |   |                             |
| 1.<br>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.  |  |  |  |                                      |                                 |  |                                      |   |                                       |   |                             |
| Sign (With Seal)/ e-Sign/ Digital Sign of DDO  |  |  |  |                                      |                                 |  |                                      |   |                                       |   |                             |



| Government of Rajasthan<br>Salary Bill-Reverse Deputation (Inner Sheet)   |   |   |                                  |                 |   | New Form No. GA 36 H |  |
|---|---|---|----------------------------------|-----------------|---|----------------------|--|
| Reference No.   |   |   | Month/Year :                     |                 |   |                      |  |
| Detailed Pay Bill of Permanent/Temporary establishment of : (Office Name)   |   |   | Name of DDO :                    |                 |   | Office ID :          |  |
| Bill No. :  | Date :  | DDO Code :  | 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.:                                      |                      |  |
| S.No.   | Date Of Birth<br>PAN No.<br>Pay Scale<br>Grade Pay/DP | Name<br>Designation<br>Nominee Name(s)<br>Date of Death<br>(only where Payment is<br>made to Nominee)<br>Bank Ac. No.<br>Aadhar No. | ---{Pay Allowance} ---<br>Amount | Gross<br>Amount | ---{Pay Deduction} ---<br>Sum Of<br>Deduction | Net Total            |  |
| 1.  |   |   |                                  |                 |   |                      |  |
| 2.  |   |   |                                  |                 |   |                      |  |
| Gross Amount :  |   |   | Deduction Amount :               |                 |   | Net Amount :         |  |
| Amount in words :   |   |   |                                  |                 |   |                      |  |
| <b>Certificates :</b>   |   |   |                                  |                 |   |                      |  |
| <p>1. 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.</p> <p>2. 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).</p> <p>Note: When the Absentee Statement accompanies the bill, this certificate should be struck out.</p> <p>3. 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.</p> <p>Note: Attached Absentee Statement has been checked and verified.</p> <p>4. It is certified that Annual Verification of Service with Local Records in respect of all the incumbents (whose pays drawn in this bill) completed, same has been recorded in Service Book(s) under my attestation (<i>This Certificate is applicable in salary bill of pay month June every year</i>).*</p> <p>5. 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.</p> <p>6. 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. (<i>This Certificate should be printed in salary bill of pay month February every year</i>)*</p> <p>7. Income Tax Calculation statement received from employee and kept in office record. (<i>This Certificate is applicable in salary bill of pay month Dec every year</i>)*</p> <p>8. All required information including Bank Account Details of Employee &amp; Parental Institution in this bill has been checked and verified.</p> <p>9. It is certify that I have carefully examined &amp; verified the master data of the said claim.</p> |   |   |                                  |                 |   |                      |  |
| Enclosures (System generated/Scanned)^ :  |   |   |                                  |                 |   |                      |  |
| <p>1.</p> <p>2.</p>   |   |   |                                  |                 |   |                      |  |
| <b>Sign (With Seal)/e-Sign/ Digital Sign of DDO)</b>  |   |   |                                  |                 |   |                      |  |

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**Group Name :** \_\_\_\_\_  
**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<br>G FAR 189   | Government of Rajasthan                             |                               |                              |  |           | New Form No. GA 36 I<br>Rule 150 (1) |  |                           |  |                  |  |                             |       |         |                |       |        |                  |  |  |  |         |  |                             |  |                  |  |  |  |
|--|---|-------------------------------|------------------------------|--|-----------|--------------------------------------|--|---------------------------|--|------------------|--|-----------------------------|-------|---------|----------------|-------|--------|------------------|--|--|--|---------|--|-----------------------------|--|------------------|--|--|--|
| Reference No.  | Salary Bill - Re-employment : Fix Pay (Outer Sheet) |                               |                              | Month/Year :                                     |           |                                      |  |                           |  |                  |  |                             |       |         |                |       |        |                  |  |  |  |         |  |                             |  |                  |  |  |  |
| Detailed Pay Bill of Permanent/Temporary establishment of : (Office Name)  |   |                               |                              |  |           |                                      |  |                           |  |                  |  |                             |       |         |                |       |        |                  |  |  |  |         |  |                             |  |                  |  |  |  |
| Bill No. :<br>Budget Head: 0000-00-000-00-00 N/P   | Date :<br>V/C                                       | DDO Code :<br>Demand No. : 00 | Name of DDO :<br>Plan : 0.00 | Object Head :<br>Non Plan : 0.00                 | TAN No. : |                                      |  |                           |  |                  |  |                             |       |         |                |       |        |                  |  |  |  |         |  |                             |  |                  |  |  |  |
| To<br>The Treasury Officer, (Concerning Treasury)<br>Please Order to pay Rs. .... as per claim contained in this bill.   | Sign of Clerk                                       |                               | Sign of Jr.ACC/AAO-II        | Sign (With Seal)/ e-Sign/<br>Digital Sign of DDO |           |                                      |  |                           |  |                  |  |                             |       |         |                |       |        |                  |  |  |  |         |  |                             |  |                  |  |  |  |
| <b>Certificates :</b>  |   |                               |                              |  |           |                                      |  |                           |  |                  |  |                             |       |         |                |       |        |                  |  |  |  |         |  |                             |  |                  |  |  |  |
| <ol style="list-style-type: none"> <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 observance of all formalities regarding necessary entries.</li> <li>3. The Amount of this bill is within the limits of allotted budget for the Year (<i>Current Financial Year</i>).</li> <li>4. This bill is drawn against the Sanctioned Post(s) of this Office.</li> </ol>   |   |                               |                              |  |           |                                      |  |                           |  |                  |  |                             |       |         |                |       |        |                  |  |  |  |         |  |                             |  |                  |  |  |  |
| 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   |   |                               |                              |  |           |                                      |  |                           |  |                  |  |                             |       |         |                |       |        |                  |  |  |  |         |  |                             |  |                  |  |  |  |
| Total Deduction :  |   |                               |                              |  |           |                                      |  |                           |  |                  |  |                             |       |         |                |       |        |                  |  |  |  |         |  |                             |  |                  |  |  |  |
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| Allowances   |   | Deduction                     |                              | Treasury Voucher                                 |           |                                      |  |                           |  |                  |  |                             |       |         |                |       |        |                  |  |  |  |         |  |                             |  |                  |  |  |  |
| Allowance Name   | Payid   | Amount                        | Deduction Name               | Payid  | Amount    |                                      |  |                           |  |                  |  |                             |       |         |                |       |        |                  |  |  |  |         |  |                             |  |                  |  |  |  |
| Gross Amount :   |   |                               |                              |  |           |                                      |  |                           |  |                  |  |                             |       |         |                |       |        |                  |  |  |  |         |  |                             |  |                  |  |  |  |
| Net Amount :<br>(In words):  |   |                               |                              |  |           |                                      |  |                           |  |                  |  |                             |       |         |                |       |        |                  |  |  |  |         |  |                             |  |                  |  |  |  |
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| For Treasury Use   |   | Pay Rs. :<br>(In words) :     |                              |  |           |                                      |  |                           |  |                  |  |                             |       |         |                |       |        |                  |  |  |  |         |  |                             |  |                  |  |  |  |
|  |   | (In Cash) :<br>(In words) :   |                              |  |           |                                      |  |                           |  |                  |  |                             |       |         |                |       |        |                  |  |  |  |         |  |                             |  |                  |  |  |  |
| By B.T.  |   |                               |                              |  |           |                                      |  |                           |  |                  |  |                             |       |         |                |       |        |                  |  |  |  |         |  |                             |  |                  |  |  |  |
| Total Credit Rs.   |   |                               |                              |  |           |                                      |  |                           |  |                  |  |                             |       |         |                |       |        |                  |  |  |  |         |  |                             |  |                  |  |  |  |
| Auditor  |   | AAO-II                        |                              | Treasury Officer                                 |           |                                      |  |                           |  |                  |  |                             |       |         |                |       |        |                  |  |  |  |         |  |                             |  |                  |  |  |  |
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| For Accountant General Office  |   | Admitted (RS.)                |                              | Objected (RS.)                                   |           |                                      |  |                           |  |                  |  |                             |       |         |                |       |        |                  |  |  |  |         |  |                             |  |                  |  |  |  |
|  |   |                               |                              |  |           |                                      |  |                           |  |                  |  |                             |       |         |                |       |        |                  |  |  |  |         |  |                             |  |                  |  |  |  |
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| Audit Date & Time :  |   | Supdt.                        |                              | Gaz. officer                                     |           |                                      |  |                           |  |                  |  |                             |       |         |                |       |        |                  |  |  |  |         |  |                             |  |                  |  |  |  |
|  |   |                               |                              |  |           |                                      |  |                           |  |                  |  |                             |       |         |                |       |        |                  |  |  |  |         |  |                             |  |                  |  |  |  |



|  |   |                 |           |                |       |  |                                  |                                     |
|--|---|-----------------|-----------|----------------|-------|--|----------------------------------|-------------------------------------|
| GA 76<br>GFAR 189  | Government of Rajasthan                                       |                 |           |                |       | New Form No. GA 36 J<br>Rule 150 (1)   |                                  |                                     |
| Reference No.  | Salary Bill - Re-employment : Pay Minus Pension (Outer Sheet) |                 |           |                |       | <b>Month/Year:</b>   |                                  |                                     |
| Detailed Pay 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 N/P V/C   | Demand No. : 06   | Non Plan : 0.00 |           |                |       |  | TAN No. :                        |                                     |
| To   |   |                 |           |                |       |  |                                  |                                     |
| The Treasury Officer, (Concerning Treasury)<br>Please Order to pay Rs..... .... as per claim contained in this bill.   |   |                 |           |                |       | <b>Sign (With Seal)/ e-Sign/<br/>Digital Sign of DDO</b>   |                                  |                                     |
|  |   |                 |           |                |       | <b>Sign of Clerk</b>   | <b>Sign of Jr.ACC/AAO-II/III</b> |                                     |
| <b>Certificates :</b>  |   |                 |           |                |       |  |                                  |                                     |
| <ol style="list-style-type: none"> <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 observance of all formalities regarding necessary entries.</li> <li>3. The Amount of this bill is within the limits of allotted budget for the Year (<i>Current Financial Year</i>).</li> <li>4. This bill is drawn against the Sanctioned Post(s) of this Office.</li> </ol> |   |                 |           |                |       |  |                                  |                                     |
| 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   |   |                 |           |                |       | <b>Sign (With Seal)/ e-Sign/<br/>Digital Sign of DDO</b>   |                                  |                                     |
|  |   |                 |           |                |       | <b>Sign (With Seal)/ e-Sign/<br/>Digital Sign of DDO</b>   |                                  |                                     |
|  |   |                 |           |                |       | <b>Treasury Voucher</b>  |                                  |                                     |
| Allowances   | Payid   | Amount          | Deduction | Deduction Name | Payid | Amount   | No.                              | <b>For Treasury Use</b>             |
|  |   |                 |           |                |       |  |                                  | Pay Rs. :<br>(In words) :           |
|  |   |                 |           |                |       |  |                                  | (In Cash) :<br>(In words) :         |
|  |   |                 |           |                |       |  |                                  | By B.T.<br>Total Credit Rs.         |
|  |   |                 |           |                |       |  |                                  | Auditor AAO-II/III Treasury Officer |
|  |   |                 |           |                |       | <b>For Accountant General Office</b>   |                                  |                                     |
|  |   |                 |           |                |       | Admitted (RS.)   | Objected (RS.)                   |                                     |
|  |   |                 |           |                |       | Total Deduction :  |                                  |                                     |
|  |   |                 |           |                |       | Net Amount :<br>(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. |                                  |                                     |
|  |   |                 |           |                |       | Print Date & Time :  |                                  |                                     |
|  |   |                 |           |                |       | Group Name :   |                                  |                                     |

| Government of Rajasthan<br>Salary Bill - Re-employment : Pay Minus Pension (Inner Sheet)  |   |   |                 |   |  |               | New Form No. GA 36 J |  |
|---|---|---|-----------------|---|--|---------------|----------------------|--|
| Reference No.   |   |   |                 | Detailed Pay Bill of Permanent/Temporary establishment of : (Office Name) |  |               | Month/Year :         |  |
| Bill No. :  |   | Date :  | DDO Code :      | Name of DDO :   |  | Office ID :   |                      |  |
| Budget Head: 0000-00-000-00-00 NP/P   |   | V/C   | Demand No. : 00 | Plan: 0.00  | Non Plan: 0.00                               | Object Head : | TAN No. :            |  |
| S.No.   | Date Of Birth<br>Belt No.<br>PAN No.                                      | Name<br>Designation<br>Nominee Name(s)<br>Date of Death<br>(only where Payment is<br>made to Nominee) | ---             | {Pay Allowance}--<br>Gross<br>Amount                                      | ---{Pay Deduction}---<br>Sum Of<br>Deduction | Net Total     |                      |  |
| 1.  | Pay Scale<br>Grade Pay/DP<br>PPO No. @<br>Last Basic/DA @<br>Pension/DR @ | Bank Ac. No.<br>Aadhar No.  |                 |   |  |               |                      |  |
| 2.  |   |   |                 |   |  |               |                      |  |
| Gross Amount :  |   |   |                 | Deduction Amount :  |  | Net Amount :  |                      |  |
| Amount in words :   |   |   |                 |   |  |               |                      |  |
| <b>Certificates :</b>   |   |   |                 |   |  |               |                      |  |
| 1. 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 . |   |   |                 |   |  |               |                      |  |
| 2. 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).   |   |   |                 |   |  |               |                      |  |
| 3. Note: When the Absentee Statement accompanies the bill, this certificate should be struck out.   |   |   |                 |   |  |               |                      |  |
| 3. 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)*  |   |   |                 |   |  |               |                      |  |
| 5. All required information including Bank Account Details in this bill has been checked and verified.  |   |   |                 |   |  |               |                      |  |
| 6. It is certify that I have carefully examined & verified the master data of the said claim.   |   |   |                 |   |  |               |                      |  |
| <b>Enclosures (System generated/Scanned)^ :</b>   |   |   |                 |   |  |               |                      |  |
| 1.  |   |   |                 |   |  |               |                      |  |
| 2.  |   |   |                 |   |  |               |                      |  |

| GA 76<br>GFAR 189   | <b>Government of Rajasthan</b>                            |  |                       |                         |   | New Form No. GA 36 K<br>Rule 150 (1) |                              |  |  |                         |  |                       |              |               |                       |              |               |  |  |  |  |  |           |  |  |  |  |  |                               |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |                                 |                                      |  |  |  |  |  |                |                         |  |  |  |  |                      |                                    |  |  |  |  |  |                      |  |  |  |  |  |  |                             |                    |  |  |  |  |  |                           |
|---|---|--|-----------------------|-------------------------|---|--------------------------------------|------------------------------|--|--|-------------------------|--|-----------------------|--------------|---------------|-----------------------|--------------|---------------|--|--|--|--|--|-----------|--|--|--|--|--|-------------------------------|--|--|--|--|--|---------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|---------------------------------|--------------------------------------|--|--|--|--|--|----------------|-------------------------|--|--|--|--|----------------------|------------------------------------|--|--|--|--|--|----------------------|--|--|--|--|--|--|-----------------------------|--------------------|--|--|--|--|--|---------------------------|
| <b>Reference No.</b>  | <b>Pay/Honorarium Bill : Govt. Employee (Outer Sheet)</b> |  |                       |                         |   | <b>Month/Year :</b>                  |                              |  |  |                         |  |                       |              |               |                       |              |               |  |  |  |  |  |           |  |  |  |  |  |                               |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |                                 |                                      |  |  |  |  |  |                |                         |  |  |  |  |                      |                                    |  |  |  |  |  |                      |  |  |  |  |  |  |                             |                    |  |  |  |  |  |                           |
| Detailed Pay Bill of Permanent/Temporary establishment of : (Office Name)   |   |  |                       |                         | Office ID :                                     |                                      |                              |  |  |                         |  |                       |              |               |                       |              |               |  |  |  |  |  |           |  |  |  |  |  |                               |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |                                 |                                      |  |  |  |  |  |                |                         |  |  |  |  |                      |                                    |  |  |  |  |  |                      |  |  |  |  |  |  |                             |                    |  |  |  |  |  |                           |
| Bill No. :<br>Budget Head: 0000-00-000-00-00 N/P/P  | Date :  | DDO Code :   | Name of DDO :         | Object Head :           | TAN No. :                                       |                                      |                              |  |  |                         |  |                       |              |               |                       |              |               |  |  |  |  |  |           |  |  |  |  |  |                               |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |                                 |                                      |  |  |  |  |  |                |                         |  |  |  |  |                      |                                    |  |  |  |  |  |                      |  |  |  |  |  |  |                             |                    |  |  |  |  |  |                           |
| Demand No. : 00   | Plan : 0.00   | Non Plan : 0.00  |                       |                         |   |                                      |                              |  |  |                         |  |                       |              |               |                       |              |               |  |  |  |  |  |           |  |  |  |  |  |                               |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |                                 |                                      |  |  |  |  |  |                |                         |  |  |  |  |                      |                                    |  |  |  |  |  |                      |  |  |  |  |  |  |                             |                    |  |  |  |  |  |                           |
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| <p><b>Sign (With Seal)/ e-Sign/<br/>Digital Sign of DDO</b></p>   |   |  |                       |                         |   |                                      |                              |  |  |                         |  |                       |              |               |                       |              |               |  |  |  |  |  |           |  |  |  |  |  |                               |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |                                 |                                      |  |  |  |  |  |                |                         |  |  |  |  |                      |                                    |  |  |  |  |  |                      |  |  |  |  |  |  |                             |                    |  |  |  |  |  |                           |
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| <b>Allowances</b>   |   | <b>Deduction</b>   |                       | <b>Treasury Voucher</b> |   |                                      |                              |  |  |                         |  |                       |              |               |                       |              |               |  |  |  |  |  |           |  |  |  |  |  |                               |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |                                 |                                      |  |  |  |  |  |                |                         |  |  |  |  |                      |                                    |  |  |  |  |  |                      |  |  |  |  |  |  |                             |                    |  |  |  |  |  |                           |
| <b>Allowance Name</b>   | <b>Payid</b>  | <b>Amount</b>  | <b>Deduction Name</b> | <b>Payid</b>            | <b>Amount</b>                                   |                                      |                              |  |  |                         |  |                       |              |               |                       |              |               |  |  |  |  |  |           |  |  |  |  |  |                               |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |                                 |                                      |  |  |  |  |  |                |                         |  |  |  |  |                      |                                    |  |  |  |  |  |                      |  |  |  |  |  |  |                             |                    |  |  |  |  |  |                           |
|   |   |  |                       |                         | No. _____                                       |                                      |                              |  |  |                         |  |                       |              |               |                       |              |               |  |  |  |  |  |           |  |  |  |  |  |                               |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |                                 |                                      |  |  |  |  |  |                |                         |  |  |  |  |                      |                                    |  |  |  |  |  |                      |  |  |  |  |  |  |                             |                    |  |  |  |  |  |                           |
|   |   |  |                       |                         | <b>For Treasury Use</b> _____                   |                                      |                              |  |  |                         |  |                       |              |               |                       |              |               |  |  |  |  |  |           |  |  |  |  |  |                               |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |                                 |                                      |  |  |  |  |  |                |                         |  |  |  |  |                      |                                    |  |  |  |  |  |                      |  |  |  |  |  |  |                             |                    |  |  |  |  |  |                           |
|   |   |  |                       |                         | <b>Date :</b> _____                             |                                      |                              |  |  |                         |  |                       |              |               |                       |              |               |  |  |  |  |  |           |  |  |  |  |  |                               |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |                                 |                                      |  |  |  |  |  |                |                         |  |  |  |  |                      |                                    |  |  |  |  |  |                      |  |  |  |  |  |  |                             |                    |  |  |  |  |  |                           |
|   |   |  |                       |                         | <b>Pay Rs. :</b><br>(In words) : _____          |                                      |                              |  |  |                         |  |                       |              |               |                       |              |               |  |  |  |  |  |           |  |  |  |  |  |                               |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |                                 |                                      |  |  |  |  |  |                |                         |  |  |  |  |                      |                                    |  |  |  |  |  |                      |  |  |  |  |  |  |                             |                    |  |  |  |  |  |                           |
|   |   |  |                       |                         | <b>(In Cash) :</b><br>(In words) : _____        |                                      |                              |  |  |                         |  |                       |              |               |                       |              |               |  |  |  |  |  |           |  |  |  |  |  |                               |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |                                 |                                      |  |  |  |  |  |                |                         |  |  |  |  |                      |                                    |  |  |  |  |  |                      |  |  |  |  |  |  |                             |                    |  |  |  |  |  |                           |
|   |   |  |                       |                         | <b>By B.T.</b><br><b>Total Credit Rs.</b> _____ |                                      |                              |  |  |                         |  |                       |              |               |                       |              |               |  |  |  |  |  |           |  |  |  |  |  |                               |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |                                 |                                      |  |  |  |  |  |                |                         |  |  |  |  |                      |                                    |  |  |  |  |  |                      |  |  |  |  |  |  |                             |                    |  |  |  |  |  |                           |
|   |   |  |                       |                         | Auditor AAO-II Treasury Officer                 |                                      |                              |  |  |                         |  |                       |              |               |                       |              |               |  |  |  |  |  |           |  |  |  |  |  |                               |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |                                 |                                      |  |  |  |  |  |                |                         |  |  |  |  |                      |                                    |  |  |  |  |  |                      |  |  |  |  |  |  |                             |                    |  |  |  |  |  |                           |
| <b>For Accountant General Office</b>  |   |  |                       |                         |   |                                      |                              |  |  |                         |  |                       |              |               |                       |              |               |  |  |  |  |  |           |  |  |  |  |  |                               |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |                                 |                                      |  |  |  |  |  |                |                         |  |  |  |  |                      |                                    |  |  |  |  |  |                      |  |  |  |  |  |  |                             |                    |  |  |  |  |  |                           |
| Gross Amount :  | Total Deduction : _____                                   |  |                       |                         |   | Admitted (RS.) _____                 |                              |  |  |                         |  |                       |              |               |                       |              |               |  |  |  |  |  |           |  |  |  |  |  |                               |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |                                 |                                      |  |  |  |  |  |                |                         |  |  |  |  |                      |                                    |  |  |  |  |  |                      |  |  |  |  |  |  |                             |                    |  |  |  |  |  |                           |
| Net Amount :<br>(In words) : _____  |   |  |                       |                         |   | Objected (RS.) _____                 |                              |  |  |                         |  |                       |              |               |                       |              |               |  |  |  |  |  |           |  |  |  |  |  |                               |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |                                 |                                      |  |  |  |  |  |                |                         |  |  |  |  |                      |                                    |  |  |  |  |  |                      |  |  |  |  |  |  |                             |                    |  |  |  |  |  |                           |
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| Group Name : _____  |   |  |                       |                         |   | Print Date & Time : _____            |                              |  |  |                         |  |                       |              |               |                       |              |               |  |  |  |  |  |           |  |  |  |  |  |                               |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |                                 |                                      |  |  |  |  |  |                |                         |  |  |  |  |                      |                                    |  |  |  |  |  |                      |  |  |  |  |  |  |                             |                    |  |  |  |  |  |                           |

| Government of Rajasthan<br>Pay/Honorarium Bill : Govt. Employee (Inner Sheet)   |   |  |  | New Form No. GA 36 K                 |  |
|---|---|--|--|--------------------------------------|--|
| Reference No.   |   | Month/Year :   |  |                                      |  |
| Detailed Pay Bill of Permanent/Temporary establishment of :<br>(Office Name)  |   | Office ID :  |  |                                      |  |
| Bill No. : Date :   |   | DDO Code :   |  | 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. : |  |
| S.No.   | GPF/PRAN No.<br>Date Of Birth<br>Belt No.         | Name<br>Designation<br>EmployeeID<br>Nominee Name(s)<br>St. Ins. No. | ---{Pay Allowance}---<br>Employee Name(s)<br>Date of Death<br>(only where Payment is<br>made to Nominee) | Gross<br>Amount                      | ---{Pay Deduction}---<br>Sum Of<br>Deduction |
| 1.  | PAN No.<br>Pay Scale<br>Grade Pay/DP<br>Basic Pay |  |  |                                      | Net Total                                    |
| 2.  |   |  |  |                                      |  |
| Gross Amount :  |   | Deduction Amount :   |  | Net Amount :                         |  |
| Amount in words :   |   |  |  |                                      |  |
| Certificates :  |   |  |  |                                      |  |
| <p>1. 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.</p> <p>2. The men for whom honorarium for overtime is claimed in this bill have actually earned by working overtime.</p> <p>3. The periods for which honorarium for over time is claimed in this bill has been checked with the initial records and found correct.</p> <p>4. The honorarium for overtime is claimed at the rates sanctioned by competent authority.</p> <p>5. The honorarium for overtime has been taken into account in calculating the income tax due from the Government servants noted in this Bill.</p> <p>6. All required information including Bank Account Details in this bill has been checked and verified.</p> <p>7. It is certify that I have carefully examined &amp; verified the master data of the said claim.</p> |   |  |  |                                      |  |
| Enclosures (System generated/Scanned)^ :  |   |  |  |                                      |  |
| <p>1.</p> <p>2.</p>   |   |  |  |                                      |  |

**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)**

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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| Government of Rajasthan<br>Pay/Honorarium Bill : Nominated Members/Authority (Inner Sheet)   |  |   |                       |                 |                       | New Form No. GA 36 L |           |
|--|--|---|-----------------------|-----------------|-----------------------|----------------------|-----------|
| Reference No.  |  |   |                       |                 |                       | Month/Year :         |           |
| Detailed Pay Bill of Permanent/Temporary establishment of :  | (Office Name)                                      |   |                       |                 |                       | Office ID :          |           |
| Bill No. :   | Date :   | DDO Code :  | Name of DDO :         | Object Head :   |                       |                      |           |
| Budget Head: 00000-00-000-00-00 NP/P   | V/C  | Demand No. : 00   | Plan: 0.00            | Non Plan : 0.00 |                       |                      |           |
| TAN No. :  |  |   |                       |                 |                       |                      |           |
| S.No.  | Date Of Birth<br>PAN No.<br>Pay Scale<br>Grade Pay | Name<br>Designation<br>Nominee Name(s)<br>Date of Death<br>(only where Payment is<br>made to Nominee) | ---{Pay Allowance}--- | Gross<br>Amount | ---{Pay Deduction}--- | Sum Of<br>Deduction  | Net Total |
| 1.   |  |   |                       |                 |                       |                      |           |
| 2.   |  |   |                       |                 |                       |                      |           |
| Gross Amount :   |  |   | Deduction Amount :    |                 |                       | Net Amount :         |           |
| Amount in words :  |  |   |                       |                 |                       |                      |           |
| Certificates :   |  |   |                       |                 |                       |                      |           |
| <p>1. Certified that I have Personally Examined and satisfied myself about the genuineness of claim that the pay/ 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 pay/ honorarium.</p> <p>2. 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).</p> <p>3. Note: When the Absentee Statement accompanies the bill, this certificate should be struck out.</p> <p>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.</p> <p>5. 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)*</p> <p>6. 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)*</p> <p>7. All required information including Bank Account Details in this bill has been checked and verified.</p> <p>It is certify that I have carefully examined &amp; verified the master data of the said claim.</p> |  |   |                       |                 |                       |                      |           |
| Enclosures (System generated/Scanned)^ :   |  |   |                       |                 |                       |                      |           |
| <p>1.</p> <p>2.</p>  |  |   |                       |                 |                       |                      |           |
| <b>Sign (With Seal)/e-Sign/ Digital Sign of DDO)</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 : _____   |  |   |                       |                 |                       |                      |           |
| Print Date & Time : _____  |  |   |                       |                 |                       |                      |           |

| Government of Rajasthan<br>Medical Bill(Outer Sheet)  |  |                           |  | New Form No. GA 36 M<br>Rule 191                                |  |                               |  |                |                |         |        |                  |  |  |         |  |                  |  |
|---|--|---------------------------|--|---|--|-------------------------------|--|----------------|----------------|---------|--------|------------------|--|--|---------|--|------------------|--|
| Reference No.   | Month/Year :                                     |                           |  |   |  |                               |  |                |                |         |        |                  |  |  |         |  |                  |  |
| Detailed Medical Bill 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                                      | Non Plan : 0.00           | TAN No. :  |   |  |                               |  |                |                |         |        |                  |  |  |         |  |                  |  |
| <p>To The Treasury Officer, (Concerning Treasury)<br/>Please Order to pay Rs..... .... as per claim contained in this bill.</p> <table border="1"> <tr> <td>Sign of Clerk</td> <td>Sign of Jr.ACC/AAO-I/I</td> <td>Sign (With Seal)/ e-Sign/</td> <td>Sign (With Seal)/ e-Sign/<br/>Digital Sign of DDO</td> </tr> </table>   |  |                           |  | Sign of Clerk   | Sign of Jr.ACC/AAO-I/I                           | Sign (With Seal)/ e-Sign/     | Sign (With Seal)/ e-Sign/<br>Digital Sign of DDO |                |                |         |        |                  |  |  |         |  |                  |  |
| Sign of Clerk   | Sign of Jr.ACC/AAO-I/I                           | Sign (With Seal)/ e-Sign/ | Sign (With Seal)/ e-Sign/<br>Digital Sign of DDO |   |  |                               |  |                |                |         |        |                  |  |  |         |  |                  |  |
| <p><b>Certificates :</b></p> <ol style="list-style-type: none"> <li>1. The Amount claimed in this bill has not been drawn earlier.</li> <li>2. It is further certified that have personally ensured observance of all formalities regarding necessary entries.</li> <li>3. The Amount of this bill is within the limits of allotted budget for the Year (Current Financial Year).</li> </ol> <table border="1"> <tr> <td>Sign (With Seal)/ e-Sign/<br/>Digital Sign of DDO</td> <td>Sign (With Seal)/ e-Sign/<br/>Digital Sign of DDO</td> </tr> </table> |  |                           |  | Sign (With Seal)/ e-Sign/<br>Digital Sign of DDO                | Sign (With Seal)/ e-Sign/<br>Digital Sign of DDO |                               |  |                |                |         |        |                  |  |  |         |  |                  |  |
| Sign (With Seal)/ e-Sign/<br>Digital Sign of DDO  | Sign (With Seal)/ e-Sign/<br>Digital Sign of DDO |                           |  |   |  |                               |  |                |                |         |        |                  |  |  |         |  |                  |  |
| <table border="1"> <tr> <td colspan="2">Counter Signature</td> <td>Treasury Voucher</td> </tr> <tr> <td>Passed for Rs. :<br/>Amount in words :</td> <td>No. :</td> <td>Date :</td> </tr> <tr> <td></td> <td></td> <td>For Treasury Use</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>  |  |                           |  | Counter Signature   |  | Treasury Voucher              | Passed for Rs. :<br>Amount in words :            | No. :          | Date :         |         |        | For Treasury Use |  |  |         |  |                  |  |
| Counter Signature   |  | Treasury Voucher          |  |   |  |                               |  |                |                |         |        |                  |  |  |         |  |                  |  |
| Passed for Rs. :<br>Amount in words :   | No. :  | Date :                    |  |   |  |                               |  |                |                |         |        |                  |  |  |         |  |                  |  |
|   |  | For Treasury Use          |  |   |  |                               |  |                |                |         |        |                  |  |  |         |  |                  |  |
|   |  |                           |  |   |  |                               |  |                |                |         |        |                  |  |  |         |  |                  |  |
|   |  |                           |  |   |  |                               |  |                |                |         |        |                  |  |  |         |  |                  |  |
| <table border="1"> <tr> <td colspan="2">Sign (With Seal)/e-Sign/<br/>Digital Sign of Controlling Officer</td> </tr> <tr> <td colspan="2">For Accountant General Office</td> </tr> <tr> <td>Admitted (RS.)</td> <td>Objected (RS.)</td> </tr> <tr> <td>Auditor</td> <td>Supdt.</td> </tr> <tr> <td>Gaz. officer</td> <td></td> </tr> <tr> <td></td> <td>AAO-I/I</td> </tr> <tr> <td></td> <td>Treasury Officer</td> </tr> </table>   |  |                           |  | Sign (With Seal)/e-Sign/<br>Digital Sign of Controlling Officer |  | For Accountant General Office |  | Admitted (RS.) | Objected (RS.) | Auditor | Supdt. | Gaz. officer     |  |  | AAO-I/I |  | Treasury Officer |  |
| Sign (With Seal)/e-Sign/<br>Digital Sign of Controlling Officer   |  |                           |  |   |  |                               |  |                |                |         |        |                  |  |  |         |  |                  |  |
| For Accountant General Office   |  |                           |  |   |  |                               |  |                |                |         |        |                  |  |  |         |  |                  |  |
| Admitted (RS.)  | Objected (RS.)                                   |                           |  |   |  |                               |  |                |                |         |        |                  |  |  |         |  |                  |  |
| Auditor   | Supdt.   |                           |  |   |  |                               |  |                |                |         |        |                  |  |  |         |  |                  |  |
| Gaz. officer  |  |                           |  |   |  |                               |  |                |                |         |        |                  |  |  |         |  |                  |  |
|   | AAO-I/I  |                           |  |   |  |                               |  |                |                |         |        |                  |  |  |         |  |                  |  |
|   | Treasury Officer                                 |                           |  |   |  |                               |  |                |                |         |        |                  |  |  |         |  |                  |  |
| <p>Disclaimer: All contents related to this bill are provided by Head of Office/DDO and he/she is solely responsible for it.<br/>Print Date &amp; Time : Group Name :</p>   |  |                           |  |   |  |                               |  |                |                |         |        |                  |  |  |         |  |                  |  |

| Government of Rajasthan<br>Medical Bill (Inner Sheet)  |   |   |               |             |                 |                                      | New Form No. GA 36 M |
|--|---|---|---------------|-------------|-----------------|--------------------------------------|----------------------|
| *Reference No.   |   |   |               |             |                 |                                      | Month/Year :         |
| Detailed Medical Bill of : (Office Name)   | Date :  | DDO Code:   | Name of DDO : | Office ID : |                 |                                      |                      |
| Bill No. :   |   |   |               |             | Object Head :   |                                      |                      |
| Budget Head: 0000-00-000-00-00 N/P V/C Demand No.:00   |   |   |               | Plan: 0.00  | Non Plan : 0.00 | TAN No. :                            |                      |
| S.No.  | Employee Name<br>Employee ID<br>Nominee Name(s)<br>Date of Death<br>(only where Payment is<br>made to Nominee)<br>Designation | Name of Bank/<br>Name of<br>Branch<br>Bank Account<br>No. | Basic<br>Pay  | From Date   | To Date         | Claim Details                        | Total<br>Amount      |
|  |   |   |               |             |                 | Self<br>Dependent Name<br>(Relation) | Remark               |
| 1.   |   |   |               |             |                 | Amount (Rs.)                         | Amount (Rs.)         |
| 2.   |   |   |               |             |                 |                                      |                      |
| Total Amount :   |   |   |               |             |                 |                                      |                      |
| Amount in words :  |   |   |               |             |                 |                                      |                      |
| <b>Certificates :</b>  |   |   |               |             |                 |                                      |                      |
| <p>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.</p> <p>2. All required information including Bank Account Details in this bill has been checked and verified.</p> <p>3. All enclosed vouchers has been discharged and if there is any case of double payment, I will be responsible for it.</p> <p>4. It is certified that employee(s) included in this medical bill are not appointed on or after 01.01.2004.</p> <p>5. It is certified that declaration of Dependents has been obtained in the month of January and kept in Office Records.</p> <p><b>6. It is certify that I have carefully examined &amp; verified the master data of the said claim.</b></p> |   |   |               |             |                 |                                      |                      |
| Enclosures (System generated/Scanned)^ :   |   |   |               |             |                 |                                      |                      |
| 1.<br>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 : _____ 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.  |   |   |               |             |                 |                                      |                      |

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

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.

| Government of Rajasthan<br>Medical-Advance Bill(Outer Sheet)   |                           |                                   |                     | New Form No. GA 36 N<br>Rule 191 |
|--|---------------------------|-----------------------------------|---------------------|----------------------------------|
| Reference No.  | (Office Name)             | Office ID :                       | Month/Year :        |                                  |
| Detailed Medical Bill of   |                           |                                   |                     |                                  |
| Bill No. :   | Date :                    | DDO Code: Name of DDO :           | Object Head :       |                                  |
| Budget Head: 0000-00-000-00-00 N/P/P   | V/C                       | Demand No.:00                     | Plan : 0.00         | Non Plan : 0.00                  |
| TAN No. :  |                           |                                   |                     |                                  |
| <p>To The Treasury Officer, (Concerning Treasury)<br/>Please Order to pay Rs..... as per claim contained in this bill.</p>   |                           |                                   |                     |                                  |
| Sign of Clerk  | Sign of Jr.ACC/AAO-II/III | Sign (With Seal)/ e-Sign/         | Digital Sign of DDO |                                  |
| <b>Certificates :</b>  |                           |                                   |                     |                                  |
| <ol style="list-style-type: none"> <li>1. The Amount claimed in this bill has not been drawn earlier.</li> <li>2. It is further certified that have personally ensured observance of all formalities regarding necessary entries.</li> <li>3. The Amount of this bill is within the limits of allotted budget for the Year (<i>Current Financial Year</i>).</li> </ol> |                           |                                   |                     |                                  |
| <p><b>Sign (With Seal)/ e-Sign/<br/>Digital Sign of DDO</b></p>  |                           |                                   |                     |                                  |
| <p><b>Counter Signature</b></p>  |                           | <p><b>Treasury Voucher</b></p>    |                     |                                  |
| <p>Passed for Rs. :<br/>Amount in words :</p>  |                           | <p>No. _____</p>                  | <p>Date : _____</p> |                                  |
|  |                           | <p>Pay Rs. :<br/>(In words) :</p> |                     |                                  |
| <p><b>Sign (With Seal)/e-Sign/<br/>Digital Sign of Controlling Officer</b></p>   |                           |                                   |                     |                                  |
| <p><b>For Accountant General Office</b></p>  |                           |                                   |                     |                                  |
| <p>Admitted (RS.)</p>  |                           | <p>Objected (RS.)</p>             |                     |                                  |
| Auditor  | Supdt.                    | Gaz. officer                      |                     | 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 : \_\_\_\_\_  
Group Name : \_\_\_\_\_

| Government of Rajasthan<br>Medical-Advance Bill (Inner Sheet)  |   |   |           |                       | New Form No. GA 36 N            |              |        |
|--|---|---|-----------|-----------------------|---------------------------------|--------------|--------|
| Reference No.  | Month/Year :  |   |           |                       |                                 |              |        |
| Detailed Medical Bill of : (Office Name)   | Office ID :   |   |           |                       |                                 |              |        |
| Bill No. : Date :  | DDO Code: Name of DDO :                                     | Object Head :                                       |           |                       |                                 |              |        |
| Budget Head: 0000-00-000-00-00 N/P/P V/C Demand No.:00   |   | Plan: 0.00 Non Plan : 0.00 TAN No. :                |           |                       |                                 |              |        |
| S.No.  | Employee Name/<br>Third Party<br>Employee ID<br>Designation | Name of Bank/ Name<br>of Branch<br>Bank Account No. | Basic Pay | Sanction No./<br>Date | Date of<br>Operation/Treatment* | Total Amount | Remark |
| 1.   |   |   |           |                       |                                 |              |        |
| <b>Total Amount :</b>  |   |   |           |                       |                                 |              |        |
| Amount in words :  |   |   |           |                       |                                 |              |        |
| <b>Certificates :</b>  |   |   |           |                       |                                 |              |        |
| <ol style="list-style-type: none"> <li>1. 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.</li> <li>2. All required information including Bank Account Details in this bill has been checked and verified.</li> <li>3. It is certified that employee(s) included in this medical bill are not appointed on or after 01.01.2004.</li> <li>4. It is certified that declaration of Dependents has been obtained in the month of January and kept in Office Records.</li> <li><b>5. It is certify that I have carefully examined &amp; verified the master data of the said claim.</b></li> </ol> |   |   |           |                       |                                 |              |        |
| Enclosures (System generated/Scanned)^ :   |   |   |           |                       |                                 |              |        |
| 1.<br>2.   |   |   |           |                       |                                 |              |        |
| <b>Sign (With Seal)/ e-Sign/ Digital Sign of DDO</b>   |   |   |           |                       |                                 |              |        |
| Disclaimer: All contents related to this bill are provided by Head of Office/DDO and he/she is solely responsible for it.<br>Group Name: _____<br>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.<br>Note: Column Marked with (*) should be checked and verified in case of double payment.  |   |   |           |                       |                                 |              |        |

| Government of Rajasthan<br>Medical-Advance Adjustment Bill (Inner Sheet)   |   |   |               |                 |         |                                      | New Form No. GA 36 O |  |
|--|---|---|---------------|-----------------|---------|--------------------------------------|----------------------|--|
| Reference No.  | Detailed Medical Bill of : (Office Name)  |   |               | Office ID :     |         |                                      | Month/Year :         |  |
| Bill No. :   | Date :  | DDO Code:   | Name of DDO : | Object Head :   |         |                                      |                      |  |
| Budget Head: 0000-00-000-00-00 NIP/P V/C Demand No.:00   |   |   | Plan: 0.00    | Non Plan : 0.00 |         | TAN No. :                            |                      |  |
| S.No.  | Employee Name<br>Employee ID<br>Nominee Name(s)<br>Date of Death<br>(only where Payment is<br>made to Nominee)<br>Designation | Name of Bank/<br>Name of<br>Branch<br>Bank Account<br>No. | Basic<br>Pay  | From Date       | To Date | Claim Details                        | Total<br>Amount      | Remark   |
| 1.   |   |   |               |                 |         | Self<br>Dependent Name<br>(Relation) | Amount (Rs.)         |  |
| 2.   |   |   |               |                 |         |                                      | Amount (Rs.)         |  |
|  |   |   |               |                 |         |                                      |                      | Total  |
|  |   |   |               |                 |         |                                      |                      | Less: Advance (if any) wide Sanctioned Bill No..... & Date.... |
|  |   |   |               |                 |         |                                      |                      | Less: Amount deposited by Challan wide GRN No. & Date (if any) |
|  |   |   |               |                 |         |                                      |                      | Net Payable Amount   |
| Total Amount :   |   |   |               |                 |         |                                      |                      |  |
| Amount in words :  |   |   |               |                 |         |                                      |                      |  |
| <p><b>Certificates :</b></p> <ol style="list-style-type: none"> <li>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.</li> <li>All required information including Bank Account Details in this bill has been checked and verified.</li> <li>All enclosed vouchers has been discharged and if there is any case of double payment, I will be responsible for it.</li> <li>It is certified that employee(s) included in this medical bill are not appointed on or after 01.01.2004.</li> <li>It is certified that declaration of Dependents has been obtained in the month of January and kept in Office Records.</li> </ol> <p><b>6. It is certify that I have carefully examined &amp; verified the master data of the said claim.</b></p> <p>Enclosures (System generated/Scanned)^ :</p> <ol style="list-style-type: none"> <li></li> <li></li> </ol> |   |   |               |                 |         |                                      |                      |  |

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.

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

| Government of Rajasthan<br>Medical- Advance Adjustment Bill (Outer Sheet)  |                           |   |                         | Month/Year :  | New Form No. GA 36 O<br>Rule 191 |                  |                  |                   |   |  |  |                           |  |  |
|--|---------------------------|---|-------------------------|---|----------------------------------|------------------|------------------|-------------------|---|--|--|---------------------------|--|--|
| Reference No.  | (Office Name)             | Office ID :                             |                         |   |                                  |                  |                  |                   |   |  |  |                           |  |  |
| Detailed Medical Bill of   |                           | Date :                                  | DDO Code: Name of DDO : | Object Head :   |                                  |                  |                  |                   |   |  |  |                           |  |  |
| Bill No. :   |                           | Budget Head: 0000-00-000-00 N/P V/C     | Demand No.:00           | Plan : 0.00   | TAN No. :                        |                  |                  |                   |   |  |  |                           |  |  |
| <p>To The Treasury Officer, (Concerning Treasury)<br/>Please Order to pay Rs..... as per claim contained in this bill.</p>   |                           |   |                         |   |                                  |                  |                  |                   |   |  |  |                           |  |  |
| Sign of Clerk  | Sign of Jr.ACC/AAO-II/III | Sign (With Seal)/ e-Sign/               |                         | Digital Sign of DDO   |                                  |                  |                  |                   |   |  |  |                           |  |  |
| <b>Certificates :</b>  |                           |   |                         |   |                                  |                  |                  |                   |   |  |  |                           |  |  |
| <ol style="list-style-type: none"> <li>The Amount claimed in this bill has not been drawn earlier.</li> <li>It is further certified that have personally ensured observance of all formalities regarding necessary entries.</li> <li>The Amount of this bill is within the limits of allotted budget for the Year (Current Financial Year).</li> </ol> |                           |   |                         |   |                                  |                  |                  |                   |   |  |  |                           |  |  |
|  |                           |   |                         | Sign (With Seal)/ e-Sign/<br>Digital Sign of DDO                |                                  |                  |                  |                   |   |  |  |                           |  |  |
| <table border="1"> <thead> <tr> <th colspan="2">Counter Signature</th> <th>Treasury Voucher</th> </tr> </thead> <tbody> <tr> <td>Passed for Rs. :</td> <td>Amount in words :</td> <td>No. : Date :<br/><u>For Treasury Use</u></td> </tr> <tr> <td colspan="2"></td> <td>Pay Rs. :<br/>(In words) :</td> </tr> </tbody> </table>                       |                           |   |                         | Counter Signature   |                                  | Treasury Voucher | Passed for Rs. : | Amount in words : | No. : Date :<br><u>For Treasury Use</u> |  |  | Pay Rs. :<br>(In words) : |  |  |
| Counter Signature  |                           | Treasury Voucher                        |                         |   |                                  |                  |                  |                   |   |  |  |                           |  |  |
| Passed for Rs. :   | Amount in words :         | No. : Date :<br><u>For Treasury Use</u> |                         |   |                                  |                  |                  |                   |   |  |  |                           |  |  |
|  |                           | Pay Rs. :<br>(In words) :               |                         |   |                                  |                  |                  |                   |   |  |  |                           |  |  |
|  |                           |   |                         | Sign (With Seal)/e-Sign/<br>Digital Sign of Controlling Officer |                                  |                  |                  |                   |   |  |  |                           |  |  |
|  |                           |   |                         | <u>For Accountant General Office</u>                            |                                  |                  |                  |                   |   |  |  |                           |  |  |
| <p>Admitted (RS.)<br/>Objected (RS.)</p>   |                           |   |                         | Auditor : AAO-II/ I   | Treasury Officer                 |                  |                  |                   |   |  |  |                           |  |  |
|  |                           |   |                         | Supdt. : Gaz. officer   |                                  |                  |                  |                   |   |  |  |                           |  |  |
| <p>Disclaimer: All contents related to this bill are provided by Head of Office/DDO and he/she is solely responsible for it.<br/>Print Date &amp; Time :<br/>Group Name :</p>  |                           |   |                         |   |                                  |                  |                  |                   |   |  |  |                           |  |  |

|  |   |                           |   |
|--|---|---------------------------|---|
| GA 94-95<br>SFAR 181 & 204   | Government of Rajasthan                   |                           |   |
| Reference No.  | TA Bill (Outer Sheet)                     |                           |   |
| Detailed TA Bill of : (Office Name)  | Month/Year :                              |                           |   |
| Bill No. : Date : Budget Head: 0000-00-000-00 NP/P   | DDO Code: Name of DDO : V/C Demand No.:00 | Object Head : Plan : 0.00 | TAN No. : Non Plan : 0.00                 |
| To The Treasury Officer, (Concerning Treasury)<br>Please Order to pay Rs..... as per claim contained in this bill.   |   |                           |   |
| Sign of Clerk  | Sign of Jr.ACC/AAO-II                     | Sign (With Seal)/ e-Sign/ | Digital Sign of DDO                       |
| <b>Certificates :</b>  |   |                           |   |
| <ol style="list-style-type: none"> <li>1. The Amount claimed in this bill has not been drawn earlier.</li> <li>2. It is further certified that have personally ensured observance of all formalities regarding necessary entries.</li> <li>3. The Amount of this bill is within the limits of allotted budget for the Year (<i>Current Financial Year</i>).</li> </ol> |   |                           |   |
| Sign (With Seal)/ e-Sign/<br>Digital Sign of DDO   |   |                           |   |
| Counter Signature  |   | Treasury Voucher          |   |
| Passed for Rs.<br>Amount in words :  |   | No.                       | Date :<br><u>For Treasury Use</u>         |
|  |   | Pay Rs. :<br>(In words) : |   |
| Sign (With Seal)/e-Sign/<br>Digital Sign of Controlling Officer  |   |                           |   |
| For Accountant General Office  |   |                           |   |
| Admitted (RS.) Objected (RS.)  |   |                           |   |
| Auditor  | Supdt.                                    | Gaz. officer              | Auditor      AAO-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.<br>Print Date & Time :<br>Group Name :   |   |                           |   |

| Government of Rajasthan<br>TA Bill (Inner Sheet) |  |                                     |                        |                         |      |   | New Form No. GA 65                              |         |
|--|--|-------------------------------------|------------------------|-------------------------|------|---|---|---------|
|  |  |                                     |                        |                         |      |   | Month/Year :                                    |         |
| Reference No.                                    |  | Detailed TA Bill of : (Office Name) |                        | Office ID :             |      |   |   |         |
| Bill No. :                                       |  | Date :                              |                        | DDO Code: Name of DDO : |      |   | Object Head :                                   |         |
| Budget Head: 00000-00-000-00-00 N/P/P            |  | V/C                                 |                        | Demand No.:00           |      |   | Plan : 0.00      Non Plan : 0.00      TAN No. : |         |
| S.No.  | Employee Name<br>Designation   | Basic<br>Pay                        | Details Of Travelling# |                         |      | Name of Bank/<br>Name of Branch<br>Bank Account No. | Gross<br>Amount                                 | Remarks |
|  | EmployeeID<br>Nominee Name(s)<br>Date of Death<br>(only where Payment is<br>made to Nominee) |                                     | Departure              | Arrival                 | Date | Time  | Place   |         |
| 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 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 formalities regarding necessary entries.
2. Certified that the Travelling Certificate has been actually submitted by the concerning employee(s) and the claim of this bill has not been earlier drawn.
3. Certified that the Halting Allowances Certificates has been obtained by the employee(s).
4. All required information including Bank Account Details in this bill has been checked and verified.
5. **It is certify that I have carefully examined & verified the master data and all entries on the system 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.  
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 (rider) for entering the duplicate values (data) of the travelling details.

|                           |   |  |
|---------------------------|---|--|
| नाम :                     | यात्रा भाट्टा   | श्रेणी :   |
| पद :                      |   |  |
| जिला :                    | मुरथ्यालय   |  |
| यात्रा एवं किश्चापकाविवरण | यात्रा का प्रदार<br>यथा—वायुयान / बस / स्वयं<br>स्ट्रैप्ड तक पहुंचने या | वायुयान / रेल / बस द्वारा यात्रा के लिये मीलभरा<br>स्वयं के गाहनमें संडक<br>द्वारा यात्रा के लिए |

| दिनों की संख्या | विश्रामकालसत्ता<br>राशि | दर | वास्तविक व्यय<br>यदि कोई हाराशि | प्रत्येक पंक्तिका योग | यात्रा का प्रयोजन | अमरुकित |
|-----------------|-------------------------|----|---------------------------------|-----------------------|-------------------|---------|
| 15              | 16                      | 17 | 18                              | 19                    | 20                | 21      |

- ६५ -

1. प्रमाणित किया जाता है कि उक्त यात्रा भैनेवस्तुत की है तथा पूर्वभैनेइस बिलकुभगतान्प्रयत्नहीं किया है।
  2. प्रमाणित किया जाता है कि रिवारो या अन्य अवकाश के द्वारा जिनके लिये मनेविश्रम भत्ते का दावा किया है, ऐवास्तविक रूप से शिविरमेथा।
  3. प्रमाणित किया जाता है कि मुझे राजकीय या स्थानीय निकाय की ओर से कोई निश्चलक्षण वारी नहीं दी गई।
  4. भैने उस श्रेणी में यात्रा की है जिसके लिए भत्ता लिया जाएँगे।
  5. प्रमाणित किया जाता है कि इस बिलमें दावाकृतराशिराजस्थान यात्रा भत्ता नियम-1971 के प्रावधानों के अनुसार है।

25

卷之三

1. वैयक्तिक सामान का किलोमीटर के लिए ..... की दर से ..... रु. .... पै. .... क.

2. वाहन

3. एक मुश्तक अनुदान

**घटाइये—**

यात्रा भताउप्रियम्, यदि अहलत किया गया हो बिल सत्था ..... दिनांक ..... रु. .... पै. ....

..... दिनांक ..... रु. .... पै. ....

-२५-

यात्रा भत्ताअग्रिम् यदिआहतकि  
शुद्ध राशिजोभूगतान योग्य है।

रुपये ..... (शब्दों में ..... ) के लिए पासकिया।

ארכיטקט

|  |  |  |           |   |   |                           |  |                                       |                  |                                  |  |  |   |
|--|--|--|-----------|---|---|---------------------------|--|---------------------------------------|------------------|----------------------------------|--|--|---|
| GA 94-95<br>GAR 181 & 204  | Government of Rajasthan<br>TA-Advance Bill (Outer Sheet) |  |           | New Form No. GA 65A<br>Rule 189 (1)& 203 (10) |   |                           |  |                                       |                  |                                  |  |  |   |
| Reference No.  | 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 NP/P V/C Demand No.:00   | Plan : 0.00  | Non Plan : 0.00                                  | TAN No. : |   |   |                           |  |                                       |                  |                                  |  |  |   |
| <p>To The Treasury Officer, (Concerning Treasury)<br/>Please Order to pay Rs..... as per claim contained in this bill.</p> <table border="1"> <tr> <td>Sign of Clerk</td> <td>Sign of Jr.ACC/AAO-II/III</td> <td>Sign (With Seal)/ e-Sign/<br/>Digital Sign of DDO</td> </tr> </table>   |  |  |           |   | Sign of Clerk   | Sign of Jr.ACC/AAO-II/III | Sign (With Seal)/ e-Sign/<br>Digital Sign of DDO |                                       |                  |                                  |  |  |   |
| Sign of Clerk  | Sign of Jr.ACC/AAO-II/III                                | Sign (With Seal)/ e-Sign/<br>Digital Sign of DDO |           |   |   |                           |  |                                       |                  |                                  |  |  |   |
| <p><b>Certificates :</b></p> <ol style="list-style-type: none"> <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 observance of all formalities regarding necessary entries.</li> <li>3. The Amount of this bill is within the limits of allotted budget for the Year (Current Financial Year).</li> </ol> |  |  |           |   |   |                           |  |                                       |                  |                                  |  |  |   |
| <table border="1"> <tr> <td colspan="2">Counter Signature</td> <td>Treasury Voucher</td> </tr> <tr> <td colspan="2">Passed for Rs. :<br/>Amount in words :</td> <td>No. :<br/><u>For Treasury Use</u></td> </tr> <tr> <td colspan="2"></td> <td>Date :<br/><br/>Pay Rs. :<br/>(In words) :</td> </tr> </table>   |  |  |           |   | Counter Signature   |                           | Treasury Voucher                                 | Passed for Rs. :<br>Amount in words : |                  | No. :<br><u>For Treasury Use</u> |  |  | Date :<br><br>Pay Rs. :<br>(In words) : |
| Counter Signature  |  | Treasury Voucher                                 |           |   |   |                           |  |                                       |                  |                                  |  |  |   |
| Passed for Rs. :<br>Amount in words :  |  | No. :<br><u>For Treasury Use</u>                 |           |   |   |                           |  |                                       |                  |                                  |  |  |   |
|  |  | Date :<br><br>Pay Rs. :<br>(In words) :          |           |   |   |                           |  |                                       |                  |                                  |  |  |   |
| <table border="1"> <tr> <td colspan="2">Sign (With Seal)/e-Sign/<br/>Digital Sign of Controlling Officer</td> </tr> <tr> <td colspan="2"><u>For Accountant General Office</u></td> </tr> </table>  |  |  |           |   | Sign (With Seal)/e-Sign/<br>Digital Sign of Controlling Officer |                           | <u>For Accountant General Office</u>             |                                       |                  |                                  |  |  |   |
| Sign (With Seal)/e-Sign/<br>Digital Sign of Controlling Officer  |  |  |           |   |   |                           |  |                                       |                  |                                  |  |  |   |
| <u>For Accountant General Office</u>   |  |  |           |   |   |                           |  |                                       |                  |                                  |  |  |   |
| <p>Admitted (RS.)<br/><br/>Objected (RS.)<br/><br/>~~~~~</p> <table border="1"> <tr> <td>Auditor</td> <td>Supdt.</td> <td>Gaz. officer</td> <td>AAO-II/II</td> <td>Treasury Officer</td> </tr> </table>  |  |  |           |   | Auditor   | Supdt.                    | Gaz. officer                                     | AAO-II/II                             | Treasury Officer |                                  |  |  |   |
| Auditor  | Supdt.   | Gaz. officer                                     | AAO-II/II | Treasury Officer                              |   |                           |  |                                       |                  |                                  |  |  |   |
| <p>Disclaimer: All contents related to this bill are provided by Head of Office/DDO and he/she is solely responsible for it.<br/>Print Date &amp; Time :<br/>Group Name :</p>  |  |  |           |   |   |                           |  |                                       |                  |                                  |  |  |   |

| Government of Rajasthan<br>TA-Advance Bill (Inner Sheet)   |   |                         |                       |            | Month/Year :  |  | New Form No. GA 65A |
|--|---|-------------------------|-----------------------|------------|---------------|--|---------------------|
| Reference No.  |   | Office ID :             |                       |            | Object Head : |  |                     |
| Detailed TA Bill of : (Office Name)  |   | DDO Code: Name of DDO : |                       |            |               |  |                     |
| Bill No.:  | Date :  | Demand No.:00           |                       |            | Plan : 0.00   | Non Plan : 0.00  | TAN No. :           |
| Budget Head: 0000-00-000-00-00 N/P/P V/C Demand No.:00   |   |                         |                       |            |               |  |                     |
| S.No.  | Employee Name<br>Designation<br>Employee ID<br>Nominee Name(s)<br>Date of Death<br>(only where Payment is made<br>to Nominee) | Basic Pay               | Sanction No./<br>Date | From Date* | To Date*      | Name of Bank/<br>Name of Branch<br>Bank Account<br>No. | Gross Amount        |
| 1.   |   |                         |                       |            |               |  |                     |
| Total Amount :   |   |                         |                       |            |               |  |                     |
| Amount in words :  |   |                         |                       |            |               |  |                     |
| <b>Certificates :</b>  |   |                         |                       |            |               |  |                     |
| <p>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.</p> <p>2. All required information including Bank Account Details in this bill has been checked and verified.</p> <p><b>3. It is certify that I have carefully examined &amp; verified the master data of the said claim.</b></p> |   |                         |                       |            |               |  |                     |
| Enclosures (System generated/Scanned)^ :   |   |                         |                       |            |               |  |                     |
| <p>1.</p> <p>2.</p>  |   |                         |                       |            |               |  |                     |
| <b>Sign (With Seal)/ e-Sign/ Digital Sign of DDO</b>   |   |                         |                       |            |               |  |                     |
| 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.   |   |                         |                       |            |               |  |                     |

|  |   |                           |                     |  |
|--|---|---------------------------|---------------------|--|
| GA 94-95<br>SAR 181 & 204  | Government of Rajasthan   |                           |                     | New Form No. GA 65 B<br>Rule 189 (1)& 203 (10) |
| Reference No.  | TA- Advance Adjustment Bill(Outer 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 V/C  | Demand No.: 00  | Plan : 0.00               | Non Plan : 0.00     | TAN No. :                                      |
| To   | The Treasury Officer, (Concerning Treasury)<br>Please Order to pay Rs..... as per claim contained in this bill. |                           |                     |  |
| Sign of Clerk  | Sign of Jr.ACC/AAO-II/I   | Sign (With Seal)/ e-Sign/ | Digital Sign of DDO |  |
| <b>Certificates :</b>  |   |                           |                     |  |
| <ol style="list-style-type: none"> <li>The Amount claimed in this bill has not been drawn earlier.</li> <li>It is further certified that have personally ensured observance of all formalities regarding necessary entries.</li> <li>The Amount of this bill is within the limits of allotted budget for the Year (Current Financial Year).</li> </ol> |   |                           |                     |  |
| Sign (With Seal)/e-Sign/<br>Digital Sign of DDO  |   |                           |                     |  |
| Treasury Voucher   |   |                           |                     |  |
| Passed for Rs.<br>Amount in words :  | No.   | Date:                     |                     |  |
| Pay Rs. :<br>(In words) :  |   |                           |                     |  |
| Sign (With Seal)/e-Sign/<br>Digital Sign of Controlling Officer  |   |                           |                     |  |
| For Accountant General Office  |   |                           |                     |  |
| Admitted (RS.)   | Objected (RS.)  |                           |                     |  |
| Auditor  | Supdt.  | Gaz. officer              | Auditor             | AAO-II/I                                       |
| 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 : _____   |   |                           |                     |  |



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|   |                           |  |  |  |
|---|---------------------------|--|--|--|
| GA 94-95A<br>GFAR 181 & 204   | Government of Rajasthan   |  |  | New Form No. GA 65 C<br>Rule 205                 |
| Reference No.   | LTC Bill (Outer Sheet)    |  |  | Month/Year :                                     |
| Detailed LTC Bill of : (Office Name)  | Office ID :               |  |  |  |
| Bill No. : Date : DDO Code: Name of DDO :   | Object Head :             |  |  |  |
| Budget Head: 00000-00-000-00-00 N/P V/C Demand No.:00 Plan : 0.00   | Non Plan : 0.00 TAN No. : |  |  |  |
| To<br>The Treasury Officer, (Concerning Treasury)<br>Please Order to pay Rs..... .... as per claim contained in this bill.  |                           |  |  | Sign (With Seal)/ e-Sign/<br>Digital Sign of DDO |
| Sign of Clerk   | Sign of Jr.ACC/AAO-II/I   | Sign (With Seal)/ e-Sign/<br>Digital Sign of DDO |  |  |
| <b>Certificates :</b>   |                           |  |  |  |
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| Sign (With Seal)/e-Sign/<br>Digital Sign of Controlling Officer   |                           |  | Sign (With Seal)/ e-Sign/<br>Digital Sign of DDO |  |
| Counter Signature   |                           | Treasury Voucher                                 |  |  |
| Passed for Rs.<br>Amount in words :   |                           | No.  | Date :   |  |
|   |                           |  | For Treasury Use                                 |  |
|   |                           |  | Pay Rs.<br>(In words)                            |  |
| For Accountant General Office   |                           |  |  |  |
| Admitted (RS.)  |                           | Objected (RS.)                                   |  |  |
| Auditor   | Supdt.                    | Gaz. officer                                     | AAO-II/I   | Treasury Officer                                 |
| Disclaimer: All contents related to this bill are provided by Head of Office/DDO and he/she is solely responsible for it.<br>Group Name : _____<br>Print Date & Time : _____  |                           |  |  |  |



|  |                                |                           |                           |                      |                   |  |                  |  |  |                                     |  |     |        |                  |  |  |  |  |  |  |  |  |                           |  |   |  |  |  |  |                               |  |  |  |  |                               |  |  |  |  |         |        |              |          |                  |
|--|--------------------------------|---------------------------|---------------------------|----------------------|-------------------|--|------------------|--|--|-------------------------------------|--|-----|--------|------------------|--|--|--|--|--|--|--|--|---------------------------|--|---|--|--|--|--|-------------------------------|--|--|--|--|-------------------------------|--|--|--|--|---------|--------|--------------|----------|------------------|
| GA 94-95   | Government of Rajasthan        |                           |                           | New Form No. GA 65 D |                   |  |                  |  |  |                                     |  |     |        |                  |  |  |  |  |  |  |  |  |                           |  |   |  |  |  |  |                               |  |  |  |  |                               |  |  |  |  |         |        |              |          |                  |
| GFAR 181 & 204   | LTC Bill-Advance (Outer Sheet) |                           |                           | Rule 205             |                   |  |                  |  |  |                                     |  |     |        |                  |  |  |  |  |  |  |  |  |                           |  |   |  |  |  |  |                               |  |  |  |  |                               |  |  |  |  |         |        |              |          |                  |
| Reference No.  | Month/Year :                   |                           |                           |                      |                   |  |                  |  |  |                                     |  |     |        |                  |  |  |  |  |  |  |  |  |                           |  |   |  |  |  |  |                               |  |  |  |  |                               |  |  |  |  |         |        |              |          |                  |
| Detailed LTC Advance 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 V/C Demand No.:00  | Plan : 0.00                    | Non Plan : 0.00           | TAN No. :                 |                      |                   |  |                  |  |  |                                     |  |     |        |                  |  |  |  |  |  |  |  |  |                           |  |   |  |  |  |  |                               |  |  |  |  |                               |  |  |  |  |         |        |              |          |                  |
| To<br>The Treasury Officer, (Concerning Treasury)<br>Please Order to pay Rs..... as per claim contained in this bill.  |                                |                           |                           |                      |                   |  |                  |  |  |                                     |  |     |        |                  |  |  |  |  |  |  |  |  |                           |  |   |  |  |  |  |                               |  |  |  |  |                               |  |  |  |  |         |        |              |          |                  |
| Sign of Clerk  | Sign of Jr.ACC/AAO-II          | Sign (With Seal)/ e-Sign/ | Digital Sign of DDO       |                      |                   |  |                  |  |  |                                     |  |     |        |                  |  |  |  |  |  |  |  |  |                           |  |   |  |  |  |  |                               |  |  |  |  |                               |  |  |  |  |         |        |              |          |                  |
| <b>Certificates :</b>  |                                |                           |                           |                      |                   |  |                  |  |  |                                     |  |     |        |                  |  |  |  |  |  |  |  |  |                           |  |   |  |  |  |  |                               |  |  |  |  |                               |  |  |  |  |         |        |              |          |                  |
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| Sign (With Seal)/ e-Sign/<br>Digital Sign of DDO   |                                |                           |                           |                      |                   |  |                  |  |  |                                     |  |     |        |                  |  |  |  |  |  |  |  |  |                           |  |   |  |  |  |  |                               |  |  |  |  |                               |  |  |  |  |         |        |              |          |                  |
| <table border="1"> <tr> <td colspan="2">Counter Signature</td> <td colspan="3">Treasury Voucher</td> </tr> <tr> <td colspan="2">Passed for Rs.<br/>Amount in words :</td> <td>No.</td> <td>Date :</td> <td>For Treasury Use</td> </tr> <tr> <td colspan="2"></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2"></td> <td></td> <td>Pay Rs. :<br/>(In words) :</td> <td></td> </tr> <tr> <td colspan="5">Sign (With Seal)/e-Sign/<br/>Digital Sign of Controlling Officer</td> </tr> <tr> <td colspan="5">For Accountant General Office</td> </tr> <tr> <td colspan="5">Admitted (RS.) Objected (RS.)</td> </tr> <tr> <td>Auditor</td> <td>Supdt.</td> <td>Gaz. officer</td> <td>AAO-I/II</td> <td>Treasury Officer</td> </tr> </table> |                                |                           |                           |                      | Counter Signature |  | Treasury Voucher |  |  | Passed for Rs.<br>Amount in words : |  | No. | Date : | For Treasury Use |  |  |  |  |  |  |  |  | Pay Rs. :<br>(In words) : |  | Sign (With Seal)/e-Sign/<br>Digital Sign of Controlling Officer |  |  |  |  | For Accountant General Office |  |  |  |  | Admitted (RS.) Objected (RS.) |  |  |  |  | Auditor | Supdt. | Gaz. officer | AAO-I/II | Treasury Officer |
| Counter Signature  |                                | Treasury Voucher          |                           |                      |                   |  |                  |  |  |                                     |  |     |        |                  |  |  |  |  |  |  |  |  |                           |  |   |  |  |  |  |                               |  |  |  |  |                               |  |  |  |  |         |        |              |          |                  |
| Passed for Rs.<br>Amount in words :  |                                | No.                       | Date :                    | For Treasury Use     |                   |  |                  |  |  |                                     |  |     |        |                  |  |  |  |  |  |  |  |  |                           |  |   |  |  |  |  |                               |  |  |  |  |                               |  |  |  |  |         |        |              |          |                  |
|  |                                |                           |                           |                      |                   |  |                  |  |  |                                     |  |     |        |                  |  |  |  |  |  |  |  |  |                           |  |   |  |  |  |  |                               |  |  |  |  |                               |  |  |  |  |         |        |              |          |                  |
|  |                                |                           | Pay Rs. :<br>(In words) : |                      |                   |  |                  |  |  |                                     |  |     |        |                  |  |  |  |  |  |  |  |  |                           |  |   |  |  |  |  |                               |  |  |  |  |                               |  |  |  |  |         |        |              |          |                  |
| Sign (With Seal)/e-Sign/<br>Digital Sign of Controlling Officer  |                                |                           |                           |                      |                   |  |                  |  |  |                                     |  |     |        |                  |  |  |  |  |  |  |  |  |                           |  |   |  |  |  |  |                               |  |  |  |  |                               |  |  |  |  |         |        |              |          |                  |
| For Accountant General Office  |                                |                           |                           |                      |                   |  |                  |  |  |                                     |  |     |        |                  |  |  |  |  |  |  |  |  |                           |  |   |  |  |  |  |                               |  |  |  |  |                               |  |  |  |  |         |        |              |          |                  |
| Admitted (RS.) Objected (RS.)  |                                |                           |                           |                      |                   |  |                  |  |  |                                     |  |     |        |                  |  |  |  |  |  |  |  |  |                           |  |   |  |  |  |  |                               |  |  |  |  |                               |  |  |  |  |         |        |              |          |                  |
| Auditor  | Supdt.                         | Gaz. officer              | AAO-I/II                  | Treasury Officer     |                   |  |                  |  |  |                                     |  |     |        |                  |  |  |  |  |  |  |  |  |                           |  |   |  |  |  |  |                               |  |  |  |  |                               |  |  |  |  |         |        |              |          |                  |
| <p><b>Disclaimer:</b> All contents related to this bill are provided by Head of Office/DDO and he/she is solely responsible for it.</p> <p>Group Name : _____</p> <p>Print Date &amp; Time : _____</p>   |                                |                           |                           |                      |                   |  |                  |  |  |                                     |  |     |        |                  |  |  |  |  |  |  |  |  |                           |  |   |  |  |  |  |                               |  |  |  |  |                               |  |  |  |  |         |        |              |          |                  |

| Government of Rajasthan<br>LTC Bill-Advance (Inner Sheet)   |   |                              | Month/Year :                  | New Form No. GA 65 D |              |                |                 |
|---|---|------------------------------|-------------------------------|----------------------|--------------|----------------|-----------------|
| Reference No.   |   |                              |                               |                      |              |                |                 |
| Detailed LTC Advance 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 V/C   | Demand No.: 00Plan : 0.00                   | Non Plan : 0.00 TAN No. :    |                               |                      |              |                |                 |
| S.No.   | Name<br>Designation<br>GPF No.<br>Basic Pay | Block Year<br>Sub Block Year | Sanction No.<br>Sanction Date | LTC Period           | Name of Bank | Name of Branch | Sanction Amount |
| 1.  |   |                              |                               | From Date            | To Date      |                |                 |
| Total Amount :  |   |                              |                               |                      |              |                |                 |
| Amount in words :   |   |                              |                               |                      |              |                |                 |
| <b>Certificates :</b>   |   |                              |                               |                      |              |                |                 |
| <p>1. 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.</p> <p>2. All required information including Bank Account Details in this bill has been checked and verified.</p> <p><b>3. It is certify that I have carefully examined &amp; verified the master data of the said claim.</b></p> |   |                              |                               |                      |              |                |                 |
| Enclosures (System generated/Scanned)^ :  |   |                              |                               |                      |              |                |                 |
| <p>1.</p> <p>2.</p>   |   |                              |                               |                      |              |                |                 |
| <b>Sign (With Seal)/ e-Sign/ Digital Sign of DDO</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 :  |   |                              |                               |                      |              |                |                 |
| 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.   |   |                              |                               |                      |              |                |                 |

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|--|---|---|--|--|
|  |   | Government of Rajasthan   |  | New Form No. GA 76<br>Rule No. 206-E (2) |
| Reference No.  | GPF/SI/NPS - Loan/Advance/Claim/Refund Bill (Outer Sheet) | Month/Year :  |  |  |
| Detailed Loan/Advance/Claim/Refund Bill of : (Office Name)   |   | Office ID :   |  |  |
| Bill No. :   | DDO Code :  | Name of DDO :   | Object Head : 00                                 |  |
| Date :   | Demand No. : 00   | Service Head :  | TAN No. :  |  |
| Budget Head: 0000-00-000-00-00-00  |   |   |  |  |
| To The Treasury Officer, (Name of Concerning Treasury)<br>Please Order to pay Rs..... .... as per claim contained in this bill.  |   | Sign of Clerk   | Sign of Jr.ACC/AAO-II                            |  |
|  |   | Sign (With Seal)/ e-Sign/<br>Digital Sign of DDO                | Sign (With Seal)/ e-Sign/<br>Digital Sign of DDO |  |
| <b>Certificates :</b>  |   |   |  |  |
| 1. The Amount claimed in this bill has not been drawn earlier.<br>2. It is further certified that I have personally ensured observance of all formalities regarding necessary entries. |   |   |  |  |
|  |   | Sign (With Seal)/ e-Sign/<br>Digital Sign of DDO                | Sign (With Seal)/ e-Sign/<br>Digital Sign of DDO |  |
| GPF/SI/PRAN No. :<br>Name of Employee :<br>Sanction Amount :<br>Authority Number & Date :<br>(Valid for 3 months from the date of issue) :<br>Nature of payment & reason :             |   | No.   | Date :<br><u>For Treasury Use</u>                |  |
|  |   | Pay Rs. :<br>(In words) :                                       |  |  |
|  |   | (In Cash) :<br>(In words) :                                     |  |  |
|  |   | Sign (With Seal)/e-Sign/<br>Digital Sign of Controlling Officer |  |  |
|  |   | <u>For Accountant General Office</u>                            | Total Credit Rs.                                 |  |
| Admitted (RS) :<br>Rejected (RS) :<br>Reasons for Rejection :  |   |   |  |  |
| Auditor  |   | Gaz. Officer  | Auditor AAO-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.<br>Print Date & Time :<br>Group Name :                       |   |   |  |  |

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| Government of Rajasthan<br>GPF/SI/NPS - Loan/Advance/Claim/Refund Bill (Inner Sheet)   |   |               |  | New Form No. GA 76<br>Month/Year :                                      |
|--|---|---------------|--|---|
| Reference No.  | SI & GPF Reference No. (Proposed)   | Office ID :   | Object Head :  |   |
| Detailed Loan/Advance/Claim/Refund Bill of:  | (Office Name)   | Name of DDO : | Name of Service Head:  | TAN No. :   |
| Bill No. :   | Date :  | DDO Code :    |  |   |
| Budget Head: 0000-00-0000-00-00  | Demand No. : 00   |               |  |   |
| Nature of Payment :  |   |               |  |   |
| S.No.  | Employee Name<br>Employee ID<br>Designation<br>GPF/PRAN No.<br>Belt No.<br>St. Ins. No. | Basic Pay     | Whom amount to be paid (Nominee/<br>Third Party Name) (Names May be multiple)<br>(only in case where Payment is to be made to<br>Nominee(s)/Third Party(s))<br>Date of Death (only in case where Payment is<br>to be made to Nominee(s)) | Name of Bank/<br>Name of Branch/ Account No.<br>(Names May be multiple) |
| 1.   |   |               |  |   |
| 2.   |   |               |  |   |
| Total Amount :   |   |               |  |   |
| Amount in words :  |   |               |  |   |
| Certificates :   |   |               |  |   |
| <p>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.</p> <p>2. Necessary entries have been recorded in GPF Pass Book/ SI Policy.</p> <p>3. Original Sanction/Authority of withdrawal is enclosed.</p> <p>4. All required information including Bank Account Details in this bill has been checked and verified.</p> <p><b>5. It is certify that I have carefully examined &amp; verified the master data of the said claim.</b></p> |   |               |  |   |
| Enclosures (System generated/Scanned)^ :   |   |               |  |   |
| <p>1.</p> <p>2.</p>  |   |               |  |   |
| <b>Sign (With Seal)/ e-Sign/ Digital Sign of DDO</b>   |   |               |  |   |
| <p>Disclaimer: All contents related to this bill are provided by Head of Office/DDO and he/she is solely responsible for it.</p> <p>Print Date &amp; Time :</p> <p>Group Name :</p> <p>Enclosures marked (^) are to be printed in the bill as per selection from dropdown menu according to the requirements defined under relevant rules.</p>   |   |               |  |   |

|   |  |                       |  |  |
|---|--|-----------------------|--|--|
| GA 108<br>GFAR 228 & 229  | Government of Rajasthan<br>Contingent (FVC) Bill (Outer Sheet)   |                       |  | New Form No. GA 84<br>Rule No. 219               |
| Reference No.   | Month/Year :   |                       |  |  |
| Detailed FVC Bill of : (Office Name)  | Office ID :  | Name of DDO :         | Object Head :                                    |  |
| Bill No. : Date :   | DDO Code :   | Plan : 0.00           | No. Plan : 0.00                                  | TAN No. :  |
| Budget Head: 0000-00-000-00-00 N/P V/C  | Demand No. : 00  |                       |  |  |
| To<br>The Treasury Officer, (Concerning Treasury)<br>Please Order to pay Rs..... as per claim contained in this bill. | Sign of Clerk  | Sign of Jr.ACC/AAO-II | Sign (With Seal)/ e-Sign/<br>Digital Sign of DDO | Sign (With Seal)/ e-Sign/<br>Digital Sign of DDO |
| <b>Certificates :</b>   | <ol style="list-style-type: none"> <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 observance of all formalities regarding necessary entries.</li> <li>3. The Amount of this bill is within the limits of allotted budget for the Year (<i>Current Financial Year</i>).</li> <li>4. 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 register.</li> <li>5. Original copy of the voucher less than Rs. 3000 retained with office copy of the bill.</li> </ol> |                       |  |  |
| I Certified that the Compliance of Direction/ Instructions under form no. GA 84 (Rule 219 GF & AR) has been ensured.  |  | No.                   | Pay Rs. :<br>(In words) :                        | Treasury Voucher                                 |
|   |  | Date :                |  | For Treasury Use                                 |
| <b>For Accountant General Office</b>  |  | Admitted (RS.)        | Objected (RS.)                                   |  |
| Auditor   | Supdt.   | Gaz. officer          | Audit  | AAO-II/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 : \_\_\_\_\_  
Group Name : \_\_\_\_\_

| Government of Rajasthan<br>Contingent (FVC) Bill (Inner Sheet)  |                                |                          |                       |   |                              | New Form No. GA 84              |
|---|--------------------------------|--------------------------|-----------------------|---|------------------------------|---------------------------------|
| Reference No.   |                                |                          |                       | Month/Year :                              |                              |                                 |
| Detailed FVC Bill of : (Office Name)  | Date :                         | DDO Code :               | Office ID :           | Name of DDO :                             |                              |                                 |
| Bill No.:   |                                |                          |                       | 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. :                                 |                              |                                 |
| S.No.   | Employee Name/Third Party Name | Invoice No. Invoice Date | Bill/ Invoice Details | Name of Bank/ Name of Branch. Account No. | Deduction Amount Budget Head | Gross Amount Net Amount Remarks |
| 1.  |                                |                          |                       |   |                              |                                 |
| 2.  |                                |                          |                       |   |                              |                                 |
| Gross Amount :  |                                |                          | Deduction Amount :    |   | Net Amount :                 |                                 |
| Amount in words :   |                                |                          |                       |   |                              |                                 |
| Certificates :  |                                |                          |                       |   |                              |                                 |
| <p>1. 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 regarding necessary entries.</p> <p>2. All required information including Bank Account Details in this bill has been checked and verified.</p> <p>3. 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.</p> <p>4. 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 payments.</p> <p>5. Certified that :</p> <ul style="list-style-type: none"> <li>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</li> <li>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.</li> </ul> <p>6. <b>It is certify that I have carefully examined &amp; verified the master data of the said claim.</b></p> |                                |                          |                       |   |                              |                                 |
| Enclosures (System generated/Scanned) :   |                                |                          |                       |   |                              |                                 |
| <ol style="list-style-type: none"> <li>1.</li> <li>2.</li> </ol>  |                                |                          |                       |   |                              |                                 |
| Sign (With Seal)/ e-Sign/ Digital Sign of DDO   |                                |                          |                       |   |                              |                                 |
| <p>Disclaimer: All contents related to this bill are provided by Head of Office/DDO and he/she is solely responsible for it.</p> <p>Group Name : _____</p> <p>Print Date &amp; Time : _____</p> <p>Enclosures marked (^) are to be printed in the bill as per selection from dropdown menu according to the requirements defined under relevant rules.</p>  |                                |                          |                       |   |                              |                                 |

GA 109  
GFAR 230

Reference No.

Detailed bill for Abstract Contingent of : (Office Name)

Date :

Bill No. : Budget Head: 0000-00-000-00-00 N/P/P V/C

DDO Code :

Demand No. : 00

Plan: 0.00

Name of DDO :

Object Head :

Office ID :

TAN No. :

**Government of Rajasthan**

**Abstract Contingent Bill (Outer Sheet)**

**Month/Year :**

Office ID :

To The Treasury Officer, (Concerning Treasury)

Please Order to pay Rs..... as per claim contained in this bill.

**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*).

**Sign of Clerk**      **Sign of Jr.ACC/AAO-I/I**      **Sign (With Seal)/ e-Sign/  
Digital Sign of DDO**

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

**Sign of Clerk**

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

**Sign of Jr.ACC/AAO-I/I**

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

**To be Filled by the DDC**

Sanction No. :

Sanction Date :

Sanction Amount :

Sanctioning Authority :

Pay Rs. :  
(In words)

(In Cash) :  
(In words)

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

**Total Credit Rs.**

**For Accountant General Office**

Admitted (RS.)

Objected (RS.)

Auditor

Supdt.

Gaz. officer

Treasury Officer

AAO-I/I

Auditor

Supdt.

Gaz. officer

AAO-I/I

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 :

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| Reference No.   |   | Government of Rajasthan<br>Abstract Contingent Bill (Inner Sheet)  |                  | Month/Year :                                       | New Form No. 85 |
|---|---|--|------------------|--|-----------------|
| Detailed bill will be sent for countersignature in one month  |   | Office ID :  |                  | State :  |                 |
| Bill No. :  | Date :  | DDO Code :   | Name of DDO :    |  |                 |
| Treasury  | Bill for contingent charge of: ( <i>Office Name</i> ) | Head of Account :<br>0000-00-000-00-00   | Object Head : 00 | Month in which presented for payment at Treasury : |                 |
| (Treasury Name)   |   | Detailed Head of charge (with description, where necessary) &<br>Quotation of charges requiring sanction.<br>(Sanction Authority : DDO)  |                  | Vouchers No. of list of Payment for :              |                 |
| Detail of number of sub-voucher   |   | Description  |                  | Amount   |                 |
|   |   | ( <i>Purpose as Rule 219 Appendix A</i> )<br>OR<br>( <i>Nature of Power as per Delegation of Power</i> )   |                  |  |                 |
|   |   | प्रमाणित किया जाता है कि तीन माह पूर्व आहरित अग्रिम व्यय के बिलों के संबंध में विस्तृत आकस्मिक व्यय के बिल नियन्त्रक प्राधिकारी को प्रस्तुत कर दिये गये हैं या इस कार्यालय में प्रतिशानित (रिटेन्ड) कर लिये गये हैं। |                  |  |                 |
| Total Amount :  |   |  |                  |  |                 |
| Amount in words :   |   |  |                  |  |                 |
|   |   | Previous AC Bills which don't have a corresponding DC Bill :   |                  |  |                 |
| Sr No.  | Bill No. & Date                                       | Reason   | Amount           |  |                 |
| 1.  |   |  |                  |  |                 |
| 2.  |   |  |                  |  |                 |
| Note: The Government Officer drawing this bill is responsible for having initialled the date of each payment in the contingent register. The cash register is required to be sent up with bills and sub-vouchers for this purpose.  |   |  |                  |  |                 |
| <b>Certificates :</b>   |   |  |                  |  |                 |
| <ol style="list-style-type: none"> <li>1. Certified 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.</li> <li>2. It is also certify that I have carefully examined &amp; verified the master data of the said claim.</li> </ol> |   |  |                  |  |                 |
| Enclosures (System generated/Scanned):  |   |  |                  |  |                 |
| <ol style="list-style-type: none"> <li>1.</li> <li>2.</li> </ol>  |   |  |                  |  |                 |
| <b>Date :</b>   |   |  |                  |  |                 |
| 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.  |   |  |                  |  |                 |
| 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 of Rajasthan  
Detailed Contingent Bill**

Reference No.

Note : Government Officers whose bills are countersigned before Payment by the Controlling Officers should use form 111 GF/AR

Office ID :

DDO Code :

Name of DDO :

Bill No. :

Date :

State :

Bill for contingent

charge of : (Office Name)  
(Treasury Name)

|                   |                  |
|-------------------|------------------|
| Head of Account : | Object Head : 00 |
| 0000-00-000-00-00 |                  |

|                     |                  |
|---------------------|------------------|
| AC Bill No & Date : | AC Bill Amount : |
|                     |                  |

Detailed Head of charge (with description, where necessary) & Quotation of charges requiring sanction.  
(Sanction Authority : DDO)

| Payment Details : | Party Name | Invoice No. | Invoice Date             | Invoice Amount |
|-------------------|------------|-------------|--------------------------|----------------|
|                   | 1.         |             |                          |                |
|                   | 2.         |             |                          |                |
|                   | 3.         |             |                          |                |
| Sub Total         |            |             | (Challan/Advance Amount) |                |

Challan  
Details/Advance :

Total Amount :

**Certificates :**

1. 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 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 attached to the bills. I have certify, as far as possible, obtained vouchers for other sums, and am responsible that they have been destroyed or so defaced or mutilated that they cannot be used again.
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.(This certificate is required when proper store accounts of materials and stores purchased are required to be mentioned.)
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 indentants and invoice concerned to prevent double payment.
4. Certified that :
  - a. The expenditure on conveyance hire included in this bill was actually incurred, was unavoidable and is within the scheduled scale of charges for the conveyance used, and
  - b. The Government 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.

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

Entered at item no. .... of register in Form GA 105.  
Disallowable from sub-voucher no :

| S.No. | Sub-Voucher No. | Amount |
|-------|-----------------|--------|
|       |                 |        |
|       |                 |        |

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) ^ :

- 1.
- 2.

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

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

|  |   |                           |  |  |
|--|---|---------------------------|--|--|
| GA-117<br>GFAR 303   | Government of Rajasthan<br>Revenue Refund Bill (Outer Sheet)  |                           |  | New Form No. 100<br>Rule 255 (ii)                |
| Reference No.  | Month/Year :  |                           |  |  |
| Detailed bill for Refund of Revenue of : (Office Name)   | Office ID :   |                           |  |  |
| Bill No. : Date : DDO Code :   | Name of DDO :   | Object Head :             |  |  |
| Budget Head: 0000-00-000-00-00 N/P/P V/C   | Demand No. : 00   | Plan: 0.00                | Non Plan : 0.00                                  | TAN No. :  |
| To<br>The Treasury Officer (Concerning Treasury)<br>Please Order to pay Rs..... .... as per claim contained in this bill.                                  |   |                           |  |  |
|  | Sign of Clerk   | Sign of Jr.ACC/AAO-II/I   | Sign (With Seal)/ e-Sign/<br>Digital Sign of DDO | Sign (With Seal)/ e-Sign/<br>Digital Sign of DDO |
| <b>Certificates :</b>  | <ol style="list-style-type: none"> <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 observance of all formalities regarding necessary entries.</li> <li>3. The amount of this bill within the limit of budget allotment for the year (<i>Current Financial Year</i>).</li> <li>4. Certified that the order of refund have been registered and noted against the original receipt entry in the departmental account under my initials and previous order for refund of same sum has not been issued.</li> <li>5. Compliance of Rule 254, 255 &amp; 263 has been ensured.</li> </ol> |                           |  |  |
| <u>To be Filled by the DDO</u>   |   | <u>Treasury Voucher</u>   |  |  |
| Original Deposit Amount :<br>Already Refund Amount :<br>Refund Sanction Amount :<br>Refund Sanction No. :<br>Refund Sanction Date :<br>Nature of Deposit : | No.   | Date :                    | <u>For Treasury Use</u>                          |  |
|  |   | Pay Rs. :<br>(In words) : | (In Cash) :<br>(In words) :                      | By B.T.<br>Total Credit Rs.:                     |
| <u>For Accountant General Office</u>   |   | Objected (RS.)            |  |  |
| Auditor  | Supdt.  | Gaz. officer              | Auditor  | AAO-II/I 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 : \_\_\_\_\_

| Government of Rajasthan<br>Revenue Refund Bill (Inner Sheet)   |        |                 |               |  |                             | New Form No. 100         |                    |
|--|--------|-----------------|---------------|--|-----------------------------|--------------------------|--------------------|
| Reference No.  |        |                 |               |  |                             | Month/Year :             |                    |
| Detailed bill for Refund of Revenue of : (Office Name)   |        |                 |               |  |                             |                          |                    |
| Bill No. :   | Date : | DDO Code :      | Name of DDO : | Office ID :                                      | Object Head :               |                          |                    |
| Budget Head: 0000-00-000-00-00 N/P/P   | V/C    | Demand No. : 00 | Plan: 0.00    | Non Plan: 0.00                                   | TAN No. :                   |                          |                    |
| S.No.  | Name   | Bank Name       | Sanction No.  | Challan Type ( <i>Manual receipt/e-receipt</i> ) | Total Challan Amount        | Deduction Budget Head    | Net Amount         |
|  |        | Branch Name     | Sanction Date | Challan No.                                      | Already Refunded Amount     | Deduction Amount         | Gross Amount       |
|  |        | Bank A/C No.    |               | Deposit Date                                     | Amount Claimed in this bill |                          |                    |
| 1.   |        |                 |               |  |                             |                          |                    |
| Gross Amount : _____   |        |                 |               |  |                             | Deduction Amount : _____ | Net Amount : _____ |
| Amount in words : _____  |        |                 |               |  |                             |                          |                    |
| <b>Certificates :</b>  |        |                 |               |  |                             |                          |                    |
| <p>1. Certified that I have personally examined and satisfied myself about the genuineness of claim that the Revenue Refund 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 Revenue Refund Bill. It is further certified that I have personally ensured observance of all formalities regarding necessary entities.</p> <p>2. All required information including Bank Account Details in this bill has been checked and verified.</p> <p>3. All enclosed vouchers has been discharged and if there is any case of double payment, I will be responsible for it.</p> <p><b>4. It is certify that I have carefully examined &amp; verified the master data of the said claim.</b></p> |        |                 |               |  |                             |                          |                    |
| Enclosures (System generated/Scanned)^ :   |        |                 |               |  |                             |                          |                    |
| <p>1.</p> <p>2.</p>  |        |                 |               |  |                             |                          |                    |
| <b>Sign (With Seal)/ e-Sign/ Digital Sign of DDO</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 : _____   |        |                 |               |  |                             |                          |                    |
| 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.  |        |                 |               |  |                             |                          |                    |

|  |               |   |                       |  |                 |           |
|--|---------------|---|-----------------------|--|-----------------|-----------|
| New Form No. GA 100 A<br>Rule 255  |               |   |                       |  |                 |           |
| <b>Government of Rajasthan</b><br><b>VAT Refund Bill (Outer Sheet)</b>   |               |   |                       |  |                 |           |
| Reference No.  | (Office Name) |   |                       | Office ID :                                      | Month/Year :    |           |
| Detailed CTD Payment Bill of :   |               |   |                       | Name of DDO :                                    | Object Head :   |           |
| Bill No. :   | Date :        | DDO Code :  | Demand No. : 00       | Plan : 0.00                                      | Non Plan : 0.00 | TAN No. : |
| Budget Head: 00000-00-000-00-00 NP/P V/C   |               |   |                       |  |                 |           |
| To The Treasury Officer, (Concerning Treasury)<br>Please Order to pay Rs..... as per claim contained in this bill.   |               |   |                       |  |                 |           |
|  |               | Sign of Clerk   | Sign of Jr.ACC/AAO-II | Sign (With Seal)/ e-Sign/<br>Digital Sign of DDO |                 |           |
| <b>Certificates :</b>  |               | <p>1. The Amount claimed in this bill has not been drawn earlier.</p> <p>2. It is further certified that I have personally ensured observance of all formalities regarding necessary entries.</p> |                       |  |                 |           |
|  |               | <p><u>Sign (With Seal)/ e-Sign/<br/>Digital Sign of DDO</u></p>   |                       |  |                 |           |
|  |               | <p><u>For Treasury Use</u></p>  |                       |  |                 |           |
|  |               | <p><u>Treasury Voucher</u></p>  |                       |  |                 |           |
|  |               | <p>I Certified that the Compliance of Direction/ Instruction under form no. GA 100 A (Rule 255 GF &amp; AR) has been ensured.</p>   |                       |  |                 |           |
|  |               | <p><u>Pay Rs. :</u><br/>(In words)</p>  |                       |  |                 |           |
|  |               | <p><u>Sign (With Seal)/ Digital Sign of DDO</u></p>   |                       |  |                 |           |
|  |               | <p><u>For Accountant General Office</u></p>   |                       |  |                 |           |
|  |               | <p><u>Objected (RS.)</u></p>  |                       |  |                 |           |
|  |               | <p><u>Total Credit Rs.</u></p>  |                       |  |                 |           |
|  |               | Auditor   | Supdt.                | Gaz. officer                                     | Auditor         | AAO-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.<br>Print Date & Time :<br>Group Name : |               |   |                       |  |                 |           |

| Reference No.  |                        | Government of Rajasthan<br>VAT Refund Bill (Inner Sheet) |                                       | New Form No. GA 100 A<br>Month/Year : |               |
|--|------------------------|--|---------------------------------------|---------------------------------------|---------------|
| Detailed CTD Payment Bill of: (Office Name)  |                        |  |                                       |                                       |               |
| Bill No. :   | Date :                 | DDO Code :   | Office ID :                           | 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. :     |
| S.No.  | Dealer Name<br>TIN No. | Bank Name<br>Bank Account No.                            | Refund Order No.<br>Refund Order Date | Period of Refund                      | Total Amount  |
| 1.   |                        |  |                                       |                                       |               |
| 2.   |                        |  |                                       |                                       |               |
| Total Amount :   |                        |  |                                       |                                       |               |
| Amount in words :  |                        |  |                                       |                                       |               |
| <b>Certificates :</b>  |                        |  |                                       |                                       |               |
| <ol style="list-style-type: none"> <li>1. 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> <li>2. All required information including Bank Account Details in this bill has been checked and verified.</li> <li><b>3. It is certify that I have carefully examined &amp; verified the master data of the said claim.</b></li> </ol> |                        |  |                                       |                                       |               |
| <p><b>Sign (With Seal)/ e-Sign/ Digital Sign of DDO</b></p> <p>Disclaimer: All contents related to this bill are provided by Head of Office/DDO and he/she is solely responsible for it.</p> <p>Print Date &amp; Time : _____</p> <p>Group Name : _____</p>  |                        |  |                                       |                                       |               |

|   |  |  |  |  |   |                       |  |                           |                         |                             |  |  |                       |  |                        |  |  |  |   |  |  |                           |                         |                             |                          |         |                       |  |                        |  |                     |  |                             |  |  |  |         |        |              |         |        |
|---|--|--|--|--|---|-----------------------|--|---------------------------|-------------------------|-----------------------------|--|--|-----------------------|--|------------------------|--|--|--|---|--|--|---------------------------|-------------------------|-----------------------------|--------------------------|---------|-----------------------|--|------------------------|--|---------------------|--|-----------------------------|--|--|--|---------|--------|--------------|---------|--------|
| GA 120<br>GFAR 325  | Government of Rajasthan                            |  |  | New Form No. 103<br>Rule 263 (c)                 |   |                       |  |                           |                         |                             |  |  |                       |  |                        |  |  |  |   |  |  |                           |                         |                             |                          |         |                       |  |                        |  |                     |  |                             |  |  |  |         |        |              |         |        |
| Reference 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 :  | Name of DDO : Plan: 0.00 Non Plan : 0.00 TAN No. : |  |  |  |   |                       |  |                           |                         |                             |  |  |                       |  |                        |  |  |  |   |  |  |                           |                         |                             |                          |         |                       |  |                        |  |                     |  |                             |  |  |  |         |        |              |         |        |
| Budget Head: 00000-00-000-00-00 N/P V/C Demand No. : 00   |  |  |  |  |   |                       |  |                           |                         |                             |  |  |                       |  |                        |  |  |  |   |  |  |                           |                         |                             |                          |         |                       |  |                        |  |                     |  |                             |  |  |  |         |        |              |         |        |
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| Sign of Clerk   | Sign of Jr.ACC/AAO-II                              | Sign (With Seal)/ e-Sign/<br>Digital Sign of DDO |  |  |   |                       |  |                           |                         |                             |  |  |                       |  |                        |  |  |  |   |  |  |                           |                         |                             |                          |         |                       |  |                        |  |                     |  |                             |  |  |  |         |        |              |         |        |
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| Sign (With Seal)/ e-Sign/<br>Digital Sign of DDO  | Sign (With Seal)/ e-Sign/<br>Digital Sign of DDO   |  |  |  |   |                       |  |                           |                         |                             |  |  |                       |  |                        |  |  |  |   |  |  |                           |                         |                             |                          |         |                       |  |                        |  |                     |  |                             |  |  |  |         |        |              |         |        |
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| Refund Sanction No. :   |  |  |  |  |   |                       |  |                           |                         |                             |  |  |                       |  |                        |  |  |  |   |  |  |                           |                         |                             |                          |         |                       |  |                        |  |                     |  |                             |  |  |  |         |        |              |         |        |
| Refund Sanction Date :  |  |  |  |  |   |                       |  |                           |                         |                             |  |  |                       |  |                        |  |  |  |   |  |  |                           |                         |                             |                          |         |                       |  |                        |  |                     |  |                             |  |  |  |         |        |              |         |        |
| Nature of Deposit :   |  |  |  |  |   |                       |  |                           |                         |                             |  |  |                       |  |                        |  |  |  |   |  |  |                           |                         |                             |                          |         |                       |  |                        |  |                     |  |                             |  |  |  |         |        |              |         |        |
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| <p><u>For Accountant General Office</u></p> <p>Admitted (R.S.) Objected (R.S.)</p>  |  |  |  |  |   |                       |  |                           |                         |                             |  |  |                       |  |                        |  |  |  |   |  |  |                           |                         |                             |                          |         |                       |  |                        |  |                     |  |                             |  |  |  |         |        |              |         |        |
| Auditor   | Supdt.   | Gaz. officer                                     | Auditor  | AAO-II   |   |                       |  |                           |                         |                             |  |  |                       |  |                        |  |  |  |   |  |  |                           |                         |                             |                          |         |                       |  |                        |  |                     |  |                             |  |  |  |         |        |              |         |        |

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 :

| Government of Rajasthan<br>Deposit Repayment Bill (Inner Sheet)  |                   |                             |                            |  |  | New Form No. 103                          |                            |
|--|-------------------|-----------------------------|----------------------------|--|--|---|----------------------------|
| Reference No.  |                   |                             |                            |  |  | 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: 00000-00-0000-00-00 NP/P V/C  | Demand No. : 00   | Plan: 0.00                  | Non Plan: 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)<br>Challan No. | Total Challan Amount<br>Already Refunded Amount<br>Amount Claimed in this bill | Deduction Budget Head<br>Deduction Amount | Net Amount<br>Gross Amount |
| 1.   |                   |                             |                            |  |  |   |                            |
| Remarks :  |                   |                             |                            |  |  |   |                            |
| Total Amount :   |                   |                             |                            |  |  |   |                            |
| Amount in words :  |                   |                             |                            |  |  |   |                            |
| Certificates :   |                   |                             |                            |  |  |   |                            |
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| Enclosures (System generated/Scanned) ^ :  |                   |                             |                            |  |  |   |                            |
| 1.<br>2.   |                   |                             |                            |  |  |   |                            |
| <b>Sign (With Seal)/ e-Sign/ Digital Sign of DDO</b>   |                   |                             |                            |  |  |   |                            |
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| 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.  |                   |                             |                            |  |  |   |                            |

| GA 154<br>GFAR 230   | Government of Rajasthan                    |  |  | New Form No. 105<br>Rule 265 (3) |                         |                         |  |  |  |  |                             |                          |  |       |         |                           |                                  |  |                  |                             |                          |  |  |                     |                       |  |  |                  |                        |  |  |  |                     |  |  |  |   |  |  |  |                               |                |
|--|--|--|--|----------------------------------|-------------------------|-------------------------|--|--|--|--|-----------------------------|--------------------------|--|-------|---------|---------------------------|----------------------------------|--|------------------|-----------------------------|--------------------------|--|--|---------------------|-----------------------|--|--|------------------|------------------------|--|--|--|---------------------|--|--|--|---|--|--|--|-------------------------------|----------------|
| Reference No.  | Refund of Lapse Deposit Bill (Outer Sheet) |  |  | Month/Year :                     |                         |                         |  |  |  |  |                             |                          |  |       |         |                           |                                  |  |                  |                             |                          |  |  |                     |                       |  |  |                  |                        |  |  |  |                     |  |  |  |   |  |  |  |                               |                |
| Detailed bill for Refund of Lapse Deposit of : (Office Name)   |  |  |  | Office ID :                      |                         |                         |  |  |  |  |                             |                          |  |       |         |                           |                                  |  |                  |                             |                          |  |  |                     |                       |  |  |                  |                        |  |  |  |                     |  |  |  |   |  |  |  |                               |                |
| Bill No. : Date : DDO Code : Name of DDO : Object Head : 00  |  |  |  |                                  |                         |                         |  |  |  |  |                             |                          |  |       |         |                           |                                  |  |                  |                             |                          |  |  |                     |                       |  |  |                  |                        |  |  |  |                     |  |  |  |   |  |  |  |                               |                |
| Budget Head: 0000-00-000-00-00   | Demand No. : 00                            | TAN No. :  |  |                                  |                         |                         |  |  |  |  |                             |                          |  |       |         |                           |                                  |  |                  |                             |                          |  |  |                     |                       |  |  |                  |                        |  |  |  |                     |  |  |  |   |  |  |  |                               |                |
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| Sign of Clerk  | Sign of Jr.ACC/AAO-I/II                    | Sign (With Seal)/ e-Sign/<br>Digital Sign of DDO | Sign (With Seal)/ e-Sign/<br>Digital Sign of DDO |                                  |                         |                         |  |  |  |  |                             |                          |  |       |         |                           |                                  |  |                  |                             |                          |  |  |                     |                       |  |  |                  |                        |  |  |  |                     |  |  |  |   |  |  |  |                               |                |
| <b>Certificates :</b>  |  |  |  |                                  |                         |                         |  |  |  |  |                             |                          |  |       |         |                           |                                  |  |                  |                             |                          |  |  |                     |                       |  |  |                  |                        |  |  |  |                     |  |  |  |   |  |  |  |                               |                |
| <ol style="list-style-type: none"> <li>1. The Amount claimed in this bill has not been drawn earlier.</li> <li>2. Compliance of Rule 265 has been ensured.</li> <li>3. It is further certified that I have personally ensured observance of all formalities regarding necessary entries.</li> <li>4. The Amount of this bill is within the limits of allotted budget for the Year (Current Financial Year).</li> </ol>   |  |  |  |                                  |                         |                         |  |  |  |  |                             |                          |  |       |         |                           |                                  |  |                  |                             |                          |  |  |                     |                       |  |  |                  |                        |  |  |  |                     |  |  |  |   |  |  |  |                               |                |
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| To be Filled by the DDO  | Treasury Voucher                           | Sign (With Seal)/ e-Sign/<br>Digital Sign of DDO | Sign (With Seal)/ e-Sign/<br>Digital Sign of DDO |                                  |                         |                         |  |  |  |  |                             |                          |  |       |         |                           |                                  |  |                  |                             |                          |  |  |                     |                       |  |  |                  |                        |  |  |  |                     |  |  |  |   |  |  |  |                               |                |
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| Original Deposit Amount :  | No. :                                      | Date :   | Pay Rs. :<br>(In words) :                        |                                  |                         |                         |  |  |  |  |                             |                          |  |       |         |                           |                                  |  |                  |                             |                          |  |  |                     |                       |  |  |                  |                        |  |  |  |                     |  |  |  |   |  |  |  |                               |                |
| Already Refund Amount (If Any) :   |  |  | (In Cash) :<br>(In words) :                      |                                  |                         |                         |  |  |  |  |                             |                          |  |       |         |                           |                                  |  |                  |                             |                          |  |  |                     |                       |  |  |                  |                        |  |  |  |                     |  |  |  |   |  |  |  |                               |                |
| Refund Sanction Amount :   |  |  | By B.T.  |                                  |                         |                         |  |  |  |  |                             |                          |  |       |         |                           |                                  |  |                  |                             |                          |  |  |                     |                       |  |  |                  |                        |  |  |  |                     |  |  |  |   |  |  |  |                               |                |
| Refund Sanction No. :  |  |  | Total Credit Rs.                                 |                                  |                         |                         |  |  |  |  |                             |                          |  |       |         |                           |                                  |  |                  |                             |                          |  |  |                     |                       |  |  |                  |                        |  |  |  |                     |  |  |  |   |  |  |  |                               |                |
| Refund Sanction Date :   |  |  |  |                                  |                         |                         |  |  |  |  |                             |                          |  |       |         |                           |                                  |  |                  |                             |                          |  |  |                     |                       |  |  |                  |                        |  |  |  |                     |  |  |  |   |  |  |  |                               |                |
| Nature of Deposit :  |  |  |  |                                  |                         |                         |  |  |  |  |                             |                          |  |       |         |                           |                                  |  |                  |                             |                          |  |  |                     |                       |  |  |                  |                        |  |  |  |                     |  |  |  |   |  |  |  |                               |                |
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| Auditor _____ Supdt. _____<br>Gaz. officer _____<br>Disclaimer: All contents related to this bill are provided by Head of Office/DDO and he/she is solely responsible for it.<br>Group Name : _____  |  |  |  |                                  |                         |                         |  |  |  |  |                             |                          |  |       |         |                           |                                  |  |                  |                             |                          |  |  |                     |                       |  |  |                  |                        |  |  |  |                     |  |  |  |   |  |  |  |                               |                |
| Auditor _____ AAO-I/II _____<br>Audit _____<br>Print Date & Time : _____   |  |  |  |                                  |                         |                         |  |  |  |  |                             |                          |  |       |         |                           |                                  |  |                  |                             |                          |  |  |                     |                       |  |  |                  |                        |  |  |  |                     |  |  |  |   |  |  |  |                               |                |

3

| Government of Rajasthan<br>Refund of Lapse Deposit Bill (Inner Sheet)  |                      |   |                                 |                               |  |   | New Form No. 105           |
|--|----------------------|---|---------------------------------|-------------------------------|--|---|----------------------------|
| Reference No.  |                      |   |                                 | Month/Year :                  |  |   |                            |
| Detailed bill for Refund of Lapse Deposit of : (Office Name)   |                      |   |                                 | Office ID :                   |  |   |                            |
| Bill No. :   | Date :               | DDO Code :  |                                 | Name of DDO :                 | Object Head :  |   |                            |
| Budget Head: 00000-00-000-00-00 NP/P   | V/C                  | Demand No. : 00   |                                 | Plan: 0.00                    | Non Plan: 0.00   | TAN No. :                                 |                            |
| S.No.  | Name<br>Bank A/C No. | Challan Type (Manual<br>receipt/e-receipt)<br>Challan No. | Amount Lapsed<br>Date of Lapsed | Sanction No.<br>Sanction Date | Total Challan Amount<br>Already Refunded Amount<br>Amount Claimed in this bill | Deduction Budget Head<br>Deduction Amount | Net Amount<br>Gross Amount |
| 1.   |                      |   |                                 |                               |  |   |                            |
| Remark :   |                      | Deduction Amount :  |                                 |                               | Net Amount :   |   |                            |
| Gross Amount :   |                      |   |                                 |                               |  |   |                            |
| Amount in words :  |                      |   |                                 |                               |  |   |                            |
| <b>Certificates :</b>  |                      |   |                                 |                               |  |   |                            |
| <p>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.</p> <p>2. I hereby identified the claimant &amp; found satisfactory.</p> <p>3. All required information including Bank Account Details in this bill has been checked and verified.</p> <p><b>4. It is certify that I have carefully examined &amp; verified the master data of the said claim.</b></p> |                      |   |                                 |                               |  |   |                            |
| Enclosures (System generated/Scanned) ^ :  |                      |   |                                 |                               |  |   |                            |
| <p>1.</p> <p>2.</p>  |                      |   |                                 |                               |  |   |                            |
| <b>Sign (With Seal)/ e-Sign/ Digital Sign of DDO</b>   |                      |   |                                 |                               |  |   |                            |
| <p>Disclaimer: All contents related to this bill are provided by Head of Office/DDO and he/she is solely responsible for it.</p> <p>Group Name : _____</p> <p>Print Date &amp; Time : _____</p> <p>Enclosures marked (^) are to be printed in the bill as per selection from dropdown menu according to the requirements defined under relevant rules.</p>   |                      |   |                                 |                               |  |   |                            |

|   |   |  |                             |   |                          |                               |  |  |  |                                     |     |                         |                           |   |  |  |  |                             |                                      |   |  |  |                             |  |         |        |              |         |         |
|---|---|--|-----------------------------|---|--------------------------|-------------------------------|--|--|--|-------------------------------------|-----|-------------------------|---------------------------|---|--|--|--|-----------------------------|--------------------------------------|---|--|--|-----------------------------|--|---------|--------|--------------|---------|---------|
| GA 118<br>GFAR 311  | Government of Rajasthan                           |  |                             | New Form No. GA 110<br>Rule 287(a)                              |                          |                               |  |  |  |                                     |     |                         |                           |   |  |  |  |                             |                                      |   |  |  |                             |  |         |        |              |         |         |
| Reference No.   | Grant In Aid Bill/Contribution etc. (Outer Sheet) |  |                             | Month/Year :  |                          |                               |  |  |  |                                     |     |                         |                           |   |  |  |  |                             |                                      |   |  |  |                             |  |         |        |              |         |         |
| Bill for Grant-in-Aid/Contribution etc. of : (Office Name)  |   |  |                             | Office ID :   |                          |                               |  |  |  |                                     |     |                         |                           |   |  |  |  |                             |                                      |   |  |  |                             |  |         |        |              |         |         |
| Bill No. :  | Date :  | DDO Code :   | Name of DDO :               | Object Head :   |                          |                               |  |  |  |                                     |     |                         |                           |   |  |  |  |                             |                                      |   |  |  |                             |  |         |        |              |         |         |
| Budget Head: 0000-00-000-00-00 N/P/P  | V/C   | Demand No.: 00   | Plan : 0.00                 | Non Plan : 0.00      TAN No. :                                  |                          |                               |  |  |  |                                     |     |                         |                           |   |  |  |  |                             |                                      |   |  |  |                             |  |         |        |              |         |         |
| <p>To The Treasury Officer, (Concerning Treasury)<br/>Please Order to pay Rs..... .... as per claim contained in this bill.</p>   |   |  |                             |   |                          |                               |  |  |  |                                     |     |                         |                           |   |  |  |  |                             |                                      |   |  |  |                             |  |         |        |              |         |         |
| <table border="1"> <tr> <td><b>Clerk</b></td> <td><b>Sign of Jr.ACC/AAO-1/I</b></td> <td><b>Sign (With Seal)/ e-Sign/<br/>Digital Sign of DDO</b></td> </tr> </table>   |   |  |                             |   | <b>Clerk</b>             | <b>Sign of Jr.ACC/AAO-1/I</b> | <b>Sign (With Seal)/ e-Sign/<br/>Digital Sign of DDO</b> |  |  |                                     |     |                         |                           |   |  |  |  |                             |                                      |   |  |  |                             |  |         |        |              |         |         |
| <b>Clerk</b>  | <b>Sign of Jr.ACC/AAO-1/I</b>                     | <b>Sign (With Seal)/ e-Sign/<br/>Digital Sign of DDO</b> |                             |   |                          |                               |  |  |  |                                     |     |                         |                           |   |  |  |  |                             |                                      |   |  |  |                             |  |         |        |              |         |         |
| <p><b>Certificates :</b></p> <ol style="list-style-type: none"> <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 observance of all formalities regarding necessary entries.</li> <li>3. The Amount of this bill is within the limits of allotted budget for the Year (Current Financial Year).</li> </ol>  |   |  |                             |   |                          |                               |  |  |  |                                     |     |                         |                           |   |  |  |  |                             |                                      |   |  |  |                             |  |         |        |              |         |         |
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| <b>Counter Signature</b>  | <b>Treasury Voucher</b>                           |  |                             |   |                          |                               |  |  |  |                                     |     |                         |                           |   |  |  |  |                             |                                      |   |  |  |                             |  |         |        |              |         |         |
| Passed for Rs.<br>Amount in words :   | No.   | <b>For Treasury Use</b>                                  | Pay Rs. :<br>(In words) :   | Sign (With Seal)/e-Sign/<br>Digital Sign of Controlling Officer |                          |                               |  |  |  |                                     |     |                         |                           |   |  |  |  |                             |                                      |   |  |  |                             |  |         |        |              |         |         |
|   |   |  | (In Cash) :<br>(In words) : | <b>For Accountant General Office</b>                            |                          |                               |  |  |  |                                     |     |                         |                           |   |  |  |  |                             |                                      |   |  |  |                             |  |         |        |              |         |         |
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| Auditor   | Supdt.  | Gaz. Officer   | Auditor                     | AAO-1/I   |                          |                               |  |  |  |                                     |     |                         |                           |   |  |  |  |                             |                                      |   |  |  |                             |  |         |        |              |         |         |
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| Government of Rajasthan<br>Grant In Aid/Contribution etc. Bill (Inner Sheet)  |  |                  |                            | <b>Month/Year :</b> | New Form No. GA 110                   |              |            |         |
|---|--|------------------|----------------------------|---------------------|---------------------------------------|--------------|------------|---------|
| Reference No.   | Bill for Grant-in-Aid/ Contribution etc. of: (Office Name) |                  |                            | Office ID :         | Object Head :                         |              |            |         |
| Bill No. :  | Date :   | DDO Code :       | Name of DDO :              |                     |                                       |              |            |         |
| Budget Head: 00000-00-000-00-00 NP/P  | V/C  | Demand No.:00    | Plan: 0.00                 | Non Plan : 0.00     | TAN No. :                             |              |            |         |
| S.No.   | Name of Institution/ Individual/ Third Party               | Purpose of Grant | Sanction No. Sanction Date | Account No.         | Deduction Budget Head PD Account/ TIN | Gross Amount | Net Amount | Remarks |
| 1.  |  |                  |                            |                     |                                       |              |            |         |
| 2.  |  |                  |                            |                     |                                       |              |            |         |
| Utilization Certificate (UC) : (Yes or No)  |  |                  |                            | Deduction Amount :  |                                       | Net Amount : |            |         |
| Gross Amount :  |  |                  |                            | Amount in words :   |                                       |              |            |         |
| <p><b>Certificates :</b></p> <ol style="list-style-type: none"> <li>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.</li> <li>2. All required information including Bank Account Details in this bill has been checked and verified.</li> <li>3. Utilization Certificate (UC) will be submitted as per conditions of Grant in Aid/ Contribution etc.</li> <li>4. <b>It is certify that I have carefully examined &amp; verified the master data of the said claim.</b></li> </ol> |  |                  |                            |                     |                                       |              |            |         |
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|   |  |                         |  |                                   |                          |  |                         |  |  |   |  |     |                         |                                   |  |  |  |                           |  |  |  |  |                  |  |                |  |                |                           |                           |         |  |        |  |  |
|---|--|-------------------------|--|-----------------------------------|--------------------------|--|-------------------------|--|--|---|--|-----|-------------------------|-----------------------------------|--|--|--|---------------------------|--|--|--|--|------------------|--|----------------|--|----------------|---------------------------|---------------------------|---------|--|--------|--|--|
| GA 119  | Government of Rajasthan  |                         |  | New Form No. 112<br>Rule 291(1)   |                          |  |                         |  |  |   |  |     |                         |                                   |  |  |  |                           |  |  |  |  |                  |  |                |  |                |                           |                           |         |  |        |  |  |
| G FAR 313   | Scholarship/Stipend Bill (Outer Sheet)                                   |                         |  | <b>Month/Year :</b>               |                          |  |                         |  |  |   |  |     |                         |                                   |  |  |  |                           |  |  |  |  |                  |  |                |  |                |                           |                           |         |  |        |  |  |
| Reference No.   | (For Institutes/Individual/Resident Doctor(s) (Non Government Employee)) |                         |  |                                   |                          |  |                         |  |  |   |  |     |                         |                                   |  |  |  |                           |  |  |  |  |                  |  |                |  |                |                           |                           |         |  |        |  |  |
| Department Portal Reference No. :   |  |                         |  |                                   |                          |  |                         |  |  |   |  |     |                         |                                   |  |  |  |                           |  |  |  |  |                  |  |                |  |                |                           |                           |         |  |        |  |  |
| Detailed Scholarship/Stipend Bill of: (Office Name)   | Office ID :  | Name of DDO :           | Object Head :  |                                   |                          |  |                         |  |  |   |  |     |                         |                                   |  |  |  |                           |  |  |  |  |                  |  |                |  |                |                           |                           |         |  |        |  |  |
| Bill No. : Date : DDO Code :  | DDO Code :   | Demand No. : 00         | Plan: 0.00 Non Plan : 0.00                               | TAN No. :                         |                          |  |                         |  |  |   |  |     |                         |                                   |  |  |  |                           |  |  |  |  |                  |  |                |  |                |                           |                           |         |  |        |  |  |
| Budget Head: 00000-00-000-00-00 N/P V/C   |  |                         |  |                                   |                          |  |                         |  |  |   |  |     |                         |                                   |  |  |  |                           |  |  |  |  |                  |  |                |  |                |                           |                           |         |  |        |  |  |
| To The Treasury Officer, (Concerning Treasury)<br>Please Order to pay Rs..... as per claim contained in this bill.  | Sign of Clerk  | Sign of Jr.ACC/AAO-II/I | Sign (With Seal)/ e-Sign/<br>Digital Sign of DDO         |                                   |                          |  |                         |  |  |   |  |     |                         |                                   |  |  |  |                           |  |  |  |  |                  |  |                |  |                |                           |                           |         |  |        |  |  |
| <b>Certificates :</b>   |  |                         |  |                                   |                          |  |                         |  |  |   |  |     |                         |                                   |  |  |  |                           |  |  |  |  |                  |  |                |  |                |                           |                           |         |  |        |  |  |
| <ol style="list-style-type: none"> <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 observance of all formalities regarding necessary entries.</li> <li>3. The Amount of this bill is within the limits of allotted budget for the Year (<i>Current Financial Year</i>).</li> </ol>  |  |                         |  |                                   |                          |  |                         |  |  |   |  |     |                         |                                   |  |  |  |                           |  |  |  |  |                  |  |                |  |                |                           |                           |         |  |        |  |  |
| <table border="1"> <tr> <td colspan="2"><b>Counter Signature</b></td> <td><b>Treasury Voucher</b></td> <td colspan="2"><b>Sign (With Seal)/ e-Sign/<br/>Digital Sign of DDO</b></td> </tr> <tr> <td colspan="2">Satisfied that the prescribed conditions have been fulfilled.</td> <td>No.</td> <td>Pay Rs. :<br/>(In words)</td> <td>Date :<br/><u>For Treasury Use</u></td> </tr> <tr> <td colspan="2">Counter Signed for Rs.:<br/>Amount in words :</td> <td></td> <td>(In Cash) :<br/>(In words)</td> <td></td> </tr> <tr> <td colspan="2"></td> <td></td> <td>Total Credit Rs.</td> <td></td> </tr> <tr> <td colspan="2">Admitted (RS.)</td> <td>Objected (RS.)</td> <td>Auditor :<br/>Gaz. officer</td> <td>AAO-II/I Treasury Officer</td> </tr> <tr> <td colspan="2">Auditor</td> <td>Supdt.</td> <td></td> <td></td> </tr> </table> |  |                         |  |                                   | <b>Counter Signature</b> |  | <b>Treasury Voucher</b> | <b>Sign (With Seal)/ e-Sign/<br/>Digital Sign of DDO</b> |  | Satisfied that the prescribed conditions have been fulfilled. |  | No. | Pay Rs. :<br>(In words) | Date :<br><u>For Treasury Use</u> | Counter Signed for Rs.:<br>Amount in words : |  |  | (In Cash) :<br>(In words) |  |  |  |  | Total Credit Rs. |  | Admitted (RS.) |  | Objected (RS.) | Auditor :<br>Gaz. officer | AAO-II/I Treasury Officer | Auditor |  | Supdt. |  |  |
| <b>Counter Signature</b>  |  | <b>Treasury Voucher</b> | <b>Sign (With Seal)/ e-Sign/<br/>Digital Sign of DDO</b> |                                   |                          |  |                         |  |  |   |  |     |                         |                                   |  |  |  |                           |  |  |  |  |                  |  |                |  |                |                           |                           |         |  |        |  |  |
| Satisfied that the prescribed conditions have been fulfilled.   |  | No.                     | Pay Rs. :<br>(In words)                                  | Date :<br><u>For Treasury Use</u> |                          |  |                         |  |  |   |  |     |                         |                                   |  |  |  |                           |  |  |  |  |                  |  |                |  |                |                           |                           |         |  |        |  |  |
| Counter Signed for Rs.:<br>Amount in words :  |  |                         | (In Cash) :<br>(In words)                                |                                   |                          |  |                         |  |  |   |  |     |                         |                                   |  |  |  |                           |  |  |  |  |                  |  |                |  |                |                           |                           |         |  |        |  |  |
|   |  |                         | Total Credit Rs.   |                                   |                          |  |                         |  |  |   |  |     |                         |                                   |  |  |  |                           |  |  |  |  |                  |  |                |  |                |                           |                           |         |  |        |  |  |
| Admitted (RS.)  |  | Objected (RS.)          | Auditor :<br>Gaz. officer                                | AAO-II/I Treasury Officer         |                          |  |                         |  |  |   |  |     |                         |                                   |  |  |  |                           |  |  |  |  |                  |  |                |  |                |                           |                           |         |  |        |  |  |
| Auditor   |  | Supdt.                  |  |                                   |                          |  |                         |  |  |   |  |     |                         |                                   |  |  |  |                           |  |  |  |  |                  |  |                |  |                |                           |                           |         |  |        |  |  |
| Disclaimer: All contents related to this bill are provided by Head of Office/DDO and he/she is solely responsible for it.<br>Group Name : Print Date & Time :   |  |                         |  |                                   |                          |  |                         |  |  |   |  |     |                         |                                   |  |  |  |                           |  |  |  |  |                  |  |                |  |                |                           |                           |         |  |        |  |  |

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 : \_\_\_\_\_

| Government of Rajasthan<br>Scholarship/Individual/Resident Doctor(s)(Non Government Employee))  |   |   |   |                                  |   | New Form No. 112                               |         |
|---|---|---|---|----------------------------------|---|--|---------|
| Reference No.   | (For Institutes/Individual/Resident Doctor(s)(Non Government Employee)) |   | Month/Year :  |                                  |   |  |         |
| Detailed Scholarship/Stipend Bill of: (Office Name)   |   |   |   |                                  |   |  |         |
| Bill No. :  | DDO Code :  | Name of DDO :   | Object Head :   |                                  |   |  |         |
| Budget Head: 0000-00-000-00-00 N/P/P V/C  | Demand No.: 00  | Plan: 0.00  | Non Plan: 0.00 TAN No. :  |                                  |   |  |         |
| S.No.   | Sanction Year   | Scholar Type Category<br>Aadhar No.<br>NPCL User Code | Name of Institution/<br>Individual<br>Bank Name<br>Bank Account No. | Amount of Monthly<br>Scholarship | No. of Days for<br>which<br>Scholarship is<br>claimed | Scholarship<br>Claimed (Net<br>Payable Amount) | Remarks |
| 1.  |   |   |   |                                  |   |  |         |
| 2.  |   |   |   |                                  |   |  |         |
| <b>Total Amount :</b>   |   |   |   |                                  |   |  |         |
| <b>Amount in words :</b>  |   |   |   |                                  |   |  |         |
| <b>Certificates :</b>   |   |   |   |                                  |   |  |         |
| <ol style="list-style-type: none"> <li>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.</li> <li>2. 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>3. All required information including Bank Account Details in this bill has been checked and verified.</li> <li>4. <b>It is certify that I have carefully examined &amp; verified the master data of the said claim.</b></li> </ol> |   |   |   |                                  |   |  |         |
| <b>Enclosures (System generated/Scanned)^:</b>  |   |   |   |                                  |   |  |         |
| 1.<br>2.  |   |   |   |                                  |   |  |         |
| <b>Sign (With Seal)/ e-Sign/ Digital Sign of DDO</b>  |   |   |   |                                  |   |  |         |
| 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.   |   |   |   |                                  |   |  |         |

|  |  |  |  |                    |   |  |  |  |            |  |  |  |  |                  |
|--|--|--|--|--------------------|---|--|--|--|------------|--|--|--|--|------------------|
| GA 119<br>GFAR 313   | Government of Rajasthan  |  |  | New Form No. 112-A |   |  |  |  |            |  |  |  |  |                  |
| Reference No.  | Stipend Bill (For Resident Doctor(s)(Govt. Employee)) (Outer Sheet)  |  |  | Rule 29(1)         |   |  |  |  |            |  |  |  |  |                  |
| Detailed Stipend Bill of: (Office Name)  | Office ID :  | Month/Year :                                     |  |                    |   |  |  |  |            |  |  |  |  |                  |
| Bill No.:  | DDO Code :   | Name of DDO :                                    | Object Head :                                    |                    |   |  |  |  |            |  |  |  |  |                  |
| Budget Head: 00000-00-000-00-00 NP/P V/C   | Demand No.: 00   | Plan: 0.00                                       | Non Plan : 0.00                                  | TAN No. :          |   |  |  |  |            |  |  |  |  |                  |
| <p>To The Treasury Officer, (Concerning Treasury)<br/>Please Order to pay Rs..... .... as per claim contained in this bill.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Sign of Clerk</td> <td style="width: 25%;">Sign of Jr.ACC/AAO-II/III</td> <td style="width: 25%;">Sign (With Seal)/ e-Sign/<br/>Digital Sign of DDO</td> <td style="width: 25%;">Sign (With Seal)/ e-Sign/<br/>Digital Sign of DDO</td> </tr> </table>  |  |  |  |                    | Sign of Clerk   | Sign of Jr.ACC/AAO-II/III  | Sign (With Seal)/ e-Sign/<br>Digital Sign of DDO | Sign (With Seal)/ e-Sign/<br>Digital Sign of DDO |            |  |  |  |  |                  |
| Sign of Clerk  | Sign of Jr.ACC/AAO-II/III  | Sign (With Seal)/ e-Sign/<br>Digital Sign of DDO | Sign (With Seal)/ e-Sign/<br>Digital Sign of DDO |                    |   |  |  |  |            |  |  |  |  |                  |
| <p><b>Certificates :</b></p> <ol style="list-style-type: none"> <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 observance of all formalities regarding necessary entries.</li> <li>3. The Amount of this bill is within the limits of allotted budget for the Year (Current Financial Year).</li> </ol>   |  |  |  |                    |   |  |  |  |            |  |  |  |  |                  |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> <u>Counter Signature</u><br/>           Satisfied that the prescribed conditions have been fulfilled.<br/>           Counter Signed for Rs.:<br/>           Amount in words :         </td> <td style="width: 50%;"> <u>Treasury Voucher</u><br/>           No. _____ Date : _____<br/> <u>For Treasury Use</u><br/>           Pay Rs. :<br/>           (In words) :<br/> <br/>           (In Cash) :<br/>           (In words) :         </td> </tr> </table> |  |  |  |                    | <u>Counter Signature</u><br>Satisfied that the prescribed conditions have been fulfilled.<br>Counter Signed for Rs.:<br>Amount in words : | <u>Treasury Voucher</u><br>No. _____ Date : _____<br><u>For Treasury Use</u><br>Pay Rs. :<br>(In words) :<br><br>(In Cash) :<br>(In words) : |  |  |            |  |  |  |  |                  |
| <u>Counter Signature</u><br>Satisfied that the prescribed conditions have been fulfilled.<br>Counter Signed for Rs.:<br>Amount in words :  | <u>Treasury Voucher</u><br>No. _____ Date : _____<br><u>For Treasury Use</u><br>Pay Rs. :<br>(In words) :<br><br>(In Cash) :<br>(In words) : |  |  |                    |   |  |  |  |            |  |  |  |  |                  |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;"> <u>Sign (With Seal)/e-Sign/<br/>Digital Sign of Controlling Officer</u><br/> <u>For Accountant General Office</u><br/>           Admitted (RS.)         </td> <td style="width: 30%;"> <u>Total Credit RS.</u><br/>           Objected (RS.)         </td> </tr> </table>  |  |  |  |                    | <u>Sign (With Seal)/e-Sign/<br/>Digital Sign of Controlling Officer</u><br><u>For Accountant General Office</u><br>Admitted (RS.)         | <u>Total Credit RS.</u><br>Objected (RS.)  |  |  |            |  |  |  |  |                  |
| <u>Sign (With Seal)/e-Sign/<br/>Digital Sign of Controlling Officer</u><br><u>For Accountant General Office</u><br>Admitted (RS.)  | <u>Total Credit RS.</u><br>Objected (RS.)  |  |  |                    |   |  |  |  |            |  |  |  |  |                  |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Auditor</td> <td style="width: 25%;">Supdt.</td> <td style="width: 25%;">Gaz. officer</td> <td style="width: 25%;">Auditor</td> <td style="width: 25%;">AAO-II/III</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td>Treasury Officer</td> </tr> </table>   |  |  |  |                    | Auditor   | Supdt.   | Gaz. officer                                     | Auditor  | AAO-II/III |  |  |  |  | Treasury Officer |
| Auditor  | Supdt.   | Gaz. officer                                     | Auditor  | AAO-II/III         |   |  |  |  |            |  |  |  |  |                  |
|  |  |  |  | Treasury Officer   |   |  |  |  |            |  |  |  |  |                  |
| <p>Disclaimer: All contents related to this bill are provided by Head of Office/DDO and he/she is solely responsible for it.<br/>Group Name: _____ Print Date &amp; Time: _____</p>  |  |  |  |                    |   |  |  |  |            |  |  |  |  |                  |

| Government of Rajasthan<br>Stipend Bill (For Resident Doctor(s)) (Govt. Employee(s)) (Inner Sheet)  |                            |   |   |                          |              |            | New Form No. 112-A |             |
|---|----------------------------|---|---|--------------------------|--------------|------------|--------------------|-------------|
| Reference No.   |                            | Month/Year :  |   |                          |              |            |                    |             |
| Detailed Stipend 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 V/C | Demand No. : 00   | Plan: 0.00  | Non Plan: 0.00 TAN No. : |              |            |                    |             |
| S.No.   | Sanction Year              | Scholar Type Category Employee ID Aadhar No. NPCI User Code | Name of Stipend Holder Bank Name Bank Account No. | -Pay Allowances--        | Gross Amount | Deductions | Sum of Deductions  | Net Amount  |
| 1.  |                            |   |   |                          |              |            |                    |             |
| 2.  |                            |   |   |                          |              |            |                    |             |
| Gross Amount :  |                            |   |   | Deduction Amount :       |              |            |                    | Net Amount: |
| Amount in words :   |                            |   |   |                          |              |            |                    |             |
| <b>Certificates :</b>   |                            |   |   |                          |              |            |                    |             |
| 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.<br>2. 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 scholarship/stipend. It is further certified that I have personally ensured observance of all formalities regarding necessary entries.<br>3. All required information including Bank Account Details in this bill has been checked and verified.<br>4. <b>It is certify that I have carefully examined &amp; verified the master data of the said claim.</b> |                            |   |   |                          |              |            |                    |             |
| <b>Sign (With Seal)/ e-Sign/ Digital Sign of DDO</b><br>Disclaimer: All contents related to this bill are provided by Head of Office/DDO and he/she is solely responsible for it.<br>Print Date & Time :<br>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-II 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 (परिपत्र सं. GF&AR-13/2016) में निम्न संशोधन करने के आदेश एतद्वारा 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 होगे।

आज्ञा से,

31.3.2017  
(रामावतार शर्मा)  
शासन संयुक्त सचिव

प्रतिलिपि निम्नलिखित को सूचनार्थ, आवश्यक कार्यवाही एवं अपने अधीनस्थ कार्यालयों को सूचित करने हेतु प्रेक्षित 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।
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 कलवटे/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(कोडीफिकेशन) 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 मिजवायें ताकि हिन्दी अनुवाद प्रेसित किया जा सके।
18. अतिरिक्त विदेशक, वित्त विभाग को वित्त विभाग की वेबसाइट पर प्रकाशित करवाने की व्यवस्था करायें।

हरीश लड्ढा  
(हरीश लड्ढा)  
मुख्य लेखाधिकारी

(GF&AR - ५ /2017)



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-II में संशोधन

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

- 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.

आज्ञा से,

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

(उषस्पति त्रिपाठी )  
शासन संयुक्त सचिव

- प्रतिलिपि निम्नलिखित को सूचनार्थ, आवश्यक कार्यवाही एवं अपने अधीनस्थ कार्यालयों को सूचित करने हेतु प्रेषित है :-
- 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।
  - सचिव, राजस्थान विधान सभा, राजस्थान, जयपुर।
  - सचिव, लोकयुक्त 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।
  - समस्त जिला कलबटर/संभागीय आयुक्त/विभागाध्यक्ष।
  - आयुक्त, वाणिज्यिक कर विभाग को प्रेषित कर लेख है कि इन संशोधनों बाबत् सभी संबंधित अधिकारियों को सम्यक् रूप से जागरूक (sensitize) कराना चाहिए।
  - निदेशक, कोष एवं लेखा विभाग, राजस्थान, जयपुर इन संशोधनों बाबत् सभी संबंधित अधिकारियों को उचित रूप से जागरूक (sensitize) कराना सुनिश्चित करावें।
  - पंजीयक, राजस्थान उच्च न्यायालय, जोधपुर/जयपुर।
  - समस्त कोषाधिकारी/उपकोषाधिकारी, राजस्थान।
  - कार्मिक एवं प्रशासनिक सुधार विभाग(कोडीफिकेशन) अतिरिक्त प्रति सहित।
  - पंजीयक, राजस्थान सिविल सेवा अपील अधिकरण, जयपुर।
  - 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।
  - 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।

(हरीश लड्ढा)  
मुख्य लेखाधिकारी

(GF&AR - ३ /2018)

FORM - XVI  
[See Clause 7 ~ RIPS 2010]

Reference No.

Detailed CTD Bill for Grant of Subsidy : (Office Name)

Bill No. :

Date :

DDO Code :

Budget Head: 0000-00-000-00-00 SF/CA V/C

Demand No. : 00

To

The Treasury Officer, (Concerning Treasury)  
Please Order to pay Rs..... .... as per claim contained in this bill.

Certificates :

- 4. The Amount claimed in this bill has not been drawn earlier.
- 5. It is further certified that I have personally ensured observance of all formalities regarding necessary entries.
- 6. The Bank detail of Payee/Payees is/are correct, as per the record.

Sign of Clerk      Sign of Jr.ACC/AAO-II/III      Sign (With Seal)/ e-Sign/  
Digital Sign of DDO/CSDO

I Certify that the Compliance of Directions/ Instructions under the provisions of GF  
& AR has been ensured.

Amount of Subsidy :  
Sanction Order No. :  
Sanction Order Date :

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

| For Accountant General Office   | Total Credit Rs.  |
|---|---|
| Admitted (RS.)<br><br>      | Objected (RS.)  |
| Auditor      Supdt.<br><br> | Gaz. officer      AAQ-II/I      Treasury Officer<br>Auditor      AAQ-II/I      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 :

|  |  |                              |   |
|--|--|------------------------------|---|
| Reference No.  | RIPS-2010  | Government of Rajasthan      | New Form No. GA 110 A<br>Rule 287 a(1)                          |
| Detailed CTD Bill for Grant of Subsidy : (Office Name) | RIPS-2010 Subsidy Bill For Investment Subsidy (Outer Sheet)  | Month/Year :                 |   |
| Bill No. :   | Date :   | Office ID :<br>Name of DDO : | Object Head :   |
| Budget Head: 0000-00-000-00-00 SF/CA V/C               | DDO Code :   | Demand No. : 00              | State Fund : 0.00      Central Assistance : 0.00      TAN No. : |
| To   | The Treasury Officer, (Concerning Treasury)<br>Please Order to pay Rs..... .... as per claim contained in this bill. | Sign of Clerk                | Sign (With Seal)/ e-Sign/<br>Digital Sign of DDO/CSDO           |

| Government of Rajasthan<br>RIPS-2010 Subsidy Bill For Investment Subsidy (Inner Sheet)  |  |                          |                           |                           |                   | Month/Year : |
|---|--|--------------------------|---------------------------|---------------------------|-------------------|--------------|
| Reference No.   | Detailed CTD Bill for Grant 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  | V/C  | Demand No.: 00           | State Fund : 0.00         | Central Assistance : 0.00 | TAN No. :         |              |
| S.No.   | Name of Enterprise & TIN No./GSTIN                     | Bank Name & Bank A/C No. | Sanction Order No. & Date | Period of Grant           | Amount of Subsidy | Total Amount |
| 1.  |  |                          |                           |                           |                   |              |
|   |  |                          |                           | Total                     |                   |              |
| Total Amount :  |  |                          |                           |                           |                   |              |
| Amount in words :   |  |                          |                           |                           |                   |              |
| Certificates :  |  |                          |                           |                           |                   |              |
| <p>1. 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.</p> <p>2. All required information including Bank Account Details in this bill has been checked and verified.</p> <p><b>3. It is certify that I have carefully examined &amp; verified the master data of the said claim.</b></p> |  |                          |                           |                           |                   |              |
| <br><b>Sign (With Seal)/e-Sign/ Digital Sign of DDO/CSDO</b><br><p>Disclaimer: All contents related to this bill are provided by Head of Office/DDO and he/ she is solely responsible for it.<br/> Group Name : _____ Print Date &amp; Time : _____</p>  |  |                          |                           |                           |                   |              |

|   |  |   |                                     |  |                           |   |        |  |                           |  |                             |
|---|--|---|-------------------------------------|--|---------------------------|---|--------|--|---------------------------|--|-----------------------------|
| FORM - XVII<br>[See Clause 7 – RIPS 2010]   |  | Government of Rajasthan   |                                     | New Form No. GA 110 B<br>Rule 287 a(1) |                           |   |        |  |                           |  |                             |
| Reference No.   | RIPS-2010 Subsidy Bill For Employment Generation Subsidy (Outer Sheet) | Month/Year :  |                                     |  |                           |   |        |  |                           |  |                             |
| Detailed CTD Bill for Grant 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 V/C  | Demand No. : 00  | State Fund : 0.00   | Central Assistance : 0.00 TAN No. : |  |                           |   |        |  |                           |  |                             |
| <p>To The Treasury Officer, (Concerning Treasury)<br/>Please Order to pay Rs..... as per claim contained in this bill.</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;">Sign of Clerk</td> <td style="text-align: center;">Sign of Jr.ACC/AAO-II/III</td> <td style="text-align: center;">Sign (With Seal)/ e-Sign/<br/>Digital Sign of DDO/CSDO</td> </tr> </table> <p><b>Certificates :</b></p> <ol style="list-style-type: none"> <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 observance of all formalities regarding necessary entries.</li> <li>3. The Bank detail of Payee/Payees is/are correct, as per the record.</li> </ol> |  |   |                                     | Sign of Clerk                          | Sign of Jr.ACC/AAO-II/III | Sign (With Seal)/ e-Sign/<br>Digital Sign of DDO/CSDO |        |  |                           |  |                             |
| Sign of Clerk   | Sign of Jr.ACC/AAO-II/III  | Sign (With Seal)/ e-Sign/<br>Digital Sign of DDO/CSDO   |                                     |  |                           |   |        |  |                           |  |                             |
| <p>I Certify that the Compliance of Directions/ Instructions under the provisions of GF &amp; AR has been ensured.</p> <p>Amount of Subsidy :<br/>Sanction Order No. :<br/>Sanction Order Date :</p>  |  | <table border="1"> <tr> <td>No.</td> <td>Treasury Voucher</td> </tr> <tr> <td></td> <td>Date :</td> </tr> <tr> <td></td> <td>Pay Rs. :<br/>(In words) :</td> </tr> <tr> <td></td> <td>(In Cash) :<br/>(In words) :</td> </tr> </table> <p><b>Sign (With Seal)/ e-Sign/ Digital Sign of DDO/CSDO</b></p> <p><b>For Accountant General Office</b></p> <p>Admitted (RS.)</p> <p>Auditor                      Supdt.                      Gaz. officer                      Auditor                      AAO-II/III                      Treasury Officer</p> |                                     | No.                                    | Treasury Voucher          |   | Date : |  | Pay Rs. :<br>(In words) : |  | (In Cash) :<br>(In words) : |
| No.   | Treasury Voucher   |   |                                     |  |                           |   |        |  |                           |  |                             |
|   | Date :   |   |                                     |  |                           |   |        |  |                           |  |                             |
|   | Pay Rs. :<br>(In words) :  |   |                                     |  |                           |   |        |  |                           |  |                             |
|   | (In Cash) :<br>(In words) :  |   |                                     |  |                           |   |        |  |                           |  |                             |
| <p>Total Credit Rs.:</p> <p>Disclaimer: All contents related to this bill are provided by Head of Office/DDO and he/ she is solely responsible for it.</p> <p>Print Date &amp; Time : Group Name :</p>  |  |   |                                     |  |                           |   |        |  |                           |  |                             |

| Government of Rajasthan<br>RIPS-2010 Subsidy Bill For Employment Generation Subsidy (Inner Sheet)   |  |                          |                           |                                |                           | Month/Year : |
|---|--|--------------------------|---------------------------|--------------------------------|---------------------------|--------------|
| Reference No.   | Detailed CTD Bill for Grant of Subsidy : (Office Name) |                          | Office ID :               |                                |                           |              |
| Bill No. :  | Date :   | DDO Code :               | Name of DDO :             | Object Head :                  |                           |              |
| Budget Head: 00000-00-000-00-00   | SF/CA  | V/C                      | Demand No.: 00            | State Fund : 0.00              | Central Assistance : 0.00 | TAN No. :    |
| S.No.   | Name of Enterprise & TIN No./GSTIN                     | Bank Name & Bank A/C No. | Sanction Order No. & Date | Period of Grant                | Amount of Subsidy         | Total Amount |
| 1.  |  |                          |                           |                                |                           |              |
|   |  |                          |                           | Total                          |                           |              |
| Total Amount:   |  |                          |                           |                                |                           |              |
| Amount in words :   |  |                          |                           |                                |                           |              |
| <b>Certificates :</b>   |  |                          |                           |                                |                           |              |
| <p>1. 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.</p> <p>2. All required information including Bank Account Details in this bill has been checked and verified.</p> <p>3. <b>It is certify that I have carefully examined &amp; verified the master data of the said claim.</b></p> |  |                          |                           |                                |                           |              |
| <p><b>Sign (With Seal)/e-Sign/ Digital Sign of DDO/CSDO</b></p> <p>Disclaimer: All contents related to this bill are provided by Head of Office/DDO and he/ she is solely responsible for it.<br/>Group Name : </p>   |  |                          |                           | <p>Print Date &amp; Time :</p> |                           |              |

FORM - XL  
[See Clause 12.1 – RIPS 2014]

Reference No.

Government of Rajasthan

Rule 287 a(1)

RIPS-2014 Subsidy Bill For Investment Subsidy (Outer Sheet)

New Form No. GA 110 C

Month/Year :

Detailed CTD Bill for Grant of Subsidy : (Office Name) Office ID :

Month/Year :

Bill No. :

Date :

DDO Code :

Name of DDO :

Object Head :

Budget Head: 0000-00-000-00 SF/CA V/C

Demand No. : 00

State Fund : 0.00

Central Assistance : 0.00

TAN No. :

To

The Treasury Officer, (Concerning Treasury)

Please Order to pay Rs..... .... as per claim contained in this bill.

**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 Bank detail of Payee/Payees is/are correct, as per the record.

I Certify that the Compliance of Directions/ Instructions under the provisions of GF & AR has been ensured.

Amount of Subsidy :

Sanction Order No. :

Sanction Order Date :

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

**Sign (With Seal)/ e-Sign/ Digital Sign of Jr.AAO-II/I**

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

Amount of Subsidy : \_\_\_\_\_

Sanction Order No. : \_\_\_\_\_

Sanction Order Date : \_\_\_\_\_

No. \_\_\_\_\_ Date : \_\_\_\_\_

Pay Rs. : \_\_\_\_\_  
(In words) : \_\_\_\_\_

(In Cash) : \_\_\_\_\_  
(In words) : \_\_\_\_\_

Total Credit Rs. : \_\_\_\_\_

Admitted (RS.) : \_\_\_\_\_

Objected (RS.) : \_\_\_\_\_

Auditor : \_\_\_\_\_

Supdt. : \_\_\_\_\_

Gaz. officer : \_\_\_\_\_

Auditor : \_\_\_\_\_

AAO-II/I : \_\_\_\_\_

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 : \_\_\_\_\_

| Government of Rajasthan<br>RIPS-2014 Subsidy Bill For Investment Subsidy (Inner Sheet)  |                                    |                          |                           |   |                   | Month/Year : |  |
|---|------------------------------------|--------------------------|---------------------------|---|-------------------|--------------|--|
| Reference No.   |                                    |                          |                           |   |                   |              |  |
| Detailed CTD Bill for Grant of Subsidy : (Office Name)  |                                    |                          |                           |   |                   |              |  |
| Bill No. :  | Date :                             | DDO Code :               | Name of DDO :             | Object Head :   | Office ID :       |              |  |
| Budget Head: 00000-00-000-00-00 SF/CA   | V/C                                | Demand No.: 00           | State Fund : 0.00         | Central Assistance : 0.00                                       | TAN No. :         |              |  |
| S.No.   | Name of Enterprise & TIN No./GSTIN | Bank Name & Bank A/C No. | Sanction Order No. & Date | Period of Grant   | Amount of Subsidy | Total Amount |  |
| 1.  |                                    |                          |                           |   |                   |              |  |
| Total Amount :  |                                    |                          |                           | <b>Total</b>  |                   |              |  |
| Amount in words :   |                                    |                          |                           |   |                   |              |  |
| <b>Certificates :</b>   |                                    |                          |                           |   |                   |              |  |
| <p>1. 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.</p> <p>2. All required information including Bank Account Details in this bill has been checked and verified.</p> <p>3. <b>It is certify that I have carefully examined &amp; verified the master data of the said claim.</b></p> |                                    |                          |                           |   |                   |              |  |
| <p><b>Sign (With Seal)/e-Sign/ Digital Sign of DDO/cSDO</b></p> <p>Disclaimer: All contents related to this bill are provided by Head of Office/DDO and he/ she is solely responsible for it.<br/>Group Name : _____<br/>Print Date &amp; Time : _____</p>  |                                    |                          |                           | <p><b>Sign (With Seal)/e-Sign/ Digital Sign of DDO/cSDO</b></p> |                   |              |  |



|   |  |  |   |   |
|---|--|--|---|---|
| FORM - XL<br>[See Clause 12.2 - RIPS 2014]  | Government of Rajasthan  |  |   | New Form No. GA 110 D<br>Rule 287 a(1)                |
| Reference No.   | RIPS-2014 Subsidy Bill For Employment Generation Subsidy (Outer Sheet)   |  |   | Month/Year :  |
| Detailed CTD Bill for Grant 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 V/C  | Demand No.: 00   | State Fund : 0.00  | Central Assistance : 0.00                             | TAN No. :   |
| To  | The Treasury Officer, (Concerning Treasury)<br>Please Order to pay Rs..... .... as per claim contained in this bill. |  |   |   |
|   |  | Sign of Clerk  | Sign of Jr.ACC/AAO-II                                 | Sign (With Seal)/ e-Sign/<br>Digital Sign of DDO/CSDO |
| <b>Certificates :</b>   |  | <p>1. The Amount claimed in this bill has not been drawn earlier.</p> <p>2. It is further certified that I have personally ensured observance of all formalities regarding necessary entries.</p> <p>3. The Bank detail of Payee/Payees is/are correct, as per the record.</p> |   |   |
|   |  | Sign (With Seal)/ e-Sign/<br>Digital Sign of DDO/CSDO  | Sign (With Seal)/ e-Sign/<br>Digital Sign of DDO/CSDO |   |
| I Certify that the Compliance of Directions/ Instructions under the provisions of GF & AR has been ensured. |  | No.  | Treasury Voucher                                      |   |
|   |  |  | Pay Rs. :<br>(In words) :                             | Date :  |
|   |  |  | (In Cash) :<br>(In words) :                           |   |
|   |  |  | <b>For Accountant General Office</b>                  | Total Credit Rs.                                      |
| Admitted (RS.)  |  | Objected (RS.)   |   |   |
| Auditor   | Supdt.   | Gaz. officer   | Auditor   | AAO-II  |
| Group Name :  |  |  | Print Date & Time :                                   | Treasury Officer                                      |

| Government of Rajasthan<br>RIPS-2014 Subsidy Bill For Employment Generation Subsidy (Inner Sheet)  |                                    |                          |                           |                           |                   | Month/Year :  |                             |
|--|------------------------------------|--------------------------|---------------------------|---------------------------|-------------------|---|-----------------------------|
| Reference No.  |                                    |                          |                           |                           |                   |   |                             |
| Detailed CTD Bill for Grant of Subsidy : (Office Name)   |                                    |                          |                           |                           |                   |   | Office ID :                 |
| Bill No. :   | Date :                             | DDO Code :               |                           |                           |                   |   | Name of DDO : Object Head : |
| Budget Head: 00000-00-000-00-00 SF/CA  | V/C                                | Demand No. : 00          | State Fund : 0.00         | Central Assistance : 0.00 | TAN No. :         |   |                             |
| S.No.  | Name of Enterprise & TIN No./GSTIN | Bank Name & Bank A/C No. | Sanction Order No. & Date | Period of Grant           | Amount of Subsidy | Total Amount  |                             |
| 1.   |                                    |                          |                           |                           |                   |   |                             |
|  |                                    |                          |                           | <b>Total</b>              |                   |   |                             |
| Total Amount :   |                                    |                          |                           |                           |                   |   |                             |
| Amount in words :  |                                    |                          |                           |                           |                   |   |                             |
| <b>Certificates :</b>  |                                    |                          |                           |                           |                   |   |                             |
| <ol style="list-style-type: none"> <li>1. 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> <li>2. All required information including Bank Account Details in this bill has been checked and verified.</li> <li>3. <b>It is certify that I have carefully examined &amp; verified the master data of the said claim.</b></li> </ol> |                                    |                          |                           |                           |                   |   |                             |
|  |                                    |                          |                           |                           |                   | <b>Sign (With Seal)/e-Sign/ Digital Sign of DDO/CSDO</b><br><br>Disclaimer: All contents related to this bill are provided by Head of Office/DDO and he/ she is solely responsible for it.<br>Group Name : _____ Print Date & Time : _____ |                             |



GOVERNMENT OF RAJASTHAN  
FINANCE DEPARTMENT  
(G&T Division)

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

Jaipur, dated : 10.08.2020

ORDER

**Subject : Amendment 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 :-

1. 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):
  - (i) New Form No. G.A. 120 : e-kuber adjustment challan for rejected/failed transactions (Initiated by Treasury/sub-Treasury)
  - (ii) New Form No. G.A. 120A : request for payment of e-kuber unsuccessful/failed transaction (Initiated by DDO)
  - (iii) New Form No. G.A. 120B : e-Advice for payment of e-kuber unsuccessful/failed transaction (Initiated by TO/STO)
  - (iv) New Form No. G.A. 120C : Adjustment bill for e-kuber uncredited items (Initiated by DDO)
  - (v) New Form No. G.A. 120D : Miscellaneous Bill for e-kuber uncredited items (Initiated by Treasury/sub Treasury)
  - (vi) New Form No. G.A. 120E : e-Kuber Miscellaneous Bill for rejected and unpaid payments.
  - (vii) New Form No. G.A. 120F : Control Register of Transactions Rejected by RBI
  - (viii) 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
  - (x) New Form No. G.A. 121B : Register to be maintained by DDO for Filing of GSTR-7
  - (xi) New Form No. G.A. 121C : Bill for GST TDS

Encl.: As above Formats of New GA Forms.

By Order

(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 & Acctt./ 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.

(Gargi Singh)  
Chief Accounts Officer

(GF&AR 10/2020)

| Government of Rajasthan   |   |  |    |  |                  |                    |                            |                   |            |                              |
|---|---|--|----|--|------------------|--------------------|----------------------------|-------------------|------------|------------------------------|
| Reference No.:  |   | <b>e-kuber Adjustment Challan for rejected/Failed Transactions (Initiated by Treasury/Sub Treasury) Month/Year :</b> |    |  |                  |                    |                            |                   |            |                              |
| Treasury/Sub Treasury Name:   |   | Office ID:   |    | DDO Code: TAN No. :                        |                  |                    |                            |                   |            |                              |
| Budget Head: 8670-00-113-01-00  |   | Demand No.:  |    | State Fund: NA                             |                  |                    | Central Assistance: NA     |                   |            |                              |
| S.No.   | Employee Name<br>Employee ID<br>Nominee Name(s)<br>Date of Death<br><i>(only where Payment is made to Nominee)</i><br>Third Party Name<br>PAN No.<br>DDO Code | FROM   | TO | 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.  |   |  |    |  |                  |                    |                            |                   |            |                              |
| Amount:<br>Amount in Words:<br><b>Sign of Clerk</b> <b>Sign of Jr. ACTT./AAO-I/II</b> <b>Sign (With Seal)/ e-Sign/<br/>Digital Sign of Treasury officer</b> |   |  |    |  |                  |                    |                            |                   |            |                              |
| <u><b>For the Purpose of RBI</b></u><br><br>Rejection ID/ Number of RBI e-kuber/Scroll –<br>Challan No. and Date of Treasury/Sub Treasury -                 |   |  |    |  |                  |                    |                            |                   |            |                              |

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.

| <b>Government of Rajasthan</b><br><b>Request for Payment of e-kuberUnsuccessful/Failed Transactions (Initiated by DDO) Month/Year :</b>  |  |   |  |   |  |   |                          |                   |                   |                                 |
|--|--|---|--|---|--|---|--------------------------|-------------------|-------------------|---------------------------------|
| <b>Office Name:</b>  |  | <b>Office ID:</b>   |  | DDO Code: TAN No. :   |  |   |                          |                   |                   |                                 |
| Budget Head: 8658-00-102-15-00 / NA / NA / NA  |  |   |  |   |  |   |                          |                   |                   |                                 |
| <p>To,<br/>The Treasury Officer, (Concerning Treasury)<br/>Please Order to pay Rs..... ..... ..... as per claim contained in this advice.</p>  |  |   |  |   |  |   |                          |                   |                   |                                 |
| <b>Sign of Clerk</b>   |  | <b>Sign of Jr. ACTT./AAO-I/II/Div. ACTT.</b>  |  | <b>Sign (With Seal)/ e-Sign/ Digital Sign of DDO/Administrator(s)</b> |  |   |                          |                   |                   |                                 |
| <b>S.No.</b>   | <b>Employee Name<br/>Employee ID<br/>Nominee Name(s)<br/>Date of Death<br/>(only where Payment is made to<br/>Nominee)<br/>Third Party Name<br/>PAN No./TIN No./GSTN No.</b> | <b>Correct Bank Details (To be filled by DDO)</b><br>Name of Bank(Previous Bank Name)<br>Name of Branch (Previous Branch Name)<br>Bank Account No. (Previous Bank Account No) |  | <b>Original Bill No</b>   | <b>Original Bill Date</b>  | <b>Original Bill Reference ID/ Original Budget Head</b> | <b>Original Token No</b> | <b>Challan No</b> | <b>Net Amount</b> | <b>Remarks/Rejection Reason</b> |
| 1.   |  |   |  |   |  |   |                          |                   |                   |                                 |
| 2.   |  |   |  |   |  |   |                          |                   |                   |                                 |
| <p><b>Amount:</b><br/>Amount in Words:<br/><b>Certificates :</b></p> <ol style="list-style-type: none"> <li>1. Amount claimed in the Advice has not earlier been drawn.</li> <li>2. Certified that I have personally examined and satisfied myself about the genuineness of claim that the e-kuber rejected/failed transactions of the Individual/ Third Party included in this advice are strictly in accordance with rules and that the said Individual/ Third Party are entitled to such e-kuber rejected/failed transactions advice. It is further certified that I have personally ensured observance of all formalities regarding necessary entries.</li> <li>3. It is certified that the Net claim of this advice will be transferred electronically into bank account of beneficiaries and Suspense Head in case unsuccessful payment(s) also that the correct bank detail(s) of the beneficiaries have been furnished in advice after due verification.</li> <li>4. It is certify that I have carefully examined &amp; verified the master data of the said claim.</li> </ol> |  |   |  |   |  |   |                          |                   |                   |                                 |
| <b>Sign of Clerk</b>   |  | <b>Sign of Jr. ACTT. /AAO-I/II/Div. ACTT.</b>   |  | <b>Sign (With Seal)/ e-Sign/ Digital Sign of DDO/Administrator(s)</b> |  |   |                          |                   |                   |                                 |
| <p>I Certify that the Compliance of Directions/ Instructions under the provisions of GF &amp; AR has been ensured.</p> <hr/> <p style="text-align: center;"><b>Sign (With Seal)/ e-Sign/ Digital Sign of DDO/Administrator(s)</b></p> <hr/> <p style="text-align: center;"><b>For Accountant General Office</b></p>  |  |   |  |   | <p style="text-align: center;"><b>Treasury Voucher</b></p> <p>No. _____ Date : _____</p> <p><b>For Treasury Use</b></p> <p><b>Pay Rs. :</b><br/>(In words) : _____</p> <p><b>(In Cash) :</b><br/>(In words) : _____</p> <p><b>Total Credit Rs.</b></p> |   |                          |                   |                   |                                 |
| <p>Admitted (RS.) _____      Objected (RS.) _____</p> <p>Auditor _____      Supdt. _____      Gaz. officer _____</p>   |  |   |  |   | <p>Auditor _____      AAO-I/II _____      Treasury Officer _____</p>   |   |                          |                   |                   |                                 |
| <p><b>Disclaimer:</b> 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 &amp; Time : _____</p>   |  |   |  |   |  |   |                          |                   |                   |                                 |
| <p>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.</p>   |  |   |  |   |  |   |                          |                   |                   |                                 |

Reference No.:

GA No.: 120B

| <b>Government of Rajasthan</b><br><b>e-Advice for Payment of e-kuber Unsuccessful/Failed Transactins (Initiated by TO/STO) Month/Year :</b>   |   |   |                                      |  |         |
|---|---|---|--------------------------------------|--|---------|
| <b>Treasury/Sub Treasury Name:</b>  |   | <b>Office ID:</b>   | <b>DDO Code:</b>                     |  |         |
| <b>Budget Head: 8658-00-102-15-00</b>   |   | <b>Demand No.: NA</b>   | <b>State Fund: NA</b>                | <b>Central Assistance: NA</b>  |         |
| S.No.   | e-Advice No. with attached Details<br>DDO Code<br>Office ID | Original Bill No./Date<br>Original Bill Reference ID<br>Original Token No.<br>Budget Head ( <i>Original Drawn</i> )<br>PD Account No. | Budget Head 8658<br>Challan No./Date | Net Amount   | Remarks |
| 1.  |   |   |                                      |  |         |
| 2.  |   |   |                                      |  |         |
| <b>Amount:</b><br>Amount in Words:<br><b>Certificate :</b><br>1. 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. |   |   |                                      |  |         |
| <b>Sign of Clerk</b>  | <b>Sign of Jr.ACTT/AAO-I/II</b>                             | <b>Sign (With Seal)/ e-Sign/<br/>Digital Sign of TO/STO (DDO)</b>   |                                      |  |         |
| I Certify that the Compliance of Directions/ Instructions under the provisions of Treasury Manual and GF & AR has been ensured.   |   |   |                                      | <b>Treasury Voucher</b><br>No. _____<br>Date : _____<br><b>For Treasury Use</b>  |         |
| <b>Sign (With Seal)/ e-Sign/ Digital Sign of TO/STO (DDO)</b><br><hr/> <b>For Accountant General Office</b>   |   |   |                                      | <b>Pay Rs. :</b><br>(In words) : _____<br><b>(In Cash) :</b><br>(In words) : _____<br><b>Total Credit Rs.</b><br>Auditor      AAO-I/II      Treasury Officer |         |
| Admitted (RS.)      Objected (RS.)<br>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 : _____ Print Date & Time : _____  |   |   |                                      |  |         |

| <b>Government of Rajasthan</b><br><b>Adjustment Bill for e-kuber Un-Credited items(Initiated by DDO)</b>   |  |  |  |                  |   |                            |                   |                  |         | Month/Year : |  |
|--|--|--|--|------------------|---|----------------------------|-------------------|------------------|---------|--------------|--|
| Advice No.:  |  | Office Name:                               |  | Office ID:       | DDO Code: TAN No. :   |                            |                   |                  |         |              |  |
| Budget Head: 8658-00-102-15-00   |  | Demand No.: NA                             |  | State Fund: NA   |   | Central Assistance: NA     |                   |                  |         |              |  |
| S.No.  | Employee Name<br>Employee ID<br>Nominee Name(s)<br>Date of Death<br>(only where Payment is made to Nominee)<br>Third Party Name<br>PAN No. | FROM<br>Budget Head<br>8658 (minus credit) | TO<br>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.   |  |  |  |                  |   |                            |                   |                  |         |              |  |
| Amount:<br>Amount in Words:<br><b>Certificates :</b> <ol style="list-style-type: none"> <li>1. It is certified that bills for drawal of un-credited e-payment from the Suspense Head has been checked and verified.</li> <li>2. Amount of this bill has been recorded in minus credit in suspense head and minus debit in respective Expenditure Head.</li> <li>3. Amount of this bill has been recorded in minus credit in suspense head and credit in respective PD Account/Receipt Head.</li> </ol> |  |  |  |                  |   |                            |                   |                  |         |              |  |
| <div style="display: flex; justify-content: space-around;"> <span style="font-weight: bold;">Sign of Clerk<br/>Digital Sign of Treasury officer</span> <span style="font-weight: bold;">Sign of Jr. ACTT./AAO-I/II</span> <span style="font-weight: bold;">Sign (With Seal)/ e-Sign/</span> </div>   |  |  |  |                  |   |                            |                   |                  |         |              |  |
| I Certify that the Compliance of Directions/ Instructions under the provisions of Treasury Manual and GF & AR has been ensured.  |  |  |  |                  | <div style="display: flex; justify-content: space-between;"> <div style="flex: 1;"> <p><b>Treasury Voucher</b></p> <p>No.</p> <hr/> <p><b>Sign (With Seal)/ e-Sign/ Digital Sign of Treasury Officer</b></p> <hr/> <p><b>For Accountant General Office</b></p> </div> <div style="flex: 1;"> <p>Date :<br/><b>For Treasury Use</b></p> <p><b>Pay Rs. :</b><br/>(In words) :</p> <p><b>(In Cash) :</b><br/>(In words) :</p> <p><b>Total Credit Rs.</b></p> </div> </div> |                            |                   |                  |         |              |  |
| Admitted (RS.)   |  | Objected (RS.)                             |  |                  |   | Auditor                    | AAO-I/II          | Treasury Officer |         |              |  |
| Auditor  |  | Supdt.                                     |  | Gaz. officer     |   |                            |                   |                  |         |              |  |

Reference No.

GA No.: 120D

| <b>Government of Rajasthan</b><br><b>Miscellaneous Bill for e-kuber Un-credited items (Initiated by Treasury/Sub Treasury) Month/Year :</b>  |   |   |   |  |                               |                  |  |
|--|---|---|---|--|-------------------------------|------------------|--|
| <b>Treasury/Sub Treasury Name:</b>   |   | <b>Office ID:</b>   | <b>DDO Code:</b>  |  |                               |                  |  |
| <b>Budget Head: 8658-00-102-15-00</b>  |   | <b>Demand No.: NA</b>   | <b>State Fund: NA</b>   |  | <b>Central Assistance: NA</b> |                  |  |
| S.No.  | e-Advice No. with attached Details<br>DDO Code<br>Office ID | Original Bill No./Date<br>Original Bill Reference ID<br>Original Token No.<br>Budget Head ( <i>Original Drawn</i> )<br>PD Account No. | Budget Head 8658<br>Challan No./Date                              | Credited to Budget Head(Revenue/Capital Expenditure (minus debit))/ Receipt Head PD Account BH/PD Account No.  | Net Amount                    | Remarks          |  |
| 1.   |   |   |   |  |                               |                  |  |
| 2.   |   |   |   |  |                               |                  |  |
| <b>Amount:</b><br><b>Amount in Words:</b><br><b>Certificate :</b> <ul style="list-style-type: none"> <li>1. It is certified that bills for drawal of un-credited e-payment from the Suspense Head has been checked and verified.</li> <li>2. Transactions includes in this bill has not been cleared by concerning DDO in prescribed period (60 days) (60 days calculation for transactions after 5<sup>th</sup> February will be completed up to 5<sup>th</sup> April to 10<sup>th</sup> April).</li> <li>3. Amount of this bill has been recorded in minus credit in suspense head and minus debit in respective Expenditure Head.</li> <li>4. Amount of this bill has been recorded in minus credit in suspense head and credit in respective PD Account/Receipt Head.</li> </ul> |   |   |   |  |                               |                  |  |
| <b>Sign of Clerk</b>   |   | <b>Sign of Jr.ACTT/AAO-I/II</b>   | <b>Sign (With Seal)/ e-Sign/<br/>Digital Sign of TO/STO (DDO)</b> |  |                               |                  |  |
| I Certify that the Compliance of Directions/ Instructions under the provisions of Treasury Manual and GF & AR has been ensured.  |   |   |   | <b>Treasury Voucher</b><br>No. _____<br>Date : _____<br><u>For Treasury Use</u><br><br><b>Pay Rs. :</b><br><b>(In words) :</b><br><b>(In Cash) :</b><br><b>(In words) :</b><br><br><b>Total Credit Rs.</b> |                               |                  |  |
| Admitted (RS.)   |   | Objected (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 : _____<br>Print Date & Time : _____  |   |   |   |  |                               |                  |  |

**Government of Rajasthan**  
**e-Kuber Miscellaneous Bill for Rejected & Unpaid Payments**

|                |                 |             |             |                     |
|----------------|-----------------|-------------|-------------|---------------------|
| Reference No.: | Bill No./ Date: | Month/Year: |             |                     |
| Office Name:   | DDO Code:       | Office ID:  |             |                     |
| Budget Head:   | Object Head:    | Demand No.: | State 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**

## Certificates:

1. Amount claimed in the bill has not earlier been drawn.
2. 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.
3. 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.
4. It is certified that I have carefully examined & verified the master data of the said claim.
5. Copy of bill (in which originally claimed & rejected/failed transaction(s) were included) is attached with this bill.

**Sign (With Seal)/ e-Sign/ Digital Sign of DDO/Administrator(s)/Divisional Officer**

| S.No. | Name<br>Bank Account No.<br>Bank Name | Original Bill No./Date<br>Original Bill Reference No.<br>Original TV No./Date | Challan No./ Date<br>Bill Type | Original Pay Month/ Pay Year | Amount |  |
|-------|---------------------------------------|---|--------------------------------|------------------------------|--------|--|
| 1.    |                                       |   |                                |                              |        |  |

Amount:

Amount in words:

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| I certify that the compliance of Directions/ Instructions under the provisions of GF & AR has been ensured.   |  |  | <u>Treasury Voucher</u><br>No. _____ Date: _____<br><u>For Treasury Use</u><br>Pay Rs. :<br>(In words) :<br><br>(In Cash) :<br>(In words) :<br><br>Total Credit Rs.<br>Auditor      AAO-I/II      Treasury Officer |  |  |
| Sign (With Seal)/ e-Sign/<br>Digital Sign of DDO/Administrator(s)/<br>Divisional Officer<br><br><u>For Accountant General Office</u><br><br>Admitted (RS.)      Objected (RS.)<br><br>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 : Print Date &amp; Time :

| Government of Rajasthan                                 |             |  |                                       |                  |                |                           |   |  | G.A. : 120 F               |
|---|-------------|--|---------------------------------------|------------------|----------------|---------------------------|---|--|----------------------------|
| <b>Control Register of Transactions Rejected by RBI</b> |             |  |                                       |                  |                |                           |   |  |                            |
| DDO Code/Name :   |             |  |                                       | Office ID/Name : |                |                           |   |  |                            |
| From Date :   |             |  |                                       | To Date :        |                |                           |   |  |                            |
| S<br>N<br>.   | DDO<br>Code | Name of<br>Beneficiary/Vendor/<br>Employee | Details of Original Bill              |                  |                | Date of<br>Rejection      | Payment details after<br>correction                           |  | M.E. Details               |
|   |             | Original Bank Details                      | Bill<br>no./date<br>Referenc<br>e no. | Token<br>No.     | Budget<br>Head | Reason<br>of<br>rejection | Correction<br>e-advice no.<br>date<br>Correct<br>bank details | Treasury<br>bill no. /<br>date<br>TV<br>No./date | M.E.<br>advice<br>no. date |
|   |             |  |                                       |                  |                |                           |   |  |                            |

- 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****Schedule of 8658 - Suspense; \_\_\_\_\_ Suspense; xx – GST TDS**

|                      |                  |                       |                      |
|----------------------|------------------|-----------------------|----------------------|
| <b>Office Name :</b> | <b>DDO code:</b> | <b>Division Code:</b> | <b>DDO GSTIN no:</b> |
|----------------------|------------------|-----------------------|----------------------|

|                        |  |  |  |
|------------------------|--|--|--|
| <b>PD Account No.:</b> |  |  |  |
|------------------------|--|--|--|

|                      |                                  |                          |  |  |
|----------------------|----------------------------------|--------------------------|--|--|
| <b>Service Head:</b> | <b>Bill No. &amp; Bill Date:</b> | <b>Month &amp; Year:</b> |  |  |
|----------------------|----------------------------------|--------------------------|--|--|

| S.No                 | Name of the firm | Invoice no / Date | Firm GSTIN No | Deduction Amount | Remarks |
|----------------------|------------------|-------------------|---------------|------------------|---------|
|                      |                  |                   |               |                  |         |
|                      |                  |                   |               |                  |         |
|                      |                  |                   |               |                  |         |
|                      |                  |                   |               |                  |         |
| <b>Total Amount:</b> |                  |                   |               |                  |         |

**Amount in words:** \_\_\_\_\_

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

**GA 121-A**

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

| Office Name :           | DDO code:             | Division Code:         | DDO GSTIN no: |                  |         |
|-------------------------|-----------------------|------------------------|---------------|------------------|---------|
| PD Account No.:         |                       |                        |               |                  |         |
| Service Head:           | Bill No. & Bill Date: | Month & Year:          |               |                  |         |
| CPIN No of the Challan: | RBI Bank Account No.: | RBI Account IFSC Code: |               |                  |         |
| S.No                    | Name of the firm      | Invoice no / Date      | Firm GSTIN No | Deduction Amount | Remarks |
|                         |                       |                        |               |                  |         |
|                         |                       |                        |               |                  |         |
|                         |                       |                        |               |                  |         |
|                         |                       |                        |               |                  |         |
| <b>Total Amount:</b>    |                       |                        |               |                  |         |

**Amount in words:** \_\_\_\_\_

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

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

| Sl. 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 |
|---------|-----------------------|------------|--|----------------|-------------|--------------|-------|
|         |                       |            |  |                |             |              |       |

| <b>Government of Rajasthan .(Original Bill type)<br/>Bill for GST TDS Month/Year :</b>  |                              |   |  |   |                |
|---|------------------------------|---|--|---|----------------|
| Office Name:  | Office ID:                   | DDO Code:                                       | Division Code:   | TAN No.:  | GSTIN:         |
| PD Account No.:   |                              | CPIN No of GST Challan.:                        |  | Mode of payment:  | Bill No.       |
| Budget Head: 8658 - Suspense; Suspense; xx – GST TDS  |                              |   |  |   |                |
| <p>To,<br/>         The Treasury Officer, (Concerning Treasury)<br/>         Please Order to pay Rs..... .... .... as per claim contained in this advice.</p> <p><b>Sign of Clerk      Sign of Jr.ACC/AAO-I/II/Div. ACC.      Sign (With Seal)/ e-Sign/ Digital Sign of DDO/Administrator(s)/ Divisional officers</b></p>   |                              |   |  |   |                |
| <p><b>Certificates :</b></p> <ol style="list-style-type: none"> <li>1. Amount claimed in the Advice has not earlier been drawn.</li> <li>2. Certified that I have personally examined and satisfied myself about the genuineness of claim that the GST TDS transactions of the Third Party included in this advice are strictly in accordance with rules. It is further certified that I have personally ensured observance of all formalities regarding necessary entries.</li> <li>3. It is certified that the Net claim of this advice will be transferred electronically into RBI account though agency banks and the correct bank detail(s) of the RBI Account have been furnished in advice after due verification.</li> <li>4. It is certify that I have carefully examined &amp; verified the master data of the said claim.</li> </ol> <p><b>Sign (With Seal)/ e-Sign/</b></p> |                              |   |  |   |                |
| <b>Digital Sign of DDO/Administrator(s)/ Divisional Officers</b>  |                              |   |  |   |                |
| <b>S.No.</b>  | Third Party Name<br>GSTN No. | Details of the Bill from which TDS was deducted | <b>RBI Bank Detail<br/>Account no./ IFSC code/ CPIN number</b> | <b>GST TDS Amount</b>   | <b>Remarks</b> |
|   |                              | Reference No./Bill No/ TV No./Date              |  |   |                |
| 1.  |                              |   |  |   |                |
| 2.  |                              |   |  |   |                |
| <p><b>Amount:</b><br/> <b>Amount in Words:</b></p> <p><b>Sign (With Seal)/ e-Sign/</b></p> <p>I Certify that the Compliance of Directions/ Instructions under the provisions of GF &amp; AR has been ensured.</p>   |                              |   |  |   |                |
|   |                              |   |  | <b>Digital Sign of DDO/Administrator(s)/ Divisional officers</b>                                  |                |
|   |                              |   |  | <p><b>Treasury Voucher</b><br/> <b>No.</b><br/> <b>Date :</b><br/> <b>For Treasury Use</b></p>    |                |
|   |                              |   |  | <p><b>Pay Rs. :</b><br/> <b>(In words) :</b><br/> <b>(In Cash) :</b><br/> <b>(In words) :</b></p> |                |
|   |                              |   |  | <b>Total Credit Rs.</b>   |                |
| <b>Sign (With Seal)/ e-Sign/ Digital Sign of DDO/Administrator(s)/ Divisional Officers</b>  |                              |   |  |   |                |
| <b>For Accountant General Office</b>  |                              |   |  |   |                |
| Admitted (RS.)  |                              | Objected (RS.)                                  |  |   |                |
| Auditor   | Supdt.                       | Gaz. Officer                                    |  | Auditor   | AAO-I/II       |
| <p><b>Disclaimer:</b> 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 &amp; Time :</p>  |                              |   |  |   |                |

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 previous 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 एतद्वारा प्रदान करते हैं:-

1. 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.

आज्ञा से,

15/4/2021  
(विनाय कुमार गुप्ता)  
संयुक्त शासन सचिव

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

1. 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/विशिष्ट 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 ऑफिट राजस्थान जयपुर ।
9. समस्त संयुक्त शासन सचिव/उप शासन सचिव/सचिवालय के समस्त अनुभाग/विभाग ।
10. समस्त विभागाध्यक्ष/जिला कलकटर/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 केबसाइट पर प्रकाशित करवाने की व्यवस्था करावें ।
16. रक्षित पत्रावली ।

(गर्गी सिंह)  
मुख्य लेखाधिकारी

(GFAR - 06/2021)



राजस्थान सरकार  
वित्त (सामान्य वित्तीय एवं लेखा नियम) विभाग

आज्ञानीय  
अमृत महोदय

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

जयपुर, दिनांक : 16.8.2023

आदेश

विषय : सामान्य वित्तीय एवं लेखा नियमों के खण्ड-I के भाग-I में संशोधन।

राज्यपाल महोदय सामान्य वित्तीय एवं लेखा नियमों के खण्ड-I के भाग-I में निम्न संशोधन करने के आदेश एतद्वारा प्रदान करते हैं:-

1. After the words "GA 110D (For Employment Generation Subsidy under RIPS-2014)" appearing in Rule 287(a)(1), the words "GA 110E (For Payment of SNA-SPARSH)" shall be inserted.
2. After the existing New Form No. GA 110D appearing in Appendix-7, New Form No. 110E (For Payment of SNA-SPARSH) shall be inserted (as enclosed).

Encl.: As above New Form GA 110E.

आज्ञा से,  
  
(मनीष माथुर)  
संयुक्त शासन सचिव

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

1. प्रमुख सचिव, माननीय राज्यपाल/माननीय मुख्यमंत्री महोदय, राजस्थान।
2. समरत विशिष्ट सहायक/निजी सचिव, समरत मंत्रीगण/राज्य मंत्रीगण।
3. वरिष्ठ उप सचिव, मुख्य सचिव, राजस्थान।
4. निजी सचिव, समरत अति.मुख्य सचिव/ प्रमुख शासन सचिव/ शासन सचिव/विशिष्ट शासन सचिव।
5. प्रधान महालेखाकार, राजस्थान, जयपुर।
6. समरत विभागाध्यक्ष/जिला कलबटर/संभागीय आमुक्त।
7. निदेशक, कोष एवं लेखा विभाग, राजस्थान, जयपुर।
8. कोषाधिकारी समरत।
9. कार्मिक एवं प्रशासनिक सूधार विभाग(कोडीकिफेशन) अतिरिक्त प्रति शहित।
10. विधि रचना संगठन को भेजकर लेख है कि इस आदेश/परिपत्र का हिन्दी अनुवाद करवाकर इस विभाग को अविलम्ब मिजवाये ताकि हिन्दी अनुवाद प्रेषित किया जा सके।
11. तकनीकी 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 करवें।

प्रतिलिपि निम्नांकित को भी आवश्यक कार्यवाही एवं सूचनार्थ प्रेषित है :-

1. सचिव, राजस्थान विभाग सभा, राजस्थान, जयपुर।
2. पंजीयक, राजस्थान उच्च न्यायालय, जोधपुर/जयपुर।
3. सचिव, राजस्थान लोक सेवा आयोग, अजमेर।
4. सचिव, लोकायुक्त सचिवालय, राजस्थान, जयपुर।
5. पंजीयक, राजस्थान सिविल सेवा अधीकरण।

मुख्य लेखाधिकारी

| <u>Government of Rajasthan</u>  |   |   |   |   |                                     |
|---|---|---|---|---|-------------------------------------|
| <u>Grant in Aid/Contribution etc. Bill/Outer Sheet) SNA SPARSH</u>  |   |   |   |   |                                     |
| Reference No:   | Month/Year:                                   |   |   |   |                                     |
| Bill for Grant in Aid/Contribution of:  | TAN NO.                                       | Office ID:  | Demand No:                                    |   |                                     |
| Name of DDO:  | Object Head:                                  |   |   |   |                                     |
| Bill No:  | Bill Date:                                    | Agency Code & Name:                                       | Agency TAN No:                                |   |                                     |
| Budget Head:  | SF:   | CA:   |   |   |                                     |
| RJ Code:  | Scheme name:                                  | Controller Code:  | TOP UP:                                       | 0   | Sharing Pattern: CA%: ( )% SF: ( )% |
| CSS Code:   | SNA Code:                                     |   |   |   |                                     |
| To,   | Sign (With Seal)/e-Sign/Digital e-Sign of DDO |   |   |   |                                     |
| The Treasury Officer, (Concerning Treasury)<br>Please order to pay ₹ as per claim contained in<br>this bill.  | Sign of Clerk                                 | Sign of Jr. ACC/AAO-II                                    | Sign (With Seal)/e-Sign/Digital e-Sign of DDO |   |                                     |
| <u>Certificates:</u>  |   |   |   |   |                                     |
| <p>1. The amount claimed in this bill has not been drawn earlier.</p> <p>2. It is further certified that I have personally ensured observance of all formalities regarding necessary entries.</p> <p>3. The amount of this bill is within the limits of sanctioned budget for the year (2023-24).</p> |   |   |   |   |                                     |
| <u>Sign (With Seal)/e-sign/Digital Sign of Controlling officer</u>  |   |   |   |   |                                     |
| Counter Signature   |   | Treasury Voucher  |   | Date:                                       |                                     |
| Passed for (₹):<br>Amount in words: Only.   |   | Pay ₹<br>(In Words)<br>(In Cash ₹)<br>(In Words)<br>B.T ₹ |   | For Treasury Use<br>Only.<br>Only.<br>Only. |                                     |
| Total Credit  |   |   |   |   |                                     |
| For Accountant General Office<br>Admitted (₹).<br>Rejected (₹).   |   | Reason for Rejection                                      |   |   |                                     |
| Auditor   |   | Gaz. Officer  |   | AAO-II                                      |                                     |
| Supdt.  |   | Gaz. Officer  |   | Treasury Officer E-sign                     |                                     |

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 &amp; Time:







राजस्थान सरकार  
वित्त (वित्तीय नियम) विभाग



क्रमांक : प.1(4)वित्त/साविलेनि/2006

जयपुर, दिनांक : 17-03-2025

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 एतद्वारा प्रदान करते हैं:-

After the existing New Form No. GA 36 O, New Form No. GA 36 P and GA 36Q shall be inserted .

आज्ञा से,  
  
(मनीष माठुर)  
संयुक्त शासन सचिव

Encl: Formats of New GA Forms.

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

1. अति.मुख्य सचिव/प्रमुख सचिव, माननीय राज्यपाल/माननीय मुख्यमंत्री महोदय, राजस्थान।
2. समस्त विशिष्ट सहायक/निजी सचिव, समस्त मंत्रीगण/राज्य मंत्रीगण।
3. वरिष्ठ उप सचिव, मुख्य सचिव, राजस्थान।
4. निजी सचिव, समस्त अति. मुख्य सचिव/ प्रमुख शासन सचिव/ शासन सचिव/विशिष्ट शासन सचिव।
5. प्रधान महालेखाकार, राजभान, जयपुर।
6. समस्त विभागाध्यक्ष/जिला कलक्टर/संभागीय आयुक्त।
7. निदेशक, कोष एवं लेखा विभाग, राजस्थान, जयपुर।
8. मुख्य अभियंता एवं अतिरिक्त सचिव/मुख्य अभियंता, समस्त निर्माण विभाग राजस्थान।
9. वित्तीय सलाहकार, समस्त निर्माण विभाग राजस्थान।
10. समस्त कोषाधिकारी।
11. कार्मिक एवं प्रशासनिक सुधार विभाग(कोडीफिकेशन) अतिरिक्त प्रति सहित।
12. तकनीकी निदेशक, वित्त विभाग को भेजकर लेख है कि इस आदेश को वित्त विभाग की वेबसाइट पर प्रकाशित करवाने की व्यवस्था करावें।

प्रतिलिपि निम्नांकित को भी आवश्यक कार्यवाही एवं सूचनार्थ प्रेषित है :-

1. सचिव, राजस्थान विधान सभा, राजस्थान, जयपुर।
2. पंजीयक, राजस्थान उच्च न्यायालय, जोधपुर/जयपुर।
3. सचिव, राजस्थान लोक सेवा आयोग, अजमेर।
4. सचिव, लोकायुक्त सचिवालय, राजस्थान, जयपुर।
5. पंजीयक, राजस्थान सिविल सेवा अपील अधिकरण।

मुख्य लेखाधिकारी

(GF&AR 05/2025)

|  |   |             |               |   |  |
|--|---|-------------|---------------|---|--|
| GA 76<br>GFAR  | Government of Rajasthan   |             |               |   | New Form No. GA 36 Q<br>Rule 141(2)/150(1) |
| Reference No.  | Salary Bill - Interest Subvention on Conveyance Advance (Outer Sheet) |             |               | Month :   |  |
| Department Name :  |   |             |               | Department Code :                               |  |
| Detailed Pay Bill of Permanent/Temporary establishment of : (Office Name)  |   |             |               | Office ID :                                     |  |
| DDO Code :   |   |             |               | Date Name of DDO :                              |  |
| Bill No.:  | Bill Date :   | Demand No.: | Object Head : |   |  |
| Budget Head: 0000-00-000-00-00   | NP/P  | V/C         | SF :          | CA:   | NA: TAN No.:                               |
| To<br>The Treasury Officer, (Concerning Treasury)<br>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/<br>Digital Sign of DDO |  |

|                       |   |  |  |
|-----------------------|---|--|--|
| <b>Certificates :</b> | <ol style="list-style-type: none"> <li>1. The Amount of Interest Subvention claimed in this bill has not been drawn earlier.</li> <li>2. It is further certified that I have personally ensured observance of all formalities regarding necessary entries.</li> <li>3. The Amount of this bill is within the limits of allotted budget for the Year (<i>Current Financial Year</i>).</li> </ol> |  |  |
|                       | Sign (With Seal)/ e-Sign/<br>Digital Sign of DDO  |  |  |

| Subvention                      |                   |          | Deduction(s)   |        |        | Treasury Voucher                     |                  |   |
|---------------------------------|-------------------|----------|----------------|--------|--------|--------------------------------------|------------------|---|
| Subvention Details              | Pay ID            | Amount   | Deduction Name | Pay ID | Amount | TV No.                               | For Treasury Use | TV Date :                               |
| Interest on Conveyance (Pay ID) | (Pay ID)          | (Amount) |                |        |        |                                      |                  |   |
| Gross Amount :                  | Total Deduction : |          |                |        |        |                                      |                  |   |
| Net Amount :<br>(In words) :    |                   |          |                |        |        |                                      |                  |   |
|                                 |                   |          |                |        |        | Auditor                              | AAO-I/II         | Treasury Sub<br>Treasury Officer e-Sign |
|                                 |                   |          |                |        |        | <b>For Accountant General Office</b> |                  |   |
|                                 |                   |          |                |        |        | Admitted (RS.)                       | Objected (RS.)   |   |
|                                 |                   |          |                |        |        | 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 :

Forwarded Date :  
Print Date & Time :

GA 76  
GFAR

Government of Rajasthan

New Form No. GA 36 Q  
Rule 141(2)/150(1)

|   |   |             |               |                        |
|---|---|-------------|---------------|------------------------|
| Reference No.   | Salary Bill - Interest Subvention on Conveyance Advance (Inner Sheet) |             |               | Month :                |
| Department Name :   |   |             |               | Department Code :      |
| Detailed Pay Bill of Permanent/Temporary establishment of : (Office Name) |   | Office ID : |               |                        |
| DDO Code :  |   |             |               | Date Name of DDO :     |
| Bill No. :  | Bill Date :   | Demand No.: | Object Head : |                        |
| Budget Head: 0000-00-000-00-00  |   | NP/P        | V/C           | SF : CA: NA: TAN No. : |

| S.No. | Loan A/c No.<br>Loan Amount<br>Loan type | Name<br>Designation<br>Employee ID<br>Nominee Name(s)<br>Date of Death<br>(only where Payment is made to<br>Nominee)<br>Aadhar No. | Month for which Subvention Amount is payable | Amount of Subvention | Remarks(s)   |
|-------|--|--|--|----------------------|--------------|
| 1.    |  |  |  |                      |              |
| 2.    |  |  |  |                      | <b>Total</b> |
|       |  |  |  |                      |              |

Total Amount :

Amount in words :

Certificates :

1. Certified that I have personally examined and satisfied myself about the genuineness of claim that the Subvention 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 Subvention Amount. It is further certified that I have personally ensured observance of all formalities regarding necessary entries.
2. Amount of Interest Subvention is given according to Instruction issued by Finance Department.
3. All required information including Bank Account Details in this bill has been checked and verified.
4. It is certify that I have carefully examined & verified the master data of the said claim.
5. Amount of interest Subvention included in this Bill is as per Bank Statement provided by concerned bank.

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 :

Forwarded Date :

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.

| GA 76<br>GFAR   | Government of Rajasthan   |             |                    |                          |        | New Form No. GA 36 P<br>Rule 141(1)/150(1)       |        |        |                 |  |  |  |  |  |  |  |  |                |                   |                              |  |   |  |  |        |           |                  |  |                           |  |             |  |              |  |                               |  |         |          |                                      |  |                |                |         |        |              |  |
|---|---|-------------|--------------------|--------------------------|--------|--|--------|--------|-----------------|--|--|--|--|--|--|--|--|----------------|-------------------|------------------------------|--|---|--|--|--------|-----------|------------------|--|---------------------------|--|-------------|--|--------------|--|-------------------------------|--|---------|----------|--------------------------------------|--|----------------|----------------|---------|--------|--------------|--|
| Reference No.   | Salary Bill - Interest Subvention on House Building Advance (Outer Sheet)   |             |                    |                          |        | Month :  |        |        |                 |  |  |  |  |  |  |  |  |                |                   |                              |  |   |  |  |        |           |                  |  |                           |  |             |  |              |  |                               |  |         |          |                                      |  |                |                |         |        |              |  |
| Department Name :   |   |             |                    |                          |        | Department Code :                                |        |        |                 |  |  |  |  |  |  |  |  |                |                   |                              |  |   |  |  |        |           |                  |  |                           |  |             |  |              |  |                               |  |         |          |                                      |  |                |                |         |        |              |  |
| Detailed Pay Bill of Permanent/Temporary establishment of : (Office Name)   |   |             |                    |                          |        | Office ID :                                      |        |        |                 |  |  |  |  |  |  |  |  |                |                   |                              |  |   |  |  |        |           |                  |  |                           |  |             |  |              |  |                               |  |         |          |                                      |  |                |                |         |        |              |  |
| DDO Code :  |   |             |                    |                          |        | Date Name of DDO :                               |        |        |                 |  |  |  |  |  |  |  |  |                |                   |                              |  |   |  |  |        |           |                  |  |                           |  |             |  |              |  |                               |  |         |          |                                      |  |                |                |         |        |              |  |
| Bill No.:   | Bill Date :   | Demand No.: |                    | Object Head :            |        |  |        |        |                 |  |  |  |  |  |  |  |  |                |                   |                              |  |   |  |  |        |           |                  |  |                           |  |             |  |              |  |                               |  |         |          |                                      |  |                |                |         |        |              |  |
| Budget Head: 0000-00-000-00-00  | NP/P  | V/C         | SF :               | CA:                      | NA:    | TAN No.:   |        |        |                 |  |  |  |  |  |  |  |  |                |                   |                              |  |   |  |  |        |           |                  |  |                           |  |             |  |              |  |                               |  |         |          |                                      |  |                |                |         |        |              |  |
| To<br>The Treasury Officer, (Concerning Treasury)<br>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/<br>Digital Sign of DDO  |        |        |                 |  |  |  |  |  |  |  |  |                |                   |                              |  |   |  |  |        |           |                  |  |                           |  |             |  |              |  |                               |  |         |          |                                      |  |                |                |         |        |              |  |
| <b>Certificates :</b>   | <ol style="list-style-type: none"> <li>1. The Amount of Interest Subvention claimed in this bill has not been drawn earlier.</li> <li>2. It is further certified that I have personally ensured observance of all formalities regarding necessary entries.</li> <li>3. The Amount of this bill is within the limits of allotted budget for the Year (<i>Current Financial Year</i>).</li> </ol> |             |                    |                          |        |  |        |        |                 |  |  |  |  |  |  |  |  |                |                   |                              |  |   |  |  |        |           |                  |  |                           |  |             |  |              |  |                               |  |         |          |                                      |  |                |                |         |        |              |  |
|   |   |             |                    |                          |        | Sign (With Seal)/ e-Sign/<br>Digital Sign of DDO |        |        |                 |  |  |  |  |  |  |  |  |                |                   |                              |  |   |  |  |        |           |                  |  |                           |  |             |  |              |  |                               |  |         |          |                                      |  |                |                |         |        |              |  |
| <b>Subvention</b><br><table border="1"> <tr> <th>Subvention Details</th> <th>Pay ID</th> <th>Amount</th> <th>Deduction Name</th> <th>Pay ID</th> <th>Amount</th> </tr> <tr> <td>Interest on HBA</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> |   |             | Subvention Details | Pay ID                   | Amount | Deduction Name                                   | Pay ID | Amount | Interest on HBA |  |  |  |  |  | <b>Deduction(s)</b><br><table border="1"> <tr> <td>Gross Amount :</td> <td>Total Deduction :</td> </tr> <tr> <td>Net Amount :<br/>(In words) :</td> <td></td> </tr> </table> |  |  | Gross Amount : | Total Deduction : | Net Amount :<br>(In words) : |  | <b>Treasury Voucher</b><br><table border="1"> <tr> <td>TV No.</td> <td>TV Date :</td> </tr> <tr> <td>For Treasury Use</td> <td></td> </tr> <tr> <td>Pay Rs. :<br/>(In words) :</td> <td></td> </tr> <tr> <td>(In Cash) :</td> <td></td> </tr> <tr> <td>(In words) :</td> <td></td> </tr> <tr> <td>By B.T. :<br/>Total Credit Rs.</td> <td></td> </tr> <tr> <td>Auditor</td> <td>AAO-I/II</td> </tr> <tr> <td colspan="2"><b>For Accountant General Office</b></td> </tr> <tr> <td>Admitted (RS.)</td> <td>Objected (RS.)</td> </tr> <tr> <td>Auditor</td> <td>Supdt.</td> </tr> <tr> <td colspan="2">Gaz. officer</td> </tr> </table> |  |  | TV No. | TV Date : | For Treasury Use |  | Pay Rs. :<br>(In words) : |  | (In Cash) : |  | (In words) : |  | By B.T. :<br>Total Credit Rs. |  | Auditor | AAO-I/II | <b>For Accountant General Office</b> |  | Admitted (RS.) | Objected (RS.) | Auditor | Supdt. | Gaz. officer |  |
| Subvention Details  | Pay ID  | Amount      | Deduction Name     | Pay ID                   | Amount |  |        |        |                 |  |  |  |  |  |  |  |  |                |                   |                              |  |   |  |  |        |           |                  |  |                           |  |             |  |              |  |                               |  |         |          |                                      |  |                |                |         |        |              |  |
| Interest on HBA   |   |             |                    |                          |        |  |        |        |                 |  |  |  |  |  |  |  |  |                |                   |                              |  |   |  |  |        |           |                  |  |                           |  |             |  |              |  |                               |  |         |          |                                      |  |                |                |         |        |              |  |
| Gross Amount :  | Total Deduction :   |             |                    |                          |        |  |        |        |                 |  |  |  |  |  |  |  |  |                |                   |                              |  |   |  |  |        |           |                  |  |                           |  |             |  |              |  |                               |  |         |          |                                      |  |                |                |         |        |              |  |
| Net Amount :<br>(In words) :  |   |             |                    |                          |        |  |        |        |                 |  |  |  |  |  |  |  |  |                |                   |                              |  |   |  |  |        |           |                  |  |                           |  |             |  |              |  |                               |  |         |          |                                      |  |                |                |         |        |              |  |
| TV No.  | TV Date :   |             |                    |                          |        |  |        |        |                 |  |  |  |  |  |  |  |  |                |                   |                              |  |   |  |  |        |           |                  |  |                           |  |             |  |              |  |                               |  |         |          |                                      |  |                |                |         |        |              |  |
| For Treasury Use  |   |             |                    |                          |        |  |        |        |                 |  |  |  |  |  |  |  |  |                |                   |                              |  |   |  |  |        |           |                  |  |                           |  |             |  |              |  |                               |  |         |          |                                      |  |                |                |         |        |              |  |
| Pay Rs. :<br>(In words) :   |   |             |                    |                          |        |  |        |        |                 |  |  |  |  |  |  |  |  |                |                   |                              |  |   |  |  |        |           |                  |  |                           |  |             |  |              |  |                               |  |         |          |                                      |  |                |                |         |        |              |  |
| (In Cash) :   |   |             |                    |                          |        |  |        |        |                 |  |  |  |  |  |  |  |  |                |                   |                              |  |   |  |  |        |           |                  |  |                           |  |             |  |              |  |                               |  |         |          |                                      |  |                |                |         |        |              |  |
| (In words) :  |   |             |                    |                          |        |  |        |        |                 |  |  |  |  |  |  |  |  |                |                   |                              |  |   |  |  |        |           |                  |  |                           |  |             |  |              |  |                               |  |         |          |                                      |  |                |                |         |        |              |  |
| By B.T. :<br>Total Credit Rs.   |   |             |                    |                          |        |  |        |        |                 |  |  |  |  |  |  |  |  |                |                   |                              |  |   |  |  |        |           |                  |  |                           |  |             |  |              |  |                               |  |         |          |                                      |  |                |                |         |        |              |  |
| Auditor   | AAO-I/II  |             |                    |                          |        |  |        |        |                 |  |  |  |  |  |  |  |  |                |                   |                              |  |   |  |  |        |           |                  |  |                           |  |             |  |              |  |                               |  |         |          |                                      |  |                |                |         |        |              |  |
| <b>For Accountant General Office</b>  |   |             |                    |                          |        |  |        |        |                 |  |  |  |  |  |  |  |  |                |                   |                              |  |   |  |  |        |           |                  |  |                           |  |             |  |              |  |                               |  |         |          |                                      |  |                |                |         |        |              |  |
| Admitted (RS.)  | Objected (RS.)  |             |                    |                          |        |  |        |        |                 |  |  |  |  |  |  |  |  |                |                   |                              |  |   |  |  |        |           |                  |  |                           |  |             |  |              |  |                               |  |         |          |                                      |  |                |                |         |        |              |  |
| 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.<br>Group Name :   |   |             |                    |                          |        | Forwarded Date :<br>Print Date & Time :          |        |        |                 |  |  |  |  |  |  |  |  |                |                   |                              |  |   |  |  |        |           |                  |  |                           |  |             |  |              |  |                               |  |         |          |                                      |  |                |                |         |        |              |  |

GA 76  
GFAR

Government of Rajasthan

New Form No. GA 36 P  
Rule 141(1)/150(1)

|   |   |             |               |     |                    |
|---|---|-------------|---------------|-----|--------------------|
| Reference No.   | Salary Bill - Interest Subvention on House Building Advance (Inner Sheet) |             |               |     | Month :            |
| Department Name :   |   |             |               |     | Department Code :  |
| Detailed Pay Bill of Permanent/Temporary establishment of : (Office Name) |   | Office ID : |               |     |                    |
| DDO Code :  |   |             |               |     | Date Name of DDO : |
| Bill No. :  | Bill Date :   | Demand No.: | Object Head : |     |                    |
| Budget Head: 0000-00-000-00-00 NP/P V/C                                   |   | SF :        | CA:           | NA: | TAN No. :          |

| S.No. | Loan A/c No.<br>Loan Amount<br>Loan type | Name<br>Designation<br>Employee ID<br>Nominee Name(s)<br>Date of Death<br>(only where Payment is made to<br>Nominee)<br>Aadhar No. | Month for which Subvention Amount is payable | Amount of Subvention | Remarks(s)   |
|-------|--|--|--|----------------------|--------------|
| 1.    |  |  |  |                      |              |
| 2.    |  |  |  |                      | <b>Total</b> |
|       |  |  |  |                      |              |

Total Amount :

Amount in words :

Certificates :

1. Certified that I have personally examined and satisfied myself about the genuineness of claim that the Subvention 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 Subvention Amount. It is further certified that I have personally ensured observance of all formalities regarding necessary entries.
2. Amount of Interest Subvention is given according to Instruction issued by Finance Department.
3. All required information including Bank Account Details in this bill has been checked and verified.
4. It is certify that I have carefully examined & verified the master data of the said claim.
5. Amount of interest Subvention included in this Bill is as per Bank Statement provided by concerned bank.
- 6.

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 :

Forwarded Date :

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.