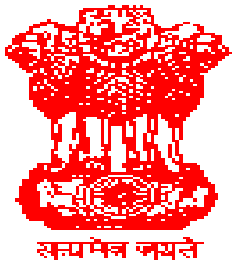


# GOVERNMENT OF RAJASTHAN

# GENERAL FINANCIAL & ACCOUNTS RULES

## VOLUME-II

## (FORMS)

**AMENDED UPTO 15.04.2021**

# APPENDIX-7

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

| List of Forms | Rule no. | Present Form No. | New Form no. |
|---|---|---|---|
| Register of Expenses by Head of account | 11(1) | 19 | 1 |
| Monthly statement of Liabilities & Commitments | 11(2) | 27 | 2 |
| Broad sheet for watching receipt of Account | 11(3) | 21 | 3 |
| Compilation and Reconciliation sheet | 11(3) | 22 | 4 |
| Statements of Reconciliation of Accounts with A.G | 11(3) | 23 | 5 |
| Register of Mis-appropriation etc. | 20(7) | 163 | 7 |
| Monthly progress report of the collection of revenue from F toFD.offices | 27(2)32 | 13-14 | 8-9 |
| Statement of errors of Classification of Revenue | 28(4) | 15 | 10 |
| Statements showing remission of Revenue Realised to A.G. | 39(1) | 16 | 11 |
| Receipt of cheque received | 44(1)(i) | 52 | 12 |
| Receipt (General) | 45(1) | 55 | 13 |
| Receipt (Education Department ) | | 56 | 14 |
| Challan | 46(3), 54(2) | 57 | 15 |
| Cash Book (General ) | 48(i) | 48 | 16 |
| Cash Book (Others ) | 50(iii) | 50 | 17 |
| Register of Money Orders, Cheques, Drafts, etc.,received | 48,50(iv) | 50 | 17 |

| List of Forms | Rule no. | Present Form No. | New Form no. |
|---|---|---|---|
| Duplicate key Register | 53(3) | 51 | 19 |
| Register of Payments made by Money Orders/Bank Drafts,etc. | 80(11) | 103 | 21 |
| Bill Register | 83 | 59 | 19 |
| Slip to accompany bills | 84(1) | 18 | 23 |
| Bill transit Register | 84(2) | 59-A | 24 |
| Register of watching encashment of bills | (84)3 | 173 | 25 |
| Voucher of petty contingent charges | (89)2 | 107 | 26 |
| Certificate of Transit of charge (Collector & Treasury Officer ) | 128(2) | 43 | 28 |
| -do- (Others) | 128(3) | 43A | 29 |
| Handing over/Charge Reports | 129 | 44 | 30 |
| Leave Account | 133(2) | 46 | 31 |
| Service Book | 134(1) | 36 | 32 |
| Service Roll | 134(1) | 37 | 33 |
| Register of Service Book/ Rolls | 134(3) | 190 | 34 |
| Last Pay Certificate | 145 | 62 | 35 |
| Salary Bill | 150(1) | 76 | 36 |
| Establishment Register | 150(5) | 74 | 37 |
| Certificate of House rent allowance by Head of Office | 150 | 84 | 38 |
| By Govt. servant | 150 Note | 85 | 39 |
| Absentee Statement | 154 | 90 | 40 |
| Periodical Increment Certificate | 155 | 92 | 41 |
| Register of Increments | 155 | 93 | 42 |
| Schedule of Income tax deductions | 158(1) | 82 | 43 |

| List of Forms | Rule no. | Present Form No. | New For m no. |
|---|---|---|---|
| Schedule of Income tax calculations | 158(2) | 83 | 44 |
| 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 |
| Register of Special Recoveries | 162(6) | 61 | 49 |
| 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),203(10) | 94,95 | 64,65 |
| T.A.Bill Register | 189(2) | 98 | 66 |
| T.A.Bill Register for countersignature | 189(4) | 99 | 67 |
| Acquitance Roll | 193(1) | 100 | 68 |
| Register of undisbursed Pay & allowances | 194 | 102 | 69 |
| No dues Certificate | 195(2) | 89 | 70 |
| Indemnity bond for Payment of arrear claims | 197 | 63 | 71 |
| Schedule of Recovery of Festival advance | 206D(10), 10(b,c) | 87-A | 74 |

| 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 |
| Register of Contingent expenditure | 222(1) | 104 | 91 |
| Bill for Service Postage stamps | 225(1)(i) | 112 | 92 |
| 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), 310 | 122 | 119 |

GA 19
BM Form 2

GOVERNMENT OF RAJASTHAN
राजस्थान सरकार

New Form No. GA. 1
Rule 11 (1)

(To be printed on 20x 30/2 size)

**Register showing Expenses by Heads of Account**
**शीर्षकवार खर्चे के हिसाब की पंजिका**

Name of Office नाम कार्यालय .....
Serial No. allotted to the Disbursing Officer
वितरण अधिकारी का नं. .....

Major Head मुख्य शीर्षक .....
Minor Head लघु शीर्षक .....
Sub-Head उप-शीर्षक .....

Month माह .....
Charged/Voted
(Figures in whole rupees only)
(रकम पूरे रुपयों में)

| Date of drawal of bill बिल की तिथि | Voucher No. as shown on slip in Form GA 18 वाउचर नं. जो फार्म GA 18 में लिखा गया हो | Primary Units and Sub-Units प्रारंभिक इकाइयाँ व उप इकाइयाँ | | | | | | | | | | | Total योग | Deductions, if any कटौतियाँ, यदि कोई हों | Net amount of the bill बिल की शुद्ध रकम |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Pay of Officers अधिकारियों का वेतन | | Pay of Establishment कर्मचारी वर्ग का वेतन | Allowances and Honoraria भत्ते व मानदेय | | Office Expenses कार्यालय व्यय | Other Expenses अन्य व्यय | | | | | | | |
| | | Allotments (Annual) वार्षिक नियतन | | | | | | | | | | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| | | | | | | | | | | | | | | | |

सामान्य वित्तीय एवं लेखा नियम

T

Reverse पृष्ठ भाग

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Total for the month<br>माह का योग<br>Add Liabilities as per Form GA 20<br>अन्य खर्चा फार्म GA 20 के अनुसार | | | | | | | | | | | | | |
| Grand Total for the month<br>माह का पूर्ण योग<br>Add Expenditure to end of previous month<br>गत माह तक का खर्चा | | | | | | | | | | | | | |
| Progessive total from 1st April<br>योग खर्चा 1 अप्रैल से | | | | | | | | | | | | | |
| Balance of the appropriation<br>नियोजन की बाकी | | | | | | | | | | | | | |

Notes : 1. Allowances not drawn with pay should be shown as a separate detailed head in the register.
2. If an allotment is changed the necessary correction in the register should be made in red ink.
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.
4. 'Voted' and 'charged' allotment and expenditure should be recorded on separate pages.
5. This account should be despatched on the 3rd of following month supported by the slips in Form GA 18.

1. वे भत्ते जो वेतन के साथ नहीं लिए जाते, पंजिका के पृथक् खाने में दर्ज किए जावें।
2. नियतन के परिवर्तन को पंजिका में लाल स्याही से लिखा जावे।
3. परिवर्तनशील व्यय के उन सब बिलों का इन्द्राज, 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. Vated और Charged नियतन व व्यय के इन्द्राज पृथक् पृष्ठों पर किए जावें।
5. इस हिसाब को अगले माह की 3 तारीख तक मय फार्म GA 18 की चिट्ठों के भेज देना चाहिए।

No. सं. ..... Dated दिनांक .....
Copy forwarded to प्रतिलिपि प्रस्तुत की ..... को।

Signature of Disbursing Officer हस्ताक्षर वितरण अधिकारी
Designation पद .....

GA 27
GFAR 12

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

New Form No. GA 2
Rule 11 (2)

**Monthly Statement of Liabilities and Commitments**

Month माह ..... मासिक ब्यौरा ऐसे खर्चे का जिनको स्वीकार कर लिया है और जो भविष्य में होना है

| Sl. No. क्र. सं. | Head of Account लेखा शीर्षक | Detailed particulars of the Commitments स्वीकृत खर्चों का विस्तृत विवरण | Amount of Liability होने वाले खर्चे की रकम | Probable months when the expenditure will be accounted for संभावित माह जब खर्चा हिसाब में जावेगा | | | | Remarks विशेष विवरण |
|---|---|---|---|---|---|---|---|---|
| | | | | Current Financial year चालू वित्त वर्ष | | Following Financial year आगामी वित्त वर्ष | | |
| | | | | Month माह | Amount रकम | Month माह | Amount रकम | |
| | | | | | | | | |

Reverse पृष्ठ भाग

| Sl. No. क्र. सं. | Head of Account लेखा शीर्षक | Detailed particulars of the Commitments स्वीकृत खर्चों का विस्तृत विवरण | Amount of Liability होने वाले खर्चे की रकम | Probable months when the expenditure will be accounted for संभावित माह जब खर्चा हिसाब में जावेगा | | | | Remarks विशेष विवरण |
|---|---|---|---|---|---|---|---|---|
| | | | | Current Financial year चालू वित्त वर्ष | | Following Financial year आगामी वित्त वर्ष | | |
| | | | | Month माह | Amount रकम | Month माह | Amount रकम | |
| | | | | | | | | |

No. सं. ..... Dated तारीख .....
Submitted to प्रस्तुत किया .....

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

GA 21
BM Form 3

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

New Form No. GA 3
Rule 11 (3)

**Broad sheet for watching Receipt of Account from Disbursing Officers**
**वितरण अधिकारियों से निश्चित समय पर हिसाब के प्राप्ति की निगरानी के लिए पंजिका**

Office of कार्यालय .....  Major Head मुख्य शीर्षक .....
लघु शीर्षक .....
Sub-Head उप-शीर्षक .....

| Sl. No. क्र. सं. | Designation of disbursing officers पद वितरण अधिकारी का | District जिला | Date of receipt of account for the month of तिथि हिसाब के प्राप्ति की बाबत | | | | | | | | | | | | Remarks विशेष विवरण |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | April अप्रैल | May मई | June जून | July जुलाई | August अगस्त | September सितंबर | October अक्टूबर | November नवंबर | December दिसंबर | January जनवरी | February फरवरी | March मार्च | |
| | | | | | | | | | | | | | | | |

**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.

**टिप्पणियां :**
1. जिलों के नाम वर्णमाला 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 आवे 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**

New Form No. GA 4
Rule 11 (3)

Major Head मुख्य शीर्षक .....
Minor Head लघु शीर्षक .....
Sub-Head उप-शीर्षक .....

Month माह .....

Figures in whole Rupees only

| S.No. of the Disbursing Officer वितरण अधिकारी के नं. | Units of Appropriation नियोजन इकाइयां | | | | | | | | | | | | Total as given in Col. 14 of relevant Form GA 19 कालम 14 का योग फार्म GA 19 | Remarks विशेष विवरण |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Pay of Officers अधिकारियों का वेतन | Pay of Establishment कर्मचारी वर्ग का वेतन | Allowances and Honoraria भत्ते व मानदेय | | | Office Expenses कार्यालय व्यय | Other Expenses अन्य व्यय | | | | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| | | | | | | | | | | | | | | |

5

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Total Expenditure कुल व्यय<br>Grand total for the month for all returns in Form GA 19<br>फार्म GA 19 के तमाम ब्यौरों का पूर्ण योग<br>Add debit communicated by A.G. (other than those covered up by entries in Form GA 20)<br>ए.जी. द्वारा सूचित किए व्ययों को जोड़ें (फार्म GA 20 के लेखों को छोड़कर) | | | | | | | | | | | | |
| Grand Total<br>पूर्ण योग<br>Add Total in end of previous month<br>गत माह का योग जोड़ें | | | | | | | | | | | | |
| Progressive total up-to-date (A)<br>प्रथम माह से गत माह तक का योग<br>Progressive total as per A.G.'s books (B)<br>ए.जी. के खाते के अनुसार योग<br>Difference between A&B (More+, Less–)<br>A व B का अंतर (विशेष+, कम–)<br>(Details of differences on the reverse)<br>(अंतर का विवरण पीछे पृष्ठ पर) | | | | | | | | | | | | |

**REVERSE**

Reconciliation Sheet पुनःसमाधान पत्र

Details of the difference अंतर का विवरण

| Unit इकाई .....<br>Not in A.G's books<br>एकमें जो ए.जी. के खातों में नहीं है<br>Not in Deptt. books<br>एकमें जो विभागीय खातों में नहीं है<br>Difference<br>अंतर | | | | Unit इकाई .....<br>Not in A.G's books<br>एकमें जो ए.जी. के खातों में नहीं है<br>Not in Deptt. books<br>एकमें जो विभागीय खातों में नहीं है<br>Difference<br>अंतर | | | | Unit इकाई .....<br>Not in A.G's books<br>एकमें जो ए.जी. के खातों में नहीं है<br>Not in Deptt. books<br>एकमें जो विभागीय खातों में नहीं है<br>Difference<br>अंतर | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Details विवरण | | | | Details विवरण | | | | Details विवरण | | | |
| Particulars of transactions<br>एकमें का विवरण | Amount<br>एकम | Remarks & month in which settled<br>विशेष विवरण व माह जिसमें मिलान हुआ | | Particulars of transactions<br>एकमें का विवरण | Amount<br>एकम | Remarks & month in which settled<br>विशेष विवरण व माह जिसमें मिलान हुआ | | Particulars of transactions<br>एकमें का विवरण | Amount<br>एकम | Remarks & month in which settled<br>विशेष विवरण व माह जिसमें मिलान हुआ | |
| Not in A. G's books एकमें जो ए. जी. के खातों में नहीं है | | | | Not in A. G's books एकमें जो ए. जी. के खातों में नहीं है | | | | Not in A. G's books एकमें जो ए. जी. के खातों में नहीं है | | | |

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Not in Deptt. books रकमें जो विभागीय खातों में नहीं हैं | | | Not in Deptt. books रकमें जो विभागीय खातों में नहीं हैं | | | Not in Deptt. books रकमें जो विभागीय खातों में नहीं हैं | | | Not in Deptt. books रकमें जो विभागीय खातों में नहीं हैं | | |

## Instructions अनुदेश

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 Deptt. books", and totalled. The difference of these sets of figures, worked out above in the space provided for the purpose, will represent the difference under any one unit as worked out on the reverse. Immediate action for rectifying the errors and omissions in a subsequent month of the Financial Year should be taken.

   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 जावें उनकी "ए.जी. के खातों में नहीं है" के उपरोक्त निश्चित स्थान पर लिखकर जोड़ दिया जावे। फिर जो रकमें ए.जी. के खातों में तो पाई जावे और विभाग के फार्म जी.ए. 19 व जी.ए. 20 और इस किस्म के पिछले माह की सूची में न मिले तो उनको "विभाग के खातों में नहीं है" की जगह लिखकर जोड़ कर दिया जावे। इन दो किस्मों की रकमों का फर्क, जो ऊपर निकाला जावे, एक इकाई की रकम के फर्क से जो पृष्ठ पर निकाली हो, मिल जावेगा। इन गलतियों व छूट को सही करने की कार्यवाही तुरंत की जावे, ताकि साल के बाकी महीनों में वे तमाम फर्क दूर हो जावें।

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.

   अगर 4 से ज्यादा इकाइयों में फर्क हो तो जो जगह ऊपर खाली रहे उनके दर्ज करने में लाल स्याही की लकीर खींचकर या फार्म जी.ए. 23 काम में लाया जावे।

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.

   विवरण और माह जिसमें "फर्क दूर किया गया" के खानों में फर्क का कारण जैसे 'गलत वर्गीकरण', 'गलत इन्द्राज', 'छूट' इत्यादि मय माह, जिसमें ठीक किया गया, लिखा जावे।

सामान्य वित्तीय एवं लेखा नियम

GA No.23 | GOVERNMENT OF RAJASTHAN | New Form No. G.A. 5

राजस्थान सरकार

(To be printed on 17x27/2 size) | Rule 11 (3)

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

### हिसाब के मिलान का ब्यौरा-विभागीय आंकड़ों की महालेखाकार के आंकड़ों से तुलना

Department विभाग..... Major Head मुख्य शीर्षक .....

Month माह ..... Minor Head लघु शीर्षक .....

| Unit of appropriation नियोजन इकाई | Progressive total as per departmental books विभागीय खातों के अनुसार आंकड़े | Progressive total as per A.G's books ए.जी. के खाते अनुसार आंकड़े | Difference (details on next page) अंतर (विवरण अगले पृष्ठ पर) | Remarks विशेष विवरण |
|---|---|---|---|---|
| | | | | |

### INSTRUCTIONS निर्देश

1. In making reconciliation of differences with the A.G's books, the simple process of ticking off the entries under the relevant unit in Forms GA 19 and GA 20, as well as in this list should be followed. Items that are not found in the A.G's books or such list of the previous month should be entered on the following pages under the heading 'Not in A.G's books' and totalled. Then, the transactions which appear in the A.G's books but are not found in forms GA 19 and 20 and in such list of differences for the last month should be entered under the heading 'Not in Deptt. books' and totalled. The differences of these sets of figures, worked out in the space provided for the purpose, will represent the difference under any one unit as worked out above. Immediate action for rectifying the errors and omissions in a subsequent month of the Financial year should be taken.
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, मिल जायेगा। इन गलतियों व छूट को सही करने की कार्यवाही तुरंत की जावे, ताकि साल के बाकी महीनों में वे तमाम के अंतर दूर हो जावें।
2. माह, जिसमें 'अंतर दूर किया गया' के खानों में फर्क के कारण जैसे गलत वर्गीकरण, गलत इन्द्राज, छूट इत्यादि मय माह, जिसमें ठीक किया गया, लिखा जावे।

**Details of Differences**
**अंतर विवरण**

(Page 2)

| Unit of Appropriation नियोजन इकाई | Total of items not in A.G's books योग रकमों का जो ए.जी. के खातों में नहीं हैं = <br> Total of items not in Deptt's. books योग रकमों का जो विभागीय खातों में नहीं हैं = <br> Difference अंतर |
|---|---|

| Not in A.G's books रकमें जो ए.जी. के खातों में नहीं हैं | | | Not in departmental books रकमें जो विभागीय खाते में नहीं हैं | | |
|---|---|---|---|---|---|
| Particulars of transactions रकमों का विवरण | Amount रकम | Month in which settled etc. माह जिसमें मिलान हुआ इत्यादि | Particulars of transactions रकमों का विवरण | Amount रकम | Month in which settled etc. माह जिसमें रकमों का मिलान हुआ इत्यादि |
| | | | | | |

| Unit of Appropriation नियोजन इकाई | Total of items not in A.G's Books योग रकमों का जो ए.जी. के खातों में नहीं हैं = <br> Total of items not in Deptt's books योग रकमों का जो विभागीय खातों में नहीं हैं = <br> Difference अंतर |
|---|---|

| Not in A.G's books रकमें जो ए.जी. के खातों में नहीं हैं | | | Not in departmental books रकमें जो विभागीय खाते में नहीं हैं | | |
|---|---|---|---|---|---|
| Particulars of transactions रकमों का विवरण | Amount रकम | Month in which settled etc. माह जिसमें मिलान हुआ इत्यादि | Particulars of transactions रकमों का विवरण | Amount रकम | Month in which settled etc. माह जिसमें रकमों का मिलान हुआ इत्यादि |
| | | | | | |

(To be repeated on page 3 & 4)

सामान्य वित्तीय एवं लेखा नियम

GA 163
GFAR 21

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

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

**Register of Mis-appropriation etc.**
**दुर्विनियोग आदि का रजिस्टर**

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

| Serial No. | Particulars of the case (with dates of occurrence and detection and period of defalcation) including description of the breach of rules which rendered defalcation practicable | Name and designation of official or officials responsible for the defalcation | Amount involved | Date & month of recovery | Amount recovered | Total recovery made | Amount written off | Progress of the case and action taken | Final order | Remarks |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| | | | | | | | | | | |

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

GA 13
BM paras 102 & 105

GOVERNMENT OF RAJASTHAN
राजस्थान सरकार

New Form No. GA 8
Rule 27 (2)

(To be printed on 17x27/2 size)

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

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

Head of Revenue शीर्षक ..... Month माह..... (Figures in whole rupees only रकम पूरे रुपयों में)

| S. No. क्र. सं. | Minor Heads उप-शीर्षक | Estimated Collections अनुमानित प्राप्तियां | | Actual Collections असल प्राप्तियां | | Variations between 4 & 6 4 व 6 की रकमों का अंतर | Explanation of variations अंतर के कारण |
|---|---|---|---|---|---|---|---|
| | | During the month माह में | To end of the month माह के अंत तक | During the month माह में | To end of the month 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 प्राप्तियां 'चालू' मांग व प्राप्तियों से अलग संबंधित शीर्षक के सामने लिखी जावें।

No. सं.....
Submitted to प्रस्तुत किया.....

Dated दिनांक.....
Signature हस्ताक्षर.....
Designation पद .....

12
सामान्य वित्तीय एवं लेखा नियम

GA 14
BM paras 102 & 105 and GFAR 30

# GOVERNMENT OF RAJASTHAN
राजस्थान सरकार

New Form No. GA 9
Rule 32

(To be printed on 17x27/2 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 शीर्षक ..... Month माह..... Figures in whole rupees only रकम पूरे रुपयों में

| S.No. क्र.सं. | Minor Heads उप-शीर्षक | Budget Estimate for the year वर्ष का आय-व्ययक अनुमान | Estimated Collection अनुमानित प्राप्तियां | | Actual Collections असल प्राप्तियां | | | | Steps taken to reconcile differences between cols. 8 and 9 कालम 8 व 9 के अंतर के पुनः समाधान की कार्यवाही | Explanation of the material variations between cols. 5 and 8 or 9 कालम 5 व 8 या 9 में विशेष अंतर का कारण |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | During the month माह में | | To end of the month माह के अंत तक | | | |
| | | | During the Month माह में | To end of the month माह के अंत तक | Departmental figures विभागीय आंकड़े | A.G's figures ए.जी. के आंकड़े | Departmental figures विभागीय आंकड़े | A.G's figures ए.जी. के आंकड़े | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| | | | | | | | | | | |

**Note–** 'Arrears' Demands and Collections should be shown separately from the 'Current' Demands and Collections against the Heads concerned.

**टिप्पणी-** 'बकाएं' मांग व प्राप्तियां 'चालू' मांग व प्राप्तियों से अलग संबंधित शीर्षक के सामने लिखी जावें।

No. संख्या ..... Dated दिनांक .....

Copy forwarded to

(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.

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

Signature हस्ताक्षर .....

Designation पद .....

Department विभाग .....

सामान्य वित्तीय एवं लेखा नियम

13

GA 15
BM

# GOVERNMENT OF RAJASTHAN
राजस्थान सरकार

New Form No. GA 10
Rule 28 (4)

(To be printed on 17x27/4 size)

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

Name of Office कार्यालय का नाम .....

| S. No. क्र. सं. | Particulars of the transactions wrongly classified अशुद्ध लेखों का विवरण | Reference to Challan, etc. चालान इत्यादि का प्रसंग | Date of Credit जमा की तिथि | Corrections to be made अशुद्धियां जिनका शोधन करना है | | | Explanation of error अशुद्धि की व्याख्या | Name and designation of official responsible for the error त्रुटि करने वाले अधिकारी का नाम व पद | Action taken by Treasury Officer कोषाध्यक्ष की कार्यवाही |
|---|---|---|---|---|---|---|---|---|---|
| | | | | Amount रकम | Wrong classification अशुद्ध वर्गीकरण | Correct classification शुद्ध वर्गीकरण | | | |
| 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 हस्ताक्षर

Designation पद

GA 16
GFAR 36

# GOVERNMENT OF RAJASTHAN
राजस्थान सरकार

New Form No. GA 11
Rule 39 (1)

(To be printed on 17x27/4 size)

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

Name of Department नाम विभाग .....

Due Date 1st June
निश्चित तिथि 1 जून

| Sl. No. क्रम सं. | Name of the party whom remission is granted नाम जिन्हें छूट मंजूर की गई | Particulars of the nature of the remission granted विवरण किस प्रकार की छूट मंजूर की गई | Amount remitted छूट की राशि | Brief explanation of circumstances leading to the remission संक्षेप में विवरण जिस कारण से छूट दी गई | Authority permission स्वीकृति देने वाले अधिकारी | Steps taken in future present dues becoming irrecoverable भविष्य में उठाए कदम, वर्तमान अप्राप्त योग्य | Remarks विवरण |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

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 .....

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GOVERNMENT OF RAJASTHAN
राजस्थान सरकार

GA 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।

रु. _____ हस्ताक्षर
पद

GOVERNMENT OF RAJASTHAN
राजस्थान सरकार

New 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

सामान्य वित्तीय एवं लेखा नियम

GA No.56* **Receipt (Education Department)** New Form
**प्राप्ति (शिक्षा विभाग)** No. G.A. 14

GA 57
GFAR 88-91

GOVERNMENT OF RAJASTHAN
राजस्थान सरकार
(To be printed on 17×27/4)

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 आज्ञा का | पूर्ण वर्गीकरण | | | रकम |
|---|---|---|---|---|---|---|
| | | | मुख्य शीर्षक | लघु शीर्षक | विस्तृत शीर्षक | |
| हस्ताक्षर | | | | | योग | |

रकम शब्दों में .....

नोन-बैंकिंग कोषागार/उप-कोषागार उपयोग हेतु

प्राप्त किए रुपये .....

खजांची लेखापाल दिनांक ..... कोषागार/उप-कोषागार अधिकारी

बैंकिंग कोषागार/उप-कोषागार उपयोग हेतु

बैंक की आज्ञा
कृपया प्राप्त करें रुपया .....

कोषागार/उप-कोषागार अधिकारी
दिनांक

बैंक उपयोग हेतु

प्राप्त किए रुपए .....

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 17×27/4)

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

नाम विभाग .....

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

GA 48
GFAR 74

# GOVERNMENT OF RAJASTHAN
राजस्थान सरकार
रोकड़ बही (सामान्य)
(To be printed on 17x 27 size)

New Form GA No. 16
Rule 48 (i)

कार्यालय.....

## Receipts आमद

| दिनांक | रसीद नं. यदि आवश्यक हो | विवरण | वेतन | भत्ते | अन्य व्यय | | विविध | * | * | योग | मद |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | स्थायी पेशगी को पूरा करने के लिए | पेशगी भुगतान | | | | | |
| | | | | | | | | | | | |

## Payments खर्च

माह ..... 20

Page .....

| दिनांक | उप-वाउचर संख्या | विवरण | वेतन | भत्ते | अन्य व्यय | | विविध | * | * | योग | मद |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | स्थायी पेशगी से | भुगतान हेतु पेशगी प्राप्त द्रव्य से | | | | | |
| | | | | | | | | | | | |

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

18
सामान्य वित्तीय एवं लेखा नियम

सामान्य वित्तीय एवं लेखा नियम

GA 50
GFAR 74 & 74A

# GOVERNMENT OF RAJASTHAN
राजस्थान सरकार
(To be printed on 17x27/2)
**Cash Book (others) रोकड़ बही (अन्य)**

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

कार्यालय .....

## Receipts आय

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

## Expenditure व्यय

| व्यय तिथि | वाउचर नं. | व्यय विवरण | रकम जो व्यक्ति को दी गई | रकम जो खजाने को भेजी | वर्गीकरण |
|---|---|---|---|---|---|
| | | | | | |

GA 51
GFAR 74, 74A & B

GOVERNMENT OF RAJASTHAN
राजस्थान सरकार

New Form No. GA 18
Rule 48, 50 (iv)

(To be printed on 17x27/2 size)

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

| Item No. क्र. सं. | Date of receipt तिथि प्राप्ति | Reference to forwarding letter etc. प्रेषित पत्र का प्रसंग इत्यादि | From whom received and on what account किससे प्राप्त हुआ और किस हिसाब में | Particulars of the documents पत्रों की विगत | | | Initials of G.O. अधिकारियों के हस्ताक्षर | Disposal remarks showing action taken for encashment वसूली कार्यवाही इत्यादि | Date of credit in Treasury or Bank कोषागार/बैंक में जमा की तिथि | Entered in C.B. रोकड़ बही में इन्द्राज की | | Initials हस्ताक्षर |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | Kind किस्म | No. and date संख्या व तिथि | Amount रकम | | | | Date तिथि | Page पृष्ठ | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
| | | | | | | | | | | | | |

**सूचनायें**

1. यह पंजिका रोकड़ बही का एक अंग है और यह उच्च अधिकारी के पास रहे। 2. इस पंजिका में मनीआर्डरों का इन्द्राज, जहां जरूरी हो किया जावे।
3. मनीआर्डर व पोस्टल आर्डर का इन्द्राज इस पंजिका में इस प्रकार किया जावे कि उनका पृथक-पृथक एक दिन का योग रोकड़ बही में दर्ज हो सके। रोकड़ बही में इन्द्राज इस पंजिका के क्रम संख्या के हवाले से किया जावे। 4.कालम 8 तक में इन्द्राज प्राप्ति के दिन ही किये जावें।
5. कालम 9 व 10 चैक, ड्राफ्ट व पोस्टल आर्डर की वसूली के इन्द्राज के लिए है, जिन पर पूरी निगरानी रखी जाए ताकि वसूली में देर न हो।

GA 103
GFAR 102 & 305

# GOVERNMENT OF RAJASTHAN
राजस्थान सरकार

New Form No. GA 21
Rule 80 (11)

(To be printed on 17x27/2 size)

## Register of Payments made by Money Orders/Bank Drafts
## मनीआर्डर/बैंक ड्राफ्ट द्वारा भुगतानों की पंजिका

| S. No. क्र. सं. | In whose favour and on what account with reference to bill किसके नाम और किस विषय में मय बिल नं. व तिथि | Address to which sent कहां भेजा | Amount payable भुगतान योग्य रकम | Commis-sion, if deducted कमीशन यदि काटा हो | Net amount paid रकम जो भेजी | reference to entry in cash book रोकड़ बही में इन्द्राज का प्रसंग | Postal Receipt डाक विभाग की रसीद | | Payee's acknowled-gement received on रकम पाने वाले की रसीद प्राप्ति दिनांक | Re-marks विशेष विवरण |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | Bank Draft बैंक ड्राफ्ट | | | |
| | | | | | | | Number संख्या | Date तिथि | | |
| | | | | | | | | | | |

टिप्पणियां - 1. कोषागारों में इस पंजिका को ऐसे भुगतानों के लिए रखना है, जिनको GFAR नियम 102 (10) और 305 के अंतर्गत करना हो।
2. विभागों में इस पंजिका में उन भुगतानों का इन्द्राज किया जावे, जिनसे ये पोस्टल मनीआर्डर GFAR Appendix VIII-Annx. A-item 20 (viii) and (ix) & 102 (ix) द्वारा कोषागार से न कराकर स्वयं करें या जिनको बैंक ड्राफ्ट द्वारा GFAR Appendix VIII-Annx. A-item 20 (viii), (ix) & 102 (ix) करें।

सामान्य वित्तीय एवं लेखा नियम

GA 59
GFAR 102 (xi)

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

New Form
No. G.A. 22
Rule 83

**बिल पंजिका BILL REGISTER**

Name of Office कार्यालय.....

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

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

**टिप्पणियां :-** 1. इस पंजिका द्वारा सब प्रकार के देन की निगरानी करना है। देन में अन्य विभागों के मांग-पत्र (Invoices) भी सम्मिलित हैं। इन सब का इन्द्राज प्राप्ति के दिन ही किया जावे और इन्द्राज की क्रम संख्या देन-पत्र पर तुरंत लिखी जावे।

2. जिनका भुगतान स्थायी पेशगी (Permanent Advance) में से किया जावे, उनकी तिथि कालम 11 में लिखी जावे।

3. 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।

4. 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 1

GOVERNMENT 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 भेजें**

Major 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 shown on the bill<br>व्यय का वर्गीकरण जैसा बिल पर दिया हो | |
|---|---|---|
| | Heads of Account<br>लेखे का शीर्षक | Amount<br>रकम |
| Voucher number assigned to the bill at the treasury .....<br>वाउचर नं. जो कोषागार में बिल पर दर्ज 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/लिपिक | Signature of officer 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 सीधे 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

New Form No. G.A. 24
Rule 84 (2)

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

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

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

GA 59B

[See rule 102 (viii)]

To,

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

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

New Form No. GA 25
Rule 84 (3)

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

Name of Office .....

**Register for watching Encashment of Bills**

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

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

सामान्य वित्तीय एवं लेखा नियम

GA 107
GFAR

GOVERNMENT OF RAJASTHAN
राजस्थान सरकार
(To be printed on 18x22/6 size)

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

**Voucher for petty contingent charges**
**छोटे-छोटे आकस्मिक प्रभारों के वाऊचर**

| Date तिथि | Particulars of Charges 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 of 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

विभागाध्यक्ष की आज्ञा

दीजिए .....

Signature हस्ताक्षर
Designation पद

Sub-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 & A/70, dated 26 September 1972.

सामान्य वित्तीय एवं लेखा नियम

GA 43
GFAR 60

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

New Form
No. G.A. 28
Rule 128 (2)

**CERTIFICATE OF TRANSFER OF CHARGE**
**(COLLECTOR & TREASURY OFFICER)**
**चार्ज संभालने का प्रमाण-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
पद

कार्यभार लेने वाला अधिकारी
पद

स्थान .....

तिथि.....

अवशेष जिनका उत्तरदायित्व कार्यभार संभालने वाला अधिकारी स्वीकार करता है।

(i) नकद रकम
(ii) रकम/वाउचर पेशगी
(iii) स्टाम्प्स (मूल्य)
(iv) स्टोर्स (किताबी कीमत)
(v) प्रयोग में न लाए हुए चैक (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 17x27/2 size)
**Charge Report कार्यभार प्रतिवेंदन**

New Form No. GA 30
Rule 129

Name of Office कार्यालय का नाम .....

| संख्या | इस कालम में कार्यभार देने वाला अधिकारी उन विषयों को लिखे जिनकी ओर कार्यभार लेने वाले का ध्यान खास तौर पर आकर्षित करना हो- कार्यालय की सामान्य दशा, हिसाब व अन्य लेखों की दशा, नगदी गणन निरीक्षण एवं स्टोर्स की जांच का परिणाम, ऑडिट एतराज इत्यादि | इस कालम में कार्यभार लेने वाले अधिकारी को अपने प्रतिवेदन में कार्यवाही की अनियमितताएं या अन्य गड़बड़ियां जो वो पावे, लिखें | उच्च अधिकारी की आज्ञाएं |
|---|---|---|---|
| | | | |

Reverse

| | कार्यभार लेने वाला अधिकारी | कार्यभार देने वाला अधिकारी | उच्च अधिकारी |
|---|---|---|---|
| | पद | पद | पद |
| | तिथि | तिथि | तिथि |
| | | | |

सामान्य वित्तीय एवं लेखा नियम

GA 46
GFAR 64 RSR Ch. XI

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

New form No. GA 31
Rule 133(2)

Name of Govt. Servant राज्य कर्मचारी का नाम .....

Domicile निवास स्थान .....

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

| उपार्जित अवकाश | | | | | | | | | अर्द्ध वेतन अवकाश | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Duty कार्य अवधि | | | उपार्जित अवकाश (दिनों में) | जमा अवकाश कालम 9 व 4 का योग निर्धारित अवधि के अनुसार (दिनों में) | अवकाश जो लिया | | | छुट्टी से वापसी पर बकाया (बकाया 5 व 8 की बाकी) | सेवा अवधि | | | बकाया छुट्टी | |
| From कब से | To कब तक | No. of Days दिनों की संख्या | | | From कब से | To कब तक | No. of Days दिनों की संख्या | | From कब से | To कब तक | सेवा अवधि (वर्षों में) | उपार्जित अवकाश (दिनों में) | जमा अवकाश कालम 26 व 13 का योग |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |

**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 columns 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 | | | | | | | | | | | | छुट्टी से वापसी पर बाकी (कालम 14-25) | विशेष विवरण |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| अवकाश जो निजी कार्य या बीमारी के कारण लिया गया | | | परिवर्तित अवकाश जो डाक्टरी प्रमाण-पत्र पर पूर्ण वेतन पर दी गई (जिसकी अवधि पूर्ण सेवाकाल में 180 दिन की है।) | | | परिवर्तित अवकाश अर्द्ध वेतन में बदलकर (कालम 20 का दुगुना) | उपार्जित अवकाश डाक्टरी प्रमाण-पत्र पर (जिसकी अवधि पूर्ण सेवा काल में 180 दिन की है) | | | अर्द्ध वेतन अवकाश की अवधि (कालम 17, 21 व 24 का योग | | |
| कब से | कब तक | दिनों की संख्या | कब से | कब तक | दिनों की संख्या | | कब से | कब तक | दिनों की संख्या | | | |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 |

**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.

सामान्य वित्तीय एवं लेखा नियम

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.

(Page 2)

## PARTICULARS OF THE GOVERNMENT SERVANT

1. Name नाम

---

2. Residence निवास-स्थान

---

3. Date of birth by the Christian era as nearly as can be ascertained
जन्म तिथि सन् में

---

4. Father's name and also husband's name in the case of a female Government servant and residence
पिता का नाम और स्त्री कर्मचारी के पति का नाम व निवास स्थान

---

5. Qualifications योग्यतायें

(a) Educational शिक्षा संबंधी

(i) On joining service सेवा प्रारंभ के समय

---

(ii) Subsequently attained जो सेवाकाल में प्राप्त की

---

(b) Departmental tests passed विभागीय परीक्षायें पास कीं

---

(c) Technical and special qualifications तकनीकी तथा विशेष योग्यतायें

(Page 3)

6. Exact height by measurement
माप से ठीक ऊंचाई

7. Personal mark for identification
पहचान का निशान

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

| | |
|---|---|
| Little Finger<br>कनिष्ठा | Ring Finger<br>अनामिका |
| Middle Finger<br>मध्यमा | Fore Finger<br>तर्जनी |
| Thumb<br>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 पद नाम | Whether Substantive or Officiating and whether permanent or temporary नियुक्ति मूल है या स्थानापन्न और स्थायी है या अस्थायी | **If Officiating State–** (i) Substantive appointment, or (ii) Whether service counts for pension under Rule 188 of R.S. Rules **यदि स्थानापन्न है तो लिखें-** (i) मूल नियुक्ति या (ii) राज्य-सेवा-काल नियम 188 राज. सेवा नियम के अंतर्गत पेंशन गणन योग्य है या नहीं। | Pay in substantive post वेतन मूल पद |
|---|---|---|---|
| 1 | 2 | 3 | 4 |
| | | | |

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

(Page 5)

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

| Leave अवकाश | | | Signature of the head of the office or other attesting officer कार्यालय प्रधान या अन्य प्रमाणित करने वाले अधिकारी के हस्ताक्षर व पद | Reference to any recorded punishment or censure or reward or praise of the Government servant दंड, निंदा, पुरस्कार या प्रशंसा का प्रसंग |
|---|---|---|---|---|
| Nature and duration of leave taken किस्म व अवधि अवकाश | Allocation of periods of leave on average pay up to four months for which leave salary is debitable to another Government औसत वेतन पर 4 माह तक के अवकाश में से अवधि, जिसका वेतन किसी अन्य सरकार को देना है | | | |
| | Period अवधि | Government to which debitable 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



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 .....

| उपार्जित अवकाश | | | | | | | | | अर्द्ध वेतन अवकाश | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| अवधि कार्य | | | | | अवकाश जो लिया | | | | सेवा अवधि | | | बकाया छुट्टी | |
| From कब से | To कब तक | No. of Days कुल दिन | उपार्जित अवकाश (दिनों में) | जमा अवकाश कालम 9 व 4 का योग निर्धारित अवधि के अनुसार (दिनों में) | From कब से | To कब तक | No. of Days कुल दिन | छुट्टी से वापसी पर बकाया (बकाया 5 व 8 की बाकी) | From कब से | To कब तक | सेवा अवधि (वर्षों में | उपार्जित अवकाश (दिनों में) | जमा अवकाश कालम 26 व 13 का योग |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |

**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.

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 | | | | | | | | | | | | छुट्टी से वापसी पर बाकी (कालम 14-25) | विशेष विवरण |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| अवकाश जो निजी कार्य या बीमारी के कारण ली गई | | | परिवर्तित अवकाश जो डाक्टरी प्रमाण-पत्र पर पूर्ण वेतन पर दी गई (जिसकी अवधि पूर्ण सेवाकाल में 180 दिन की है। | | | परिवर्तित अवकाश अर्द्ध वेतन में बदलकर (कालम 20 का दुगुना) | अनुपार्जित अवकाश डाक्टरी प्रमाण-पत्र पर (जिसकी अवधि पूर्ण सेवा काल में 180 दिन की है) | | | अर्द्ध वेतन अवकाश की अवधि (कालम 17, 21 व 24 का योग | | |
| कब से | कब तक | दिनों की संख्या | कब से | कब तक | दिनों की संख्या 20 | | कब से | कब तक | दिनों की संख्या | | | |
| 15 | 16 | 17 | 18 | 19 | | 21 | 22 | 23 | 24 | 25 | 26 | 27 |

**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. 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.

(Page 18)

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

| जिला व पद | प्रसंग जिला आज्ञा | दिनांक | जिला व पद | प्रसंग जिला आज्ञा | दिनांक |
|---|---|---|---|---|---|
| | | | | | |

Page 19

नियुक्तियों का लेख (Record of Postings)

| जिला व पद | प्रसंग जिला आज्ञा | दिनांक | जिला व पद | प्रसंग जिला आज्ञा | दिनांक |
|---|---|---|---|---|---|
| | | | | | |

सामान्य वित्तीय एवं लेखा नियम

## *APPENDIX II

अन्य आवश्यक फार्म

## FORM OF DUPLICATE SERVICE BOOK

Government of Rajasthan

**SERVICE BOOK**

1. Name
2. Designation
3. Department

1. Name
2. Address
3. Father's Name
4. Date of Birth
5. Identification Mark
6. Date of first appointment and Name of Department
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 apptt. 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

सामान्य वित्तीय एवं लेखा नियम

GA 37
GFAR 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 डाकखाना .....
3. पिता का नाम (और स्त्री कर्मचारी के पति का नाम भी) व निवास-स्थान .....
4. जन्म तिथि (सन् में) .....
5. माप से ठीक ऊंचाई .....
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.

बायें हाथ के अंगुष्ठ व अंगुलियों के निशान

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

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

| CIRCUMSTANCES | QUESTIONS |
|---|---|
| 1. When substantive inferior servants e.g. Daftries Jamadars, etc. are appointed to act in the superior grade on pay exceeding Rs. 10. | 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) |
| 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. | -Do- Is it a probationer's appointment specially allotted? (Rule 189-A of R.S. Rules) Is it the temporary appointment eventually made permanent? (Rule 187 of R.S. Rules) Is the period ordered to count for Leave and pensions? What rate of leave allowance was drawn? |

(Page 2) Post held, promotions, reversion etc.

| पद व वर्ग | नियुक्ति मूल है या स्थानापन्न और स्थाई है या अस्थाई | यदि स्थानापन्न, तो लिखें मूल नियुक्ति यदि कोई हो | वेतन मूल पद | स्थानापन्न का अतिरिक्त वेतन | अन्य परिलाभ जो वेतन शब्द में आते हैं | नियुक्ति तिथि | सूक्ष्म हस्ताक्षर अधिकारी के जो कालम 1 से 7 के इन्द्राज को प्रमाणित करे | तिथि नियुक्ति पद समाप्ति |
|---|---|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| | | | | | | | | |

Note–Six inner sheets to be inserted

(Page 15)

| समाप्ति का कारण (जैसे तरक्की, स्थानांतरण, पदच्युति, इत्यादि) | सूक्ष्म हस्ताक्षर अधिकारी के जो कालम 9 व 10 के इन्द्राज को प्रमाणित करे | अवकाश किस्म व अवधि और दर अवकाश वेतन, मय सूक्ष्म हस्ताक्षर अधिकारी जो प्रमाणित करे | दंड, निंदा, पुरस्कार या प्रशंसा व सेवाकाल में अन्तर्बाधाओं का प्रसंग। यदि मौलिल किया गया हो तो अवधि मौलिली अवकाश व पेंशन के लिए गणन योग्य है या नहीं - मय 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 17x 27/½ 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 struct off neatly but not obliterated.

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GA 62
GFAR 162

GOVERNMENT OF RAJASTHAN
राजस्थान सरकार
(To be printed on 17 × 27/4 size)

New Form
No. G.A. 35
Rule 145

**Last Pay Certificate अन्तिम वेतन प्रमाण-पत्र**

विभाग .....
कार्यालय .....
पुस्तक सं. .....  क्रम सं.....

1. गत 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) स्थानापन्न वेतन |
| (iii) विशेष वेतन | (iv) भत्ते (अ) मकान |
| | (ब) घोड़ा/ऊंट |
| | (ग) सवारी |

कटौतियां

3. उन्होंने .....विभाग का कार्यभार दिनांक ..... की मध्याह्न के पहले/पीछे सौंप दिया।
4. पृष्ठ पर लिखे अनुसार कर्मचारी से वसूलियां करनी है।
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. | माहवार |
| ,, | ,, | ,, | ,, |
| ,, | ,, | ,, | ,, |

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 प्रोवीडेंट फंड 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

| किस्म वसूली | वसूल योग्य कुल रकम | किस्तों की संख्या | वसूल की गई रकम | बाकी वसूल योग्य 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 फी, इत्यादि | | फंड व अन्य कटौतियां | | बीमा | | आयकर रकम जो वसूल की गई | | विशेष विवरण |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | रु. | पै. | रु. | पै. | रु. | पै. | रु. | पै. | रु. | पै. | |
| अप्रैल | 20 | | | | | | | | | | | |
| मई | ,, | | | | | | | | | | | |
| जून | ,, | | | | | | | | | | | |
| जुलाई | ,, | | | | | | | | | | | |
| अगस्त | ,, | | | | | | | | | | | |
| सितंबर | ,, | | | | | | | | | | | |
| अक्टूबर | ,, | | | | | | | | | | | |
| नवंबर | ,, | | | | | | | | | | | |
| दिसंबर | ,, | | | | | | | | | | | |
| जनवरी | ,, | | | | | | | | | | | |
| फरवरी | ,, | | | | | | | | | | | |
| मार्च | ,, | | | | | | | | | | | |

सामान्य वित्तीय एवं लेखा नियम

GA 76 (Outer)
GFAR 189

# GOVERNMENT OF RAJASTHAN
राजस्थान सरकार
(To be printed on 22x29/2 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:<br>Major Head :<br>Minor Head :<br>Sub-Head : | Voucher No. .....<br><br>List ..... for ..... 20 | | |
| 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.<br>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.<br>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.<br>4. Names of Government servants in inferior service as well as those mentioned in GFA rule 122 may be omitted from pay bills.<br>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. | Pay of Permanent Estab.....<br>Pay of Temporary Estab.....<br>Allowances & Honoraria.....<br>Conveyance Allowance.....<br>Horse Allowance .....<br>House Allowance .....<br>Dearness Allowance .....<br>Other Fixed Allowances .....<br>**Total** | Rs. | P. |

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- | Separate Schedule Attached |
|---|---|
| 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.**

ESTABLISHMENT

| क्र. सं. | नाम कर्मचारी व वर्ग | मूल वेतन (निजी वेतन अथवा विशेष वेतन, यदि कोई है, तो वह भी इसी खाने में मूल वेतन के नीचे दिखाओ) | अवकाश वेतन | स्थानापन्न वेतन | महंगाई भत्ता | मकान किराया | अन्य स्थायी भत्ता | | योग | कटौतियां | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | राजकीय निर्वाह निधि | सहायक निर्वाह निधि | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
| | | | | | | | | | | | | |

PAY BILL

GA 76 (Outer)

| कटौतियां | | | | | | | | | विशेष विवरण | भरपाई |
|---|---|---|---|---|---|---|---|---|---|---|
| ऋण व अग्रेम | | मकान व सामान किराया | अन्य कटौती (दंड न्यायालय की कुर्की) इत्यादि | राजकीय बीमा निधि | | आयकर | कुल कटौतियां | देने योग्य रकम | | |
| सवारी पेशगी | मकान वास्ते पेशगी | | | | | | | | | |
| 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 |
| | | | | | | | | | | |

| | Rs. | P. |
|---|---|---|
| Total (Column 10) | | |
| Deduct–Undisbursed pay as detailed below- | | |
| General Provident Fund (column 11) | | |
| State C.P. Fund (column 12) | | |
| State Insurance Fund premia (col. 18) | | |
| Income-tax (column 20) | | |
| Conveyance Advances (column 14) | | |
| H.B. Advances (column 15) | | |
| Recoveries on account of house and furniture rent (column 16) | | |
| Fines Recoveries (column 17) | | |
| Total deductions | | |
| Net amount required for payment | | |

(in words) Rupees .....

.....

1. Received contents and certified that I have satisfied myself that all emoluments included in bills drawn 1 month's/2 months/3 months previous to this date, with the exception of those detailed below of which the total has been refunded by deductions from this bill have been disbursed to the proper persons, and that their acquit tances have been taken and held in my office with receipt stamps duly cancelled for every payment in excess of Rs. 500/-.
2. 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 .

**Note–When** an absentee statement accompanies the bill, this certificate should be struck out.

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 periods of suspension and other duty and other events which are required under the rules to be so recorded, have been recorded in the Service Books and leave accounts under my attestation.
4. Certified that all apointments and substantive promotions at such of the officiating promotions as have to be entered in the Service Books have been entered in the Service Books or the persons concerned under my attestation.
5. Certified that all Government servants whose names are omitted from, but for whom pay has been drawn in the bill, have actually been entertained during the month.
6. 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.
7. Certified that except in the case of the Government servant whose names appear in the appended list and in whose case the appropriate certificate

DETAILS PAY OF ABSENTEES REFUNDED

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

8. 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. 4.
2. 5.
3. 6.

STATE ABBREVIATED CLASSIFICATION

Station .....
Dated .....20

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 | Payee's discharge | For Bank Use |
|---|---|---|
| Paid Rs. .....<br>on .....<br>Treasurer | Received payment on .....<br>Signature | Paid Rs.....<br>on .....<br>Manager Bank<br>Bank Seal |

सामान्य वित्तीय एवं लेखा नियम 47

GA 74
GFAR 188

नाम पद ..... स्थायी/अस्थायी
स्वीकृत पद संख्या .....
अतिरिक्त पद संख्या .....

राजस्थान सरकार
**पंजिका कर्मचारी वर्ग —— विभाग**
(To be printed on 17 × 27/2 size)
**Establishment Register of —— Department for ——**

New Form No. GA 37
Rule 150 (5)

| क्र. सं. | नाम पदाधिकारी | नियुक्ति आज्ञा संख्या व तिथि | तिथि नियुक्ति | मूल या स्थानापन्न | वेतन 1 अप्रेल को | वेतन वृद्धि की तिथि व रकम | भत्ते | रकम जो माह में दी गई | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | अप्रेल | | मई | | जून | | जुलाई | | अगस्त | | सितंबर | |
| | | | | | | | | वेतन | भत्ते | वेतन | भत्ते | वेतन | भत्ते | वेतन | भत्ते | वेतन | भत्ते | वेतन | भत्ते |
| | | | | | | | | | | | | | | | | | | | |

आज्ञा नं. ..... तिथि .....
,,.....,,.....
,,.....,,.....

Scale of pay and Allowances

मुख्य शीर्षक.....
लघु शीर्षक .....
उप-शीर्षक .....

| AMOUNT PAID IN | | | | | | | | | | | | विशेष विवरण |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| अक्टूबर | | नवबर | | दिसबर | | जनवरी | | फरवरी | | माचें | | |
| वेतन | भत्ते | वेतन | भत्ते | वेतन | भत्ते | वेतन | भत्ते | वेतन | भत्ते | वेतन | भत्ते | |
| | | | | | | | | | | | | |

सामान्य वित्तीय एवं लेखा नियम

GA 84
RSR 42

GOVERNMENT OF RAJASTHAN
राजस्थान सरकार
(To be printed on 17x27/8 size)

New Form
No. G.A. 38
Rule 150

**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 सम्मिलित 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 सम्मिलित है, प्राप्त कर लिया है, और मैंने समाधान कर लिया है कि मांग नियमानुसार है।"

हस्ताक्षर.....

तिथि .....

पद.....

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GA 85
RSR 42

GOVERNMENT OF RAJASTHAN
राजस्थान सरकार
(To be printed on 17x27/8 size)

New Form
No. G.A. 39
Rule 150 Note

**Certificate of H.R.A. by Govt. Servant**

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 .....

GA 90
GFAR 194

# GOVERNMENT OF RAJASTHAN
राजस्थान सरकार

New Form No. GA 40
Rule 154

(To be printed on 22x29/4 size)

## Absentee Statement अनुपस्थिति विवरण-पत्रक

| अनुपस्थित कर्मचारी का नाम | वास्तविक वेतन की दर | रिक्त स्थान का पद एवं वेतन की दर | अनुपस्थिति का विवरण | | | | अनुपस्थित के भत्ते की मासिक दर | महालेखापाल के कार्यालय में पूर्ति हेतु | | स्थानापन्न अधिकारी (यदि कोई हो) | | | | महालेखापाल के कार्यालय में पूर्ति हेतु | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | किस्म | अवधि | पूर्वान्ह या मध्यान्ह से | पूर्वान्ह या मध्यान्ह तक | | | | नाम | पद स्थाई | वेतन स्थाई | स्थानापन्न के लिए अधिक वेतन | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | | 10 | 11 | 12 | 13 | 14 | |
| | | | | | | | | E.C. | S. | | | | | E.C. | S. |
| | | | | | | | | | | | | | | | |

दिनांक .....20.....

वेतन-पत्र प्रेषक अधिकारी के हस्ताक्षर एवं पद

**Notes :**

1. 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.
2. The statement should be divided off into sections corresponding to sections in the bill, arrangements affecting one section only being shown together.
3. 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.
4. 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.

सामान्य वित्तीय एवं लेखा नियम

GA 92
GFAR 196 & 197

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

New Form
No. G.A. 41
Rule 155

## Periodical Increment Certificate

## सामयिक वेतन-वृद्धि प्रमाण-पत्र

1. Certified that the Government servants named below have earned the prescribed periodical increments from the date cited in column 7, having been the incumbent of the posts specified for not less than..... year from the date in column 6, after deducting periods of suspension for misconduct, etc. and absence on leave without pay and, in the case of those holding the posts in officiating capacity, all other kinds of leave.
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 स्थानापन्न | पद के वेतन की दर | वर्तमान वेतन | दिनांक जिससे वर्तमान वेतन लिया है | वर्तमान वेतन-वृद्धि का दिनांक |
|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

| भावी वेतन | अनुचित व्यवहार के कारण पदच्युति और ऐसी अन्य उपस्थिति, जो वेतन-वृद्धि के लिए अमान्य हो | | | अवैतनिक छुट्टी और स्थानापन्न अधिकारी के लिए कोई भी अन्य छुट्टी | | विशेष विवरण |
|---|---|---|---|---|---|---|
| | वर्णन | कब से | कब तक | कब से | कब तक | |
| 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**
**वेतन वृद्धि पंजिका**

New Form
No. G.A. 42
Rule 155

नाम कार्यालय .....  माह .....

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

| 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**
**आयकर कटौतियों की अनुसूची**
माह .....

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

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

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

## Schedule of Income Tax Calculation
## आयकर की संगणना का विवरण
Assessment year .....

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. ..... | 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 minus 10% of Salary | Rs. ..... | |
| | | | | Rs. ..... |
| (g) | Amount of C.D.S. returned | | | Rs. ..... |
| | | | | Rs. ..... |
| Less–Amount deposited under C.D.S. | | | | Rs. ..... |
| Less–Standard deductions at 20% of the first Rs. 10,000.00 and 10% of the remaining amount but subject to maximum of 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. | Full | Rs. ..... | |
| | Next Rs. | | Rs. ..... | |
| | | | ..... | Rs. ..... |
| | | | | Rs. ..... |
| | | | B/F from page 1 : | Rs. ..... |

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. .....

**Total** 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**

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

| | Name of Month | Amount of Pay & Allowances Pension | Amount of Tax Recovered | | |
|---|---|---|---|---|---|
| | | | I.T. | S.T. | S.C. |
| | | | Rs. | Rs. | Rs. |
| | April | | | | |
| | May | | | | |
| | June | | | | |
| | July | | | | |
| | August | | | | |
| | September | | | | |
| | October | | | | |
| | November | | | | |
| | December | | | | |
| | January | | | | |
| | February | | | | |
| | March | | | | |
| | Total | | | | |

Name of Govt. Servant/ Pensioner,
Year of Payment
Total Amount of pay & Allowances Pension paid
Total amount of tax deducted of service

Signature of the Disbursing Officer
Designation
Date

सामान्य वित्तीय एवं लेखा नियम

GA 86A
GFAR 156

GOVERNMENT OF RAJASTHAN
राजस्थान सरकार
..... विभाग

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

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

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

हस्ताक्षर
आहरण वितरण अधिकारी

सामान्य वित्तीय एवं लेखा नियम

GA 61
GFAR 158

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

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

**Register of Special Recoveries**
**विशेष वसूलियों की पंजिका**

कार्यालय .....

| आइटम नं. | आज्ञा का नं., तिथि व सूक्ष्म विवरण | किससे वसूल करना है | किस हिसाब में | रकम वसूली | किश्तें | | वसूलियां जो की गई | | | विशेष 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 .....

सामान्य वित्तीय एवं लेखा नियम

GA 77
GFAR 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 प्रॉवीडेंट फंड के कटौतियों की अनुसूची

Name of office कार्यालय

Month माह .....

Classification वर्गीकरण : R–UNFUNDED DEBT, State Provident Fund G.P.F.

| खाता संख्या | संख्या खाता बही व पृष्ठ | नाम | वेतन | दर चन्दा | प्राप्त रकम | पेशगी रकम की वापसी | *रकम पेशगी | विशेष 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 संख्या | संख्या खाता बही व पृष्ठ | नाम | वेतन | दर चन्दा | प्राप्त रकम | पेशगी रकम की वापसी | *रकम पेशगी | विशेष विवरण |
|---|---|---|---|---|---|---|---|---|
| | | | Brought Forwar-ded | | | | | |
| | | | Total | | | | | |

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

Date दिनांक .....

Signature हस्ताक्षर .....

Designation पद .....

GA 78
GFAR 154

New Form No. GA 53
Rule 165 (2)

# SCHEDULE OF PROVIDENT FUND DEDUCTION

## IMPORTANT INSTRUCTIONS

Please fill in the name of the Provident Fund

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 Col. No. 3, 4, 5 & 7 should be refund to whole Rs. Account Nos. may be written thus | Account No. | Name | Pay and Leave Salary of this month | Monthly suscrip-tion | Refund of withdrawals | | Total Realised | Remarks |
|---|---|---|---|---|---|---|---|---|
| | | | | | Amount | No. of Instal-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
GFAR 156-A

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

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

**Schedule of Recovereis of L.T.A.**

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

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

* Strike out whichever is applicable.

Signature of the Head of the Office.

GA 60
GFAR 149

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

New Form
No. G.A. 59
Rule 174

**पंजिका उन कटौतियों की, जिनको महालेखापाल की आज्ञानुसार करना है**

कार्यालय .....

| मद नं. | नाम व कार्यालय उस व्यक्ति का जिससे वसूली करनी है | अधिक भुगतान | | वसूलियां | | | विशेष विवरण |
|---|---|---|---|---|---|---|---|
| | | किस्म | रकम | तिथि | रकम | बकाया | |

GA 55A

राजस्थान सरकार
..... विभाग
कटौतियों का वार्षिक प्रमाण-पत्र

New Form
No. G.A. 60
Rule 177 (1)

क्रमांक .....

दिनांक .....

देखिये नियम 81ए 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 एवं भत्ते | | | | | | | माह | कटौतियां | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | राज्य बीमा के अन्तर्गत | | | | जी.पी.एफ. | | | सी.पी. एफ. | | |
| वेतन | महंगाई भत्ता | नगर भत्ता | मकान किराया | | | योग | | प्रीमियम | ऋण | ब्याज | जीवन बीमा | अंशदान | ऋण | ब्याज | अंशदान | ऋण | ब्याज |
| 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 | | त्यौहार अग्रिम | हज/ई फंड | आयकर | अनिवार्य जमा | | | योग कटौतियां | शुद्ध भुगतान राशि | विशेष विवरण |
| राजकीय आवास | फर्नीचर | गार्डन | मूल | ब्याज | मूल | ब्याज | मूल | ब्याज | | | | | | | | | |
| 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 |

विभाग/कार्यालय .....  हस्ताक्षर विवरण अधिकारी

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

GA 94
GFAR 181

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

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

**यात्रा व्यय-बिल (राजपत्रित अधिकारी)**
यात्रा व्यय बिल बनाने हेतु अनुदेश

वाउचर नं. .....
भुगतान की सूची .....

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

यात्रा व्यय बिल

| | |
|---|---|
| जिला | नाम |
| मुख्य स्थान | पद |
| | वेतन |

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

(राजपत्रित अधिकारी)



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

रेल/वायुयान/जलयान का किराया मार्ग 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)
योग
कटौती :-
स्थायी यात्रा भत्ता दर से ..... दिनांक
या सरकार को देय किराया
अन्य कटौती
कुल कटौती
शुद्ध यात्रा भत्ता

| रु. | पै. |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

प्राप्त हुई
श्री ..... को भुगतान किया जावे
हस्ताक्षर

**प्रमाण-पत्र**

प्रमाणित किया जाता है कि-
1. मुझे राजकीय या स्थानीय निकाय की ओर से कोई निःशुल्क सवारी नहीं दी गई थी।
2. इस बिल का भुगतान पहले नहीं लिया गया है।
3. मैंने उस श्रेणी में यात्रा की है, जिसके लिए भत्ता लिया जा रहा है।
4. रविवार या अन्य अवकाश का दैनिक भत्ता उसी सूरत में लिया गया है, जबकि मैं वास्तव में कैंप में रहा।

दिनांक ..... हस्ताक्षर

**ज्ञापन पत्र**

| विनियोजन वर्ष ..... के लिए प्रावधान | रु. | पै. |
|---|---|---|
| व्यय इस बिल की रकम का शुमार करते हुए | | |
| अवधि शेष | | |

वर्गीकरण राज्य

**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 .....
लेखापाल
जिला .....

| बैंक/कोषागार उपयोग हेतु | रकम पाने वाले की रसीद | बैंक उपयोग हेतु |
|---|---|---|
| भुगतान किया रुपया ..... | भुगतान प्राप्त किया | भुगतान किया रुपया ..... |
| दिनांक ..... | तिथि ..... | तिथि ..... |
| **खजांची** | **हस्ताक्षर** | **बैंक मैनेजर** बैंक की मोहर |

**कार्यालय महालेखापाल उपयोग हेतु**

लेख शीर्षक

स्वीकृत रकम
अस्वीकृत रकम .....

**निरीक्षक** **अधीक्षक** **राजपत्रित अधिकारी**

सामान्य वित्तीय एवं लेखा नियम

GA 95
GFAR 204

# GOVERNMENT OF RAJASTHAN
राजस्थान सरकार
यात्रा भत्ता

New Form
No. G.A. 65
Rule 189 (1)
203 (10)

| | |
|---|---|
| बिल संख्या ..... | वाउचर संख्या ..... |
| दिनांक ..... | 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 दिखलाया जाना चाहिए। कार्यस्थल से एयरपोर्ट/रेल्वे स्टेशन/बस स्टैंड तक पहुंचने या इसके विपरीत यात्रा के लिए मील भत्ता एक ही पंक्ति में दिखाया जाना चाहिए।

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** |

नाम.....
पद. .....
जिला ..... मुख्यालय .....

**यात्रा भत्ता**

श्रेणी .....

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

**बिल**

माह .....

वेतन (विशेष वेतन को छोड़कर) रु. .....

| मील भत्ता | | स्वयं के वाहन में सड़क द्वारा यात्रा के लिए मील भत्ता | | विश्राम का भत्ता | | | वास्तविक व्यय यदि कोई हो राशि रु. पै. | | प्रत्येक पंक्ति का योग रु. पै. | | यात्रा का प्रयोजन | अभ्युक्ति |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| आनुषंगिक प्रभार की दर से राशि रु. पै. | | दूरी किलो मीटर में | राशि रु. पै. | दिनों की संख्या | दर | राशि रु. पै. | | | | | | |
| 12 | | 13 | 14 | 15 | 16 | 17 | 18 | | 19 | | 20 | 21 |
| | | | | | | | | | | | | |

सरकारी कर्मचारी द्वारा प्रमाण-पत्र

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

**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 |
|---|---|---|
| 1. वर्ष 20 20 के लिए विनियोजन | | 1. विवरण प्राप्त किया। |
| 2. इस बिल की राशि शामिल करते हुए व्यय | | 2. प्रमाणित किया जाता है कि इस बिल में शामिल की गई राशि इस दिनांक से पूर्व आहरित नहीं की गई है। |
| 3. शेष | | कार्यालयाध्यक्ष |

**प्रतिहस्ताक्षर**

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

दिनांक .....

नियंत्रण अधिकारी

**कोषागार कार्यालय उपयोग हेतु**

बैंक कोषागार

कृपया रुपए ..... (शब्दों में रुपए .....) का भुगतान करें

जांच की

कोषागार अधिकारी

लेखाकार

दिनांक .....

जिला .....

| प्राप्तिकर्त्ता की रसीद | पृष्ठांकन | बैंक/नॉन-बैंक कोषागार के लिए |
|---|---|---|
| दिनांक ..... को भुगतान प्राप्त किया। | कृपया श्री ..... को जिनके नमूने के हस्ताक्षर नीचे प्रमाणित किए गए हैं, भुगतान करें। | दिनांक ..... को रुपए ..... का भुगतान किया गया। |
| हस्ताक्षर | हस्ताक्षर | बैंक की मुहर |
| | | प्रबंधक कोषाध्यक्ष |

GA 98
GFAR

# GOVERNMENT 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

राजस्थान सरकार

New Form No. GA 67
Rule 189 (4)

(To be printed on 17x27/4 size)

**Register of T.A. Claims submitted for countersignature to controlling Authority**

**पंजिका उन यात्रा भत्ते बिलों की जो नियंत्रण अधिकारी को प्रस्तुत किए जावें**

कार्यालय .....

वर्ष .....

| आइटम संख्या | बिल प्राप्ति | दिनांक प्राप्ति | यात्रा करने वाले का नाम व पद | यात्रा के दिनांक | यात्रा का प्रयोजन | प्रत्येक बिल की रकम | | पास की गई रकम | | दिनांक वापसी | जांच पर अस्वीकृत, यदि हो | | विशेष विवरण |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | |

सामान्य वित्तीय एवं लेखा नियम

GA 100
GFAR 207 (1)

# GOVERNMENT OF RAJASTHAN

राजस्थान सरकार

(To be printed on 17x27/4)

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

## Acquittance Roll

## भुगतान पंजी

S. No. क्रम सं. .....

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

बाबत मास .....

| क्रम सं. | बिल सं. | नाम | पद | चुकाने योग्य खरी रकम रु. | पै. | दिनांक सहित हस्ताक्षर (जहां आवश्यक हो, वहां टिकट के साथ) | अवितरित लेख रकम रु. | पै. | हस्ताक्षर |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | | 6 | 7 | | 8 |
| | | | | | | | | | |
| | | | योग | | | कुल अवितरित रकम | | | |

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

**खजांची** **प्रेषक अधिकारी**

प्रमाणित किया जाता है कि-

1. प्रत्येक रकम का भुगतान असल अधिकारिक व्यक्तियों को ही किया है और उसकी उचित रसीद ले ली है।

2. 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
राजस्थान सरकार
(To be printed on 17x27/2]

New Form No. GA 69
Rule 194

## Register of Undisbursed Pay and Allowances
## अवितरित वेतन व भत्तों की पंजिका

| क्रम संख्या | बिल की विगत | | | | भुगतान की तिथि | कुल अवितरित रकम | अवितरित रकम का विवरण | | | दिनांक सहित वितरण अधिकारी के हस्ताक्षर | प्रत्येक वितरण की तिथि | दिनांक सहित वितरण अधिकारी के हस्ताक्षर | विशेष विवरण और माह, जिसमें कोषागार को वापस की |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | वर्ग का नाम | सं. | दिनांक | कुल रकम रु. पै. | | | लेख सं. | पाने वाले का नाम | रकम | | | | |
| | | | | | | | | | | | | | |

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

सामान्य वित्तीय एवं लेखा नियम

17

GA 89
GFAR 164

# GOVERNMENT OF RAJASTHAN
राजस्थान सरकार
(To be printed on 17x27/8)

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

## NO DUES CERTIFICATE
## अदेयता प्रमाण-पत्र

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 setting 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.

सामान्य वित्तीय एवं लेखा नियम

GA 63 GOVERNMENT OF RAJASTHAN New Form No. G.A. 71

GFAR 166 राजस्थान सरकार Rule 197

# 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 truely 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 harmeese 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.

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.

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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

GA 185 A

# GOVERNMENT OF RAJASTHAN

New Form No. GA 75
Rule 10 (c)

## Register for Watching Recoveries of Festival Advance

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

75

सामान्य वित्तीय एवं लेखा नियम

GA 125
GFAR 17-20

# GOVERNMENT OF RAJASTHAN
राजस्थान सरकार

(To be printed on 17x27/4)

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

## Bill for withdrawals from Provident Funds
## भविष्य निधि से आहरण हेतु बिल

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 तथा वेतन | निधि लेख की संख्या | स्वीकृति या अधिकार-पत्र की संख्या व तिथि | वापसी | | रसीद |
|---|---|---|---|---|---|---|
| | | | | अंतिम, अग्रिम या अन्य भुगतान (b) | रकम | |
| | | | | | | |
| | | | | योग : | | |

रकम जो भुगतान को चाहिए (शब्दों में) रुपया

स्थान .....
तिथि .....

रकम प्राप्त की

श्री ..... को भुगतान किया जावे।

हस्ताक्षर .....

हस्ताक्षर .....
पद .....

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

**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 enfaced by me.

| Abbreviated Classification |
|---|
| **R-U.D.** |
| **S.P.F.** |

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

**For the use of Treasury**

Examined and entered
Accountant

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

| For Non-Bank 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.

सामान्य वित्तीय एवं लेखा नियम

GA 70
GFAR 149D

# GOVERNMENT OF RAJASTHAN
राजस्थान सरकार

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

(To be printed on 17×27¼ size)

## Salary Bill of Members of the Legislature
## विधानसभा सदस्यों का वेतन-बिल

(देखें 1952 का राजस्थान विधानसभा अधिनियम)

**टिप्पणी-** 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 .....

अध्यक्ष/उपाध्यक्ष के लिए .....
तिथि जब उपरोक्त पद के लिए चुने गए .....
पद रिक्त इत्यादि की तिथि .....

अन्य सदस्यों के लिए .....
शपथ लेने व प्रतिज्ञा करने की तिथि .....
सदस्यता से वंचिति की तिथि .....

नाम कोष, जहां से भुगतान लेना हो .....

जांच सं.

मुख्य शीर्षक .....
लघु शीर्षक .....
नियोजन इकाई .....

वाउचर नं. .....
सूची भुगतानों की .....
माह .....

| प्राप्त किया | मासिक दर | रकम रु. | रकम पै. |
|---|---|---|---|
| सभाध्यक्ष/उप-सभाध्यक्ष/सदस्य विधानसभा का अपना वेतन बाबत माह ..... सन् | | | |
| सवारी भत्ता, यदि कोई हो | | | |
| मकान किराया, यदि कोई हो | | | |
| कुल रकम | | | |

कमी करें

(1) कटौतियां, यदि कोई हों, नियम की धारा 3 व 5 के अनुसार (विगत अनुसूची में)

(2) अन्य कटौतियां आय-कर व अधि-कर

कुल कटौतियां .....

बाकी भुगतान योग्य रकम.....

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

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**

1. 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 वाली प्रति को वापस करेंगे कि सदस्य महोदय भुगतान के लिए प्रवरित कोषागार पर प्रेषित करें।
2. 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.) प्राप्त करें और महालेखापाल से प्रति-हस्ताक्षर कराकर नये कोषागार को, जहां से भुगतान लेना हो, भेजें।
3. सदस्य महोदय अपने हस्ताक्षर के नमूने सचिव से प्रमाणित कराकर, उस जिला के कोषाध्यक्ष को भेजें, जहां से अपने बिलों का भुगतान लेना हो।
4. मासिक वेतन बिल प्रवरित कोषागार को मास की अंतिम तिथि के कुछ दिन पूर्व भेजा जा सकता है।

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

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

सामान्य वित्तीय एवं लेखा नियम

GA 71
GFAR 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 किराये 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 किराये की कटौती की जाकर राशि निम्नांकित बजट मदों में जमा करा दी जावे। इस फार्म की दूसरी प्रति में कटौती की गई राशि (बजट मदों के अनुसार) एवं ट्रेजरी वाउचर संख्या व दिनांक अंकित कर इसे सचिवालय को 15 दिन की अवधि में निम्नांकित वापस लौटाने का कष्ट करें:-

1. प्रथम प्रति कार्यालय प्रति के रूप में कोष कार्यालय में रखनी है।
2. द्वितीय प्रति इस सचिवालय की विभिन्न मदों के अनुसार जो कटौती की गई है तथा कालम 8 व 9 की पूर्ति कर लौटानी है।
3. 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**<br>(क) राजकीय आवासीय भवनों से प्राप्तियां<br>(i) (किराया) | | **095-अन्य सामाजिक तथा सामुदायिक सेवायें**<br>(ख) चिड़ियाघर तथा सार्वजनिक उद्यान से प्राप्तियां<br>(i) उद्यान | **065-अन्य प्रशासनिक सेवायें**<br>**ख-निर्वाचन**<br>(ग) अन्य प्राप्तियां<br>(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 शासित क्षेत्र के लिये विधान मंडल<br>(क) विधानसभा<br>(i) विधान मंडल<br>(6) विधानसभा के सदस्यों की ओर से प्रकाश और जल का भुगतान | कुल योग | प्राप्त कोष द्वारा पूर्ति करने हेतु | | विशेष विवरण |
|---|---|---|---|---|
| विद्युत व पानी के 100 रु. से अधिक खर्चे की वसूली | | वसूल की गई राशि | ट्रेजरी 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

सामान्य वित्तीय एवं लेखा नियम

GA 72
GFAR 149 D-F

# GOVERNMENT OF RAJASTHAN
राजस्थान सरकार

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

(To be printed on 17×27/2 size)

## Travelling Allowance Bill (Officers and Members of Legislative Assembly)
## यात्रा भत्ता बिल (विधान सभा के अधिकारियों व सदस्यों का)

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

Bill No. ..... Voucher No.

.....

## सहायतार्थ टिप्पणियां List ..... 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 अस्वथता 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।

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**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

बैठक का स्थान

शपथ लेने की/प्रतिज्ञा करने या सदस्यता से वंचित होने की तिथि .....

नाम कोष, जिससे भुगतान लेना है .....

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

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

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<br>18- Parliament and State Legislature<br>B– State Legislature<br>(a)–Legislative Assembly<br>Allowances and Honoraria | माह ..... |
|---|---|

| सड़क या मोटर लारी से यात्रा की दूरी | | | दिनों की संख्या, जिनके लिए दैनिक भत्ता चाहा गया * | विश्राम का विवरण | | | | | यात्रा या विश्राम का प्रयोजन | विशेष विवरण |
|---|---|---|---|---|---|---|---|---|---|---|
| जिसके लिए माईलेज स्वीकृत है | | जिसके लिए दैनिक भत्ता स्वीकृत है | | | कब से | | कब तक | | | |
| साधारण दर से | और दर से | | | स्थान | दिनांक | समय | दिनांक | समय | | |
| 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.'

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

| MEMO | |
|---|---|
| Rs. | P. |
| | |
| | |
| | |

स्वीकृत किया (शब्दों में) रुपया .....

सचिव विधानसभा
तिथि

**कोषागार उपयोग हेतु**

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

कोषाध्यक्ष
तिथि .....
जिला .....

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

**प्रमाण-पत्र**

प्रमाणित किया जाता है कि-

1. उस दिन जिसका भत्ता विधानसभा के अधिवेशन 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 .....

सामान्य वित्तीय एवं लेखा नियम

GA 72B

GOVERNMENT OF RAJASTHAN
राजस्थान सरकार

New Form
No. G.A. 80
Rule 208 (4) (iii)

**Register of Travelling Allowances for M.L.As**
**विधायकों के यात्रा भत्तों का रजिस्टर**

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

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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.

सामान्य वित्तीय एवं लेखा नियम

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

Sig. हस्ताक्षर .....
Des. पद .....

सामान्य वित्तीय एवं लेखा नियम

GA 108
GFAR 228 & 229

# GOVERNMENT OF RAJASTHAN
राजस्थान सरकार

(To be printed on 17x27/4)

New Form
No. G.A. 84
Rule 219

## Fully-Vouched Contingent Bill
## परिपूर्ण आकस्मिक-व्यय बिल

बिल संख्या .....

STATE

| जिला | .....का विस्तृत अन्य व्यय बिल माह.... सन्... ..... *हिसाब का मद | | | माह के व्यय की सूची के वाउचर का क्रमांक | |
|---|---|---|---|---|---|
| उप-वाउचर का क्रमांक | व्यय का विवरण और जिस व्यय के लिए विशेष स्वीकृति की आवश्यकता हो, उस स्वीकृति का क्रमांक एवं दिनांक | रु. | पै. | रकम रु. | पै. |
| | योग ..... | | | | |

1. 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 multilated that they connot be used again. All work bills are annexed.

**2. Certified that all the articles detailed in the vouchers attached to the bill and in those retained in my office have been accounted for in the Stock Register.

3. 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.

4. Certified that :-

   (a) The expenditure on conveyance hire included in this bill was actually incurred, was unavoidable and is within the Scheduled scale of charges for the conveyance used, and

---

* To be entered by drawing officer.

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

(b) The Government servant concerned is not entitled to draw travelling allowance under the ordinary rules for the journey and is not granted any compensatory leave and does not and will not otherwise receive any special remuneration for the performance of the duty which necessitated the journey.

| | |
|---|---|
| Received contents : | Appropriation for the current year .....<br>Expenditure including this bill .....<br>Amount of works bill annexed .....<br>Balance available ..... |
| Signature and designation of the Drawing Officer | Abbreviated Classification |

Treasury/Bank For Treasury use

Pay Rupees ( ) .....

Examined & entered.

Accountant

Treasury Officer

Date .....

Station .....

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

For use in Accountant General's Office

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

GA 109
GFAR 230

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

New Form No. G.A. 85
Rule 219

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

STATE

पत्र संख्या .....

सविवरण कंटिनजेंट व्यय पत्र ता. .....तक प्रमाणित हस्ताक्षर सहित भेज दिया जाएगा।

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

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

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

**Note :–** The Government Officer drawing this bill is responsible for having initialled 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**

कोषागार उपयोग हेतु

बैंक/खजांची

दीजिए रु. ..... शब्दों में रुपया

जांचा व इन्द्राज किया

लेखापाल

कोषाध्यक्ष

तिथि .....

| खजांची के लिए | रकम पाने वाले के | बैंक उपयोग हेतु |
|---|---|---|
| भुगतान किया रु. | भुगतान पाया | भुगतान किया रु. ..... |
| तिथि ..... | तिथि ..... | 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
GFAR 234 & 236

GOVERNMENT OF RAJASTHAN
राजस्थान सरकार
(To be printed on 22x29/8)
Detailed Countersigned Contingent Bill
प्रमाणित हस्ताक्षर सहित सविवरण कंटिनजेंट व्यय-पत्र

New Form
No. G.A. 86
Rule 219

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 कंटिनजेंट व्यय-पत्र माह .....20..... के लिये। |
| | हिसाब का मद |

| उप-वाउचरों का विवरण | व्यय का विवरण और जहां विशेष आज्ञा अनिवार्य हो वहां क्रमांक और तिथि सहित अधिकारों का उल्लेख | रु. | पै. | रकम रु. | पै. |
|---|---|---|---|---|---|
| | | | | | |
| | | Carried Over | | | |

| उप-वाउचरों का विवरण | व्यय का विवरण और जहां विशेष आज्ञा अनिवार्य हो वहां क्रमांक और तिथि सहित अधिकारी का उल्लेख | रकम रु. | पै. |
|---|---|---|---|
| | "Brought Forward ..... | | |
| | Rupees (in words) ..... Total ..... | | |

**CERTIFICATES**

1. I certify that the expenditure included in this bill could not, with due regard to the interests of the public service be avoided. I have satisfied myself that the charges entered in this bill have been really paid. Vouchers for all items of expenditure above Rs. 25 in amount, and all work bills are attached to the bill. I have, as far as possible, obtained vouchers for other sums, and am responsible that they have been 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.

Drawn on Abstract Bill No. Dated

-do-

-do-

-do-

Add-Amount of disallowance refunded from Bill No. ..... and re-allowed as per .....

Total of this bill

3. Certified that the purchases billed for have been received in good order, that their quantities are correct and their qualities good, that the rates paid are not in excess of the accepted and the market rates and that suitable notes of payments have been recorded against the indents and invoices concerned to prevent double payments.

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

Appropriation for .....
Expenditure including this Bill .....
Amount of work bills annexed .....
Balance available .....

Dated ..... 20 ....  Signature of Drawing Officer

@ This certificate is required when proper 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

सामान्य वित्तीय एवं लेखा नियम

GA 105
GFAR 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 contigent charges countersigned by

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

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

| Disallowances (-) Re-allowances (+) | | Net amount passed | Initials of C.A. | Date of despatch | Remarks |
|---|---|---|---|---|---|
| Particulars with 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.

**Substituted vide F.D. Order No. F.6 (61) FD/A & I/67, dated 6-5-1968.**

सामान्य वित्तीय एवं लेखा नियम

GA 172
GFAR 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 शब्दों व अक्षरों में ..... हस्ताक्षर कर्मचारी

उच्च अधिकारी की सम्मति

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

हस्ताक्षर
पद

आज्ञा स्वीकृत अधिकारी

दीजिए रु .....

हस्ताक्षर
पद

भुगतान व वसूली

भुगतान पाया रु. .....

भुगतान किया रु. .....
दिनांक ..... को
खजांची

दिनांक सहित हस्ताक्षर
पद

वसूल किए रु. दिनांक ..... को खजांची

नोट : यह वाउचर पोते बाकी का भाग समझा जायेगा, जब तक वसूली न हो।

### सहायतार्थ टिप्पणियां

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

New Form No. GA 91
Rule 222 (1)

वर्ष .....

श्रेणी आकस्मिक खर्चे ..... विभाग .....

| क्रम संख्या | किसको भुगतान किया<br>प्रत्येक शीर्षक के खर्चे की नीयत रकम | उप-वाउचर गोशवारा संख्या | विस्तृत मद व विस्तृत मद के उप-भाग जैसा आवश्यक हो, यदि स्वीकृत रकम | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | माह ( ) | | | | | | | | | | |

| साधारण तथा विस्तृत मद के उप-भागों में बंटी हुई न हो तो उन सबकी इकट्ठी रकम चिन्ह ( ) लगाकर एकत्रित लिख दी जावे। | | | | | | असाधारण खर्चे | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | विगत | रकम | प्रत्येक गोशवारा की योग रकम | प्रत्येक माह के बिल का योग | विस्तृत बिल की तिथि | प्रस्तुत करने की तिथि मय सू.ह. | विशेष विवरण |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

सामान्य वित्तीय एवं लेखा नियम

96

सामान्य वित्तीय एवं लेखा नियम

GA 112
GFAR 240

GOVERNMENT OF RAJASTHAN
राजस्थान सरकार
(To be printed on 20x26/8)

New Form
No. G.A. 92
Rule 225 (1) (i)

## 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 स्टाम्प्स का बिल मास ..... 20 .....

*हिसाब का मद

विभाग

| निम्न रकमों के टिकट चाहिए | | मूल्य रु. | मूल्य पै. |
|---|---|---|---|
| एक रुपए वाले स्टाम्प्स | ..... | | |
| पचास पैसे वाले स्टाम्प्स | ..... | | |
| चालीस पैसे वाले स्टाम्प्स | ..... | | |
| पच्चीस पैसे वाले स्टाम्प्स | ..... | | |
| बीस पैसे वाले स्टाम्प्स | ..... | | |
| पन्द्रह पैसे वाले स्टाम्प्स | ..... | | |
| दस पैसे वाले स्टाम्प्स | ..... | | |
| पांच पैसे वाले स्टाम्प्स | ..... | | |
| दो पैसे वाले स्टाम्प्स | ..... | | |
| एक पैसे वाले स्टाम्प्स | ..... | | |
| रकम शब्दों में ..... | | | |

| | | | |
|---|---|---|---|
| स्वीकृत द्रव्य का हिसाब | | | |
| स्वीकृत द्रव्य ..... | रकम | | |
| घटाओ व्यय :- | | | |
| वर्तमान बिल का योग- | | | |
| पिछले बिल नं. ..... का योग | | | |
| | कुल योग | | |
| | शेष | | |

*To be entered by Drawing officer

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

दिनांक ..... 20 .....

कार्यालयाध्यक्ष और 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 POSTATE STAMPS**

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

Office of the .....
To
The Treasury Officer .....

No. .....
Date .....

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

Cheque No. Dated
Cash Book Voucher No. Dated

Signature
Designation

New Form No. G.A. 93
Rule 225 (1) (i)

**GOVERNMENT OF RAJASTHAN**
(To be printed on 17x27/4)
**INDENT FOR SERVICE POSTATE STAMPS**

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

Office of the
To
The Treasury Officer .....

Date .....
No. .....

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

A receipt for the amount sent here with by cheque
No. Dated is requested.

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

| आमद व निर्गम की तिथि | विवरण | आमद | 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/ रसीद | पत्र का विवरण रसीद | पत्र किसको भेजा | लगाये गये या प्राप्त टिकटों का मूल्य | बाकी स्टाम्प | विशेष विवरण |
|---|---|---|---|---|---|
| | | | | | |

GA 116
SM Para 271

फोन नं.....

# GOVERNMENT OF RAJASTHAN

राजस्थान सरकार

(To be printed on 17x27/4 size)

New Form No. GA 96
Rule 226

## Register of Trunk Calls पंजिका ट्रंक कॉल

अधिकारी का नाम तथा पद .....

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

GA 117
GFAR 303

# GOVERNMENT OF RAJASTHAN

राजस्थान सरकार

(To be printed on 17x27/4 size)

New Form No. GA 100
Rule 255 (ii)

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

District जिला

Refund of Revenue राजस्व की वापसी

Head of Account लेखा मद (ए)

Deduct - Refunds कटौती - वापसी

| किसके नाम में जमा की गई | रकम जमा करने का प्रयोजन | रकम जो जमा की गई | | कोषागार में जमा की तिथि | रकम, जिसमें वापस किए जाने वाला रुपया शामिल था और हिसाब की मद जिसमें रकम जमा की गई थी | | कोषागार में जमा किए जाने की जांच के लिए कोषाध्यक्ष के हस्ताक्षर | नाम पाने वाले का | रकम जो वापस करनी है | |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 2 | 3 | | 4 | 5 | | 6 | 7 | 8 | |
| | | रु. | पै. | | रु. | पै. | | | Rs. | P. |
| | | | | | | | | योग | | |
| | | | | | | | | रुपए शब्दों में | | |

उन दशाओं में जब कि जुर्माने 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 आज्ञा विभागीय हिसाब में रजिस्टर में असल प्राप्ति इन्द्राज के सामने लिख दी गई है, जिस पर मेरे हस्ताक्षर हैं और इसी रकम की वापसी के पहले कोई और आज्ञा नहीं की गई है।

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

हस्ताक्षर न्यायाधीश या अन्य अधिकारी

या

Received Payment

स्वीकृति दी व भुगतान के लिए आदेश दिया

Claimant's Signature

| | |
|---|---|
| रकम पाने वाले की रसीद<br><br>भुगतान प्राप्त किया<br><br>हस्ताक्षर<br>तिथि ..... 20 ... | कोषागार उपयोग हेतु<br><br>जांच किया<br>दीजिए रु. .....<br><br>कोषाध्यक्ष<br>कोषालय लेखापाल<br>स्थान |
| नान-बैंक कोषागार उपयोग हेतु<br>भुगतान दिया रु. ..... तिथि .....<br><br>खजांची<br>बैंक उपयोग हेतु<br>भुगतान दिया रु. .....<br>Bank Seal<br>बैंक मैनेजर | महालेखापाल के कार्यालय के उपयोग हेतु<br><br>स्वीकृत<br><br>अस्वीकृत<br><br>आडिटर<br>सुपरिन्टेन्डेन्ट |

GA 171
GFAR 325 to 330

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

New Form No. GA 102
Rule 263 (1) (a)

नाम कार्यालय .....
निक्षेप वर्ग .....

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

| पद सं. | सव्यवहार का दिनांक | रसीद स. | कोषागार में निक्षेप्त | | निक्षेपक का नाम व पता तथा निक्षेप संबंधी अनावश्यक विवरण | प्रत्येक निक्षेप की रकम |
|---|---|---|---|---|---|---|
| | | | दिनांक | चालान स. | | रु. पै. |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

| प्रत्येक प्रतिशोधन की विगत | | | | | प्रत्येक सव्यवहार के बाद संतुलन | सूक्ष्म हस्ताक्षर | अत्यामेत जमा की सूची में स्थानांतरित होने के माह का प्रसंग देते हुए विशेष विवरण |
|---|---|---|---|---|---|---|---|
| दिनांक | प्रमाणक क्रम | किसको दिया गया | रकम जो दी गई | | | | |
| | | | नकद रु. पै. | स्थानांतरण द्वारा रु. पै. | रु. पै. | | |
| 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |

**INSTRUCTIONS :–**

1. Sufficient space should be left between two items for entries of subsequent repayments on Form GA 120 or GA 154.
2. 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.
3. 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.
4. 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.

सामान्य वित्तीय एवं लेखा नियम

104

105

सामान्य वित्तीय एवं लेखा नियम

GA 120
GFAR 325

# GOVERNMENT OF RAJASTHAN

राजस्थान सरकार

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

(To be printed on 17x27/4)

## Deposit Repayment Order and Voucher

## अमानत वापसी की आज्ञा व वाउचर

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

बिल सं. .....

STATE

| | |
|---|---|
| लेखा शीर्षक ..... | वाउचर सं. ..... सूची की ..... भुगतान |
| असल संख्या .....<br>जमा की तिथि ..... | नाम जमा कराने वाले का .....<br>असली जमा रकम ..... |
| कोषागार के उपयोग हेतु<br>जांचा व इन्द्राज किया<br>कोषागार लेखापाल<br>तिथि .....<br>बैंक/खजांची<br>कृपया दीजिए रु. (शब्दों में) रुपया<br>कोषाध्यक्ष<br>तिथि ..... | तिथि ..... को<br>अमानती रुपया .....<br>जिसका विवरण ऊपर दिया है बाबत .....<br>प्राप्त किया।<br>हस्ताक्षर हकदार |

| | | |
|---|---|---|
| खजांची उपयोग हेतु<br>रुपया दिया.....<br>तिथि ..... को<br>खजांची | पाने वाले की रसीद<br>रकम प्राप्त की<br>हस्ताक्षर | भुगतान किया जावे श्री .....<br>रु. ..... रुपया .....<br>जज, न्यायाधीश व अन्य अधिकारी |
| बैंक उपयोग हेतु<br>रुपया दिया .....<br>तिथि ..... को<br>बैंक की मोहर<br>मैनेजर | | कृपया दीजिए श्री ..... को<br>हस्ताक्षर हकदार<br>महालेखापाल के कार्यालय हेतु |

सामान्य वित्तीय एवं लेखा नियम

GA 155
GFAR 337

# GOVERNMENT OF RAJASTHAN
राजस्थान सरकार

New Form
No. G.A. 104
Rule 264 (1) (v)

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

## 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

New Form
No. G.A. 105
Rule 265 (3)

(To be printed on 17x27/4)

## 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 अमानत | असल अमानत की विगत | | 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. | |
| | | | | | | | | |

हस्ताक्षर

दिनांक ..... 20 .....

जज मजिस्ट्रेट या अन्य अधिकारी

# सहायता अनुदान हेतु बाँड
## [देखिए नियम 280 (5) (i)]

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

आज दिनांक ..... माह ..... सन् 20 ..... 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 समनुदेशिती 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 बोंड से उत्पन्न होने वाला कोई विवाद तथा इस बोंड 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 .....

तारीख .....
साक्षी I
साक्षी II

साक्षी I
साक्षी II
जामिनों के हस्ताक्षर
1. (नाम व पूर्ण पता)

2. (नाम व पूर्ण पता)

साक्षी I
साक्षी II
साक्षी I
साक्षी II

सामान्य वित्तीय एवं लेखा नियम

GA 118
GFAR 311

# GOVERNMENT OF RAJASTHAN
राजस्थान सरकार

New Form
No. G.A. 110
Rule 287 (a)

(To be printed on 17x27/8)

## Bill for Grant-in-Aid, Contribution, etc.
## सहायतार्थ अनुदान इत्यादि बिल

STATE

बिल सं. .....

वाउचर नं. .....
सूची भुगतानों की .....
माह .....

लेखा शीर्षक .....

अवधि के लिए सहायतार्थ अनुदान के रुपए .....(शब्दों में) .....

आपने पत्र संख्या .....तिथि ..... को स्वीकृत किया, प्राप्त हुए। (प्रतिलिपि संलग्न है)।

हस्ताक्षर .....

तिथि ..... 20 ....

पद .....

---

**प्रति हस्ताक्षरार्थ**

..... रुपयों के लिए प्रतिहस्ताक्षरित किया।

हस्ताक्षर .....
पद .....
तिथि .....

Abbreviated Classification

---

**कोष के प्रयोग हेतु**

दीजिए रु. .....

जांच की
कोषागार लेखापाल

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

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

GA 119
GFAR 313

# GOVERNMENT OF RAJASTHAN

राजस्थान सरकार

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

New Form No.
GA 112
Rule 291 (1)
STATE
Voucher No.....
of .....list
for .....

**छात्रवृत्ति का बिल ..... महाविद्यालय/स्कूल ..... माह .....**

बिल नं. .....

लेखे का शीर्षक

| क्रमांक | स्वीकृति का वर्ष | छात्रवृत्ति या वृत्तिका का किस्म | छात्रवृत्ति या वृत्तिका पाने वाले विद्यार्थी का नाम | मासिक छात्रवृत्ति | दिनों की संख्या जिसके लिए छात्रवृत्ति मांगी गई है | रकम जो उठाई गई | | विशेष विवरण |
|---|---|---|---|---|---|---|---|---|
| | | | | | | रुपए | पैसे | |
| | | | | | Carried over | | | |

सामान्य वित्तीय एवं लेखा नियम 1/0

| क्रमांक | स्वीकृति का वर्ष | छात्रवृत्ति या वृत्तिका का किस्म | छात्रवृत्ति या वृत्तिका 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<br>पिछले माह का अवितरित शेष घटाया जावे<br>शेष जो हासिल करनी है। | | Rs. | P. | रकम शब्दों में |

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

STATE

**Countersignature**

Countersigned for Rs.

Signature

Designation

Date

Received payment

Date

Principal/Manager

College/School

**For Non-Bank Treasury**

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

Treasurer

**Treasury/Bank**

Examined and Entered

Accountant

**For use in Treasury**

Pay Rs.

Date

Rupees in (words)

Treasury Officer

**For Bank**

Paid Rs. ..... On.....

Bank Seal

Bank Manager

**Payee's Discharge**

Received payment on .....

Signature

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

Addmitted Rs.

Objected to Rs.

Reason for objection.

Auditor Superintendent Gazetted Officer

सामान्य वित्तीय एवं लेखा नियम

# 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।

चूंकि राज्य सरकार ने (उधार गृहीता) ..... को ऋणों एवं अग्रिम के रूप में ..... रुपए 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 प्रयोजन के लिए किया जाएगा, जिनके लिए यह प्रदान किये गये हैं अर्थात् ..... (कार्य 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 मूलधन की अधिबकाया (ओवरड्यू) 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. .....

सामान्य वित्तीय एवं लेखा नियम

GA 187
GFAR 363

# GOVERNMENT OF RAJASTHAN

राजस्थान सरकार

(To be printed on 17x27/2)

New Form
No. G.A. 115
Rule 303 (2)

## Register of irrecoverable loans and advances written off

## अवसूलनीय ऋणों एवं अपलिखित अग्रिमों का रजिस्टर

विभाग/कार्यालय .....

| क्रम संख्या | खारिज की हुई अप्राप्य हवालगी की विगत | रकम जो खारिज की गई | | फार्म जी.ए. 185 के इन्द्राज का प्रसंग | प्रसंग आज्ञा जिससे खारिज होना स्वीकृत हुआ | लघु हस्ताक्षर | वसूली यदि कोई खारिज होने के पश्चात हुई हो | | | लघु हस्ताक्षर | विशेष विवरण |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | तारीख वसूली | वसूल हुई रकम | मद | | |
| 1 | 2 | 3 | | 4 | 5 | 6 | 7 | | | 8 | 9 |
| | | Rs. | P | | | | | Rs. | P | | |
| | | | | | | | | | | | |

सामान्य वित्तीय एवं लेखा नियम

GA 121
GFAR 368 & 375

# GOVERNMENT OF RAJASTHAN

राजस्थान सरकार

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

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

## Bill for Loans and Advances

## ऋणों व अग्रिमों हेतु बिल

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. and date | Particulars and reference to the A.G.'s authority for drawing money, where necessary | Amount |
|---|---|---|
| | | Rs. P. |

Amount (in words) Rupees .....

Received Payment

Stamp, where necessary

Signature of payee

Signature .....

Designation .....

Address .....

Dated .....

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

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

Signature
Designation

Countersigned for Rs. .....

Signature.....

Designation .....

Date .....

### Endorsement by the Drawer

Please pay to .....

whose specimen signatures are given below–

Specimen Signature

Signature of the payee

Signature .....

Designation .....

Date .....

### For use in Treasury

Bank/Treasury

Pay Rupees (in words) .....

Examined and entered,

Accountant

Treasury Officer

Date

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 | Advances on his personal account. |
| (b) | By a Drawing Officer | (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. |
| (c) | By a duly authorised representative (countersigned by a competant authority.) | Loans on behalf of a Municipality Local Fund, Panchayat or other quasipublic body. |
| (d) | By the party concerned (countersigned by a duly authorised Revenue or other officer. | Revenue or other advances, duly receipted by the payee or supported by a certificate from the Collector or duly authorised officer if the receipt is taken separately for departmental record. |
| (e) | By a duly authorised Revenue or other officer. | Revenue or other advances in lump sum, for disbursement to individuals. |

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

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

| For Treasurer | Payee's discharge | For Bank |
|---|---|---|
| Paid Rs. .....<br>on .....<br>Treasurer | Received payment<br>Signature | Paid Rs. .....<br>on .....<br>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

New Form No. GA 117
Rule 304 (4)

कार्यालय/विभाग .....
लेखों का वर्गीकरण .....

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

## Register of Loans & Advances ऋणों व अग्रिमों की पंजिका

किस्म .....
वित्तीय वर्ष.....

| मद सं. | नाम कर्मचारी/ व्यक्ति मय पद/पता | स्वीकृति | | प्रत्यादेय की किश्तों की संख्या | परिदत्त | | | 1 अप्रेल को संतुलन | | ब्याज | | प्रतिदेय रकम 9 व 11 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | स. व तिथि | रकम | | तिथि | रकम | योग निलंबित वर्ष में देय | | | दर | रकम | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | | 10 | 11 | 12 | |
| | | | रु. पै. | | | | | रु. | पै. | | रु. पै. | रु. | पै. |
| | | | | | | | | | | | | | |

Recoveries made Balance (in red ink)

| अप्रैल | मई | जून | जुलाई | अगस्त | सितंबर | अक्टूबर | नवंबर | दिसंबर | जनवरी | फरवरी | मार्च | योग | 31 मार्च को संतुलन | नई पाजका के इन्द्राज का पृष्ठ व मद | विशेष विवरण |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 |
| | | | | | | | | | | | | | | | |

**Instructions-**
1. Balance (in red ink) in individual case each month ensures Correct recoveries.
2. 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.

सामान्य वित्तीय एवं लेखा नियम 116

सामान्य वित्तीय एवं लेखा नियम

GA 188
GFAR 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 (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 Fianancial and Account Rules Vol. I.

सामान्य वित्तीय एवं लेखा नियम

GA 122
GFAR 373 & 374

# GOVERNMENT OF RAJASTHAN

राजस्थान सरकार

New Form
No. G.A. 119
Rule 305 (4)/
310

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

## 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 की सं. | भुगतान की विगत और स्वीकृति का प्रसंग | खर्चा जाब्ता | रकम वसूल योग्य | योग | विशेष विवरण |
|---|---|---|---|---|---|
| | | | | | |
| | Carried over .... | | | | |

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

प्रमाणित किया जाता है

(1) कि उपरोक्त वसूल योग्य पेशगी रकमों की स्वीकृति मैने दी है और उसका भुगतान मेरे सामने किया गया है,

(2) कि इस हिसाब में सम्मिलित भुगतान असल व्यक्तियों को किया गया हैं और उनकी रसीदें (मय स्टाम्प जहाँ आवश्यकता है) प्राप्त करली है और वे मेरे कार्यालय में रखी है और

(3) कि इन भुगतानों का इन्द्राज वसूली निगरानी वाले 'कर्म पंजिका' में कर दिया गया है।

Countersigned

हस्ताक्षर .....

पद .....

दिनांक .....

हस्ताक्षर .....

पद .....

दिनांक .....

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

## Computer Printed Salary Bills

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

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

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

(i) DDOs would prepare one time MD in respect of all employees posted in their office in Appendix-I and submit it alongwith the first computerised bill in a hard copy (computer printed duly signed by DDO) and a soft copy (computer floppy) to the treasury. He would also retain one hard copy as office copy.

(ii) In the treasury, information contained in the hard copy as well as the soft copy would be compared and in case both of them tally, the soft copy will be entered in the memory of treasury computer and returned to the DDO for reuse.

(iii) In future, whenever there is any change, whatsoever, in the MD earlier supplied, the revised information may be submitted by DDO to the treasury as indicated above. The treasury will keep on updating such information from time to time.

(iv) Instructions given in Appendix-I should be meticulously followed by DDOs in the preparation and submission of MD.

(v) DDOs will have the MD entered in the computer memory for use as permanent record.

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

(i) All salary bills including arrear bills, will be prepared on computer in the enclosed proforma. There will be two parts of the bill- Outer Sheet (Appendix - II) and Inner Sheet (Appendix - III).

(ii) Inner Sheet will be prepared in a hard copy as well as a soft copy. After tallying the information of both the copies, the hard copy will be signed and retained by DDO as office copy while the soft copy will be sent to treasury for further action. Outer Sheet containing summary details of the Inner Sheet will be prepared in three hard copies, one of which after reconciliation with the Inner Sheet will be signed and retained by DDO as office copy while the

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

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

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

**3. Passing of Bills :**

(i) The treasury on receipt of soft copy of the Inner Sheet will take out a hard copy on the treasury printer and tally the information with that of the MD as also the Outer Sheet. In case any of the information does not tally, the bill will be returned to DDO for necessary correction and the bill(s) will not be passed until receipt of the correct information.

(ii) If the information tallies, the treasury officer will authenticate the hard copy of the Inner Sheet taken out in the treasury and enclose it to the Outer Sheet duly passed and return to the DDO. The soft copy of the Inner Sheet will be entered in the memory of treasury computer and returned to the DDO for reuse. The other hard copy of the Outer Sheet defaced **NOT FOR PAYMENT** will be retained in the treasury for record.

(iii) DDO on receipt of the passed bill will compare the contents of the authenticated hard copy of the Inner Sheet with those of the office copy already retained in his office and certify the authenticated copy of the treasury as correct and submit the bill to the bank for encashment.

(iv) Since the computer of the treasury will now have all details pertaining to payments and deductions in respect of each employee, deduction schedules shall not be attached with the bills by DDOs.

(v) Treasury will provide deduction details to the concerned accounting departments, such as State Insurance, GPF, Group Insurance, LIC, LTA section etc. etc. Such information may be sent to the concerned departments monthly or as frequently as required.

(vi) DDOs will provide annual statement of payments and deductions to each employee in Form GA-55-A as well as in Form No. 16 for Income Tax purposes.

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

(i) A committee consisting of a nominee of District Collector, not below the rank of an Additional Collector, Treasury Officer and DIO/NIC representative nominated by the state office, will approve the CSPs which meet the following requirements :-

(a) Computer with adequate memory and hardware capacity.
(b) A printer
(c) Requisite software
(d) UPS
(e) Technically qualified and/or experienced operators with backing of a Programmer (Programmer need not necessarily be in house).
(f) Financially sound.

(ii) Sealed technical offers will be invited by advertising in local papers. Approval will be granted on the basis of their technical competence. Preference may be given to individuals trained in computer operation and fulfilling above requirements.

(iii) A list of approved CSPs will be sent to the Director, Treasuries and Accounts, Rajasthan, Jaipur.

(iv) An irrevocable bank guarantee for a sum of Rs. 1 lac, valid for three years from the date of submission, will be taken from approved CSPs in favour of the Treasury Officer. In case of breach of any of the conditions and/or upon receipt of a complaint from any DDO, the Treasury Officer after verification of the complaint and obtaining committee's approval, will invoke the bank guarantee and also disqualify/delist/blacklist the concerned CSP for future. The committee will hear the CSP before taking a decision.

(v) CSP will have to use his own stationery, including Tape, CD, Floppies etc. It will be the responsibility of the CSP to ensure safe storage of data/ programs in computer memory or any other electronic device, such as Tape, CD, Floppy etc. which will be the property of the DDO.

(vi) It will be ensured that no unauthorised person has any access to data and nobody is in a position to temper with it.

(vii) Consolidated data will be provided by CSP to DDO on request on monthly/quarterly basis or as may be required.

(viii) DDOs will be free to patronise any of CSPs approved by the committee.

(ix) Payments will be made directly by DDO to the CSP on monthly basis out of office expenses or from budget meant for computer hiring/purchase.

(x) Rates payable to the CSP will be determined by the Director, Treasuries and Accounts with approval of Finance Department.

(xi) Approval of the CSP will be initially for one year, extendable from time to time, but not more than one year at a time.

(xii) There is no ceiling on the number of CSPs to be approved. However, the number should be adequate enough to serve all DDOs who do not have their own or hired computers.

(xiii) NIC district office will organise familiarisation training of operators of CSPs.

**5. Continuance of Existing System :**

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

## Appendix - I

## MASTER DATA OF EMPLOYEES

DDO CODE ..... Office Name ..... Bill No. & Date ..... Month ..... year .....

| | MASTER DATA (TABLE - I) | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| S. No. | Name | GPF No. | Designation | Status (Permanent/Temporary) | Category Code | Reservation Category (SC/ST/OBC/GENERAL) | Sex (Male/Female) | Father's/Husband's Name | Date of Birth | Date of Joining in Regular Service | Date of Joining with Present DDO | Particulars of Pay & Pay scale | | | State Insurance Policy No. | Permanent Account No. (PAN) | Particulars of Bank A/c | |
| | | | | | | | | | | | | Pay Scale (With Number) | Basic Pay | Since which date | | | A./C No. | Branch Name |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | |

सामान्य वित्तीय एवं लेखा नियम

123

**MASTER DATA (TABLE - II)**

| S. No. | GPF 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 | |
| (i) Permanent | F |
| (ii) Semi-permanent | G |
| 7. Others (Specify) | H |

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.

GF & AR Rule 150

# ESTABLISHMENT PAY BILL

**Outer Sheet (Appendix-II Front Page)**

Bill No. ..... Date .....

Details of pay bill of PERMANENT/TEMPORARY establishment of for the month of ..... 20 .....

DDO CODE .....

District .....

To,

The Treasury Officer,

.....

Please order to pay the claim contained in this bill & also arrange to intimate T.V. no. & date.

| Signature of bill clerk | Signature of Jr. Acctt./ Accountant | Signature of Drawing Officer Seal |
|---|---|---|
| | | |

1. Budget Allocation .....
2. Previous Expenditure .....
3. Amount of this Bill .....
4. Expenditure up-to-date (2+3) .....
5. Balance Available (1–4) .....

| (A) PAYMENTS | Rs. |
|---|---|
| 1. Pay / consolidated Pay | |
| 2. Leave Salary | |
| 3. Spl Pay | |
| 4. D.A. | |
| 5. H.R.A. | |
| 6. C.C.A | |
| 7. Washing Allowance | |
| 8. Conveyance Allowance | |
| 9. Handicapped Allowance | |
| 10. Others if any (Specify) | |
| ..... | |
| ..... | |
| ..... | |
| ..... | |
| Total (A) (As per Col. 8 of Inner sheet) | Rs. |

Space for Classification (Stamp or manuscript entries of classification to be filled in by drawing officer)

Major Head.....

Sub-Major Head.....

Minor Head .....

Sub-Head .....

Group Head .....

Detailed Head.....

125

सामान्य वित्तीय एवं लेखा नियम

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.

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.

Signature
(Drawing Disbursing Officer)
(With Seal)

Category-wise Employees Covered under this bill

| S.No. | Caterogy | Code | No. |
|---|---|---|---|
| 1. | All India Services | A | ..... |
| 2. | State Services | B | ..... |
| 3. | Subordinate Services | C | ..... |
| 4. | Ministerial Services | D | ..... |
| 5. | Class IV Services | E | ..... |

| (B) DEDUCTIONS | |
|---|---|
| 1. G.P.F. (Contribution + Loan) | |
| 2. C.P.F. | |
| 3. State Insurance (Premium + Loan + Int) | |
| 4. RPMF | |
| 5. LIC | |
| 6. FGA Principal | |
| 7. FGA Interest | |
| 8. Group/Accidental Insurance | |
| 9. MCA Principel | |
| 10. MCA Interest | |
| 11. OCA Principal | |
| 12. OCA Interest | |
| 13. HBA Principal | |
| 14. HBA Interest | |
| 15. HUDCO Principal | |
| 16. HUDCO Interest | |
| 17. HDFC Principal | |

**For Treasury Use**

Treasury Voucher No. .....

Date ..... List .....

for ..... 20 .....

Try. Code No. .....

Signature of Tresuary Accountant

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

## Establishment Pay Bill वेतन बिल

DDO Code ..... Office Name ..... Bill No. & Date ..... Month ..... Year .....

| S. No. | Name and Designation With Pay Scale | GPF Number SI Policy Number | Payments | | | | |
|---|---|---|---|---|---|---|---|
| | | | Pay Leave Salary Spl. Pay | Allowances | | | Total payment (Col. 4 to 7) |
| | | | | DA HRA CCA | Washing Convey. Handicap. | Others if any (Specify) | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| | | | | | | | |
| | Total | | | | | | |

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

**Notes :**

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

1. Pey/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.

Treasury Officer

Outer Sheet (Appendix - II Back Page)

| Total Payments (As per Col. No. 8 of inner sheet) | Rs. | | FOR TREASURY USE |
|---|---|---|---|
| Deduct : Undisbursiable amount as detailed below : | Rs. | | Pay Rs. ..... |
| 1. G.P.F. (Contribution - Loan) | | | (in words) Rs. ..... |
| 2. C.P.F. | | | ..... |
| 3. State Insurance (Premium + Loan + Interest) | | | ..... |
| 4. RPMF | | | As follows :– |
| 5. LIC | | | (i) In cash Rs. ..... |
| 6. FGA Principal | | | (in words) Rs. ..... |
| 7. FGA Interest | | | ..... |
| 8. Group/Accidental Insurance | | | ..... |
| 9. MCA Principal | | | (ii) By Transfer Credit to ..... |
| 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 | | | ..... |

| | | | |
|---|---|---|---|
| 22. Profession Tax | | | Total Credit Rs. ..... |
| 23. House/Furniture/Garden Rent | | | (in words) Rs. ..... |
| 24. Others if any (Specify) | | | ..... |
| ..... | | | ..... |
| ..... | | | Examined and entered ..... |
| ..... | | | |
| ..... | | | |
| TOTAL DEDUCTIONS (As per Col. No. 21 of inner sheet) | | | Accountant Treasury Officer/ATO/STO |
| STATE ABBREVIATED CLASSIFICATION [ ] | | | Dated Treasury/Sub-Treasury |

DETAILS OF REFUND OF ABSENTEES' PAY [Rule 193(3)]

| Section of Establishment | Name of Incumbent | Period | Amount |
|---|---|---|---|
| | | | |

Total net amount required for payment
(As per Col. No. 22 of inner sheet) Rs. .....
(in words) Rs. .....
.....

Station .....
Date ..... 20 .....

Signature .....
Designation of the drawing officer
(with seal)

DDO Code .....

**Payee's discharge**

Received Payment on .....

Signature of DDO
(With Seal)

For Non Bank Sub-Treasury/Bank

Paid Rs. .....

Sub-Treasury Officer/Bank Manage

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

क्रमांक : प.1(2)वित्त/सावित्तेनि/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 एतद्द्वारा 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.**

4/X/16
( 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/संभागीय आयुक्त ।
10. समस्त विभागाध्यक्ष को प्रेषित कर लेख है कि इन संशोधनों बाबत् सभी कार्यालयाध्यक्षों/आहरण–वितरण अधिकारियों को सम्यक् रूप से जागरूक (sensitize) कराना सुनिश्चित करावें।
11. निदेशक, कोष एवं लेखा विभाग, राजस्थान, जयपुर इन संशोधनों बाबत् सभी संबंधित अधिकारियों को उचित रूप से जागरूक (sensitize) कराना/अनुपालना में आवश्यकतानुसार सहयोग कराना सुनिश्चित करावें।
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 स्तर से भी सम्यक् रूप से जागरूक (sensitize) कराएं एवं व्यावहारिक रूप से अनुपालना बाबत् आवश्यक सहयोग प्रदान करावें।
14. कार्मिक एवं प्रशासनिक सुधार विभाग(कोडीफिकेशन) अतिरिक्त प्रति सहित ।
15. पंजीयक, राजस्थान सिविल सेवा अपील अधिकरण, जयपुर ।
16. विधि रचना संगठन को भेजकर लेख है कि इस आदेश/परिपत्र का हिन्दी अनुवाद करवाकर इस विभाग को अविलम्ब भिजवायें ताकि हिन्दी अनुवाद प्रेषित किया जा सके ।
17. अतिरिक्त निदेशक, वित्त विभाग को भेजकर लेख है कि वित्त (समन्वय) विभाग के आदेश संख्या प.17 (1) वित्त (समन्वय)/04 दिनांक 22.6.2004 के क्रम में इस परिपत्र को वित्त विभाग की वेबसाइट पर प्रकाशित करवाने की व्यवस्था करावें।

(हरीश लड्ढा)
मुख्य लेखाधिकारी

(GF&AR - 13/2016)

GA 76
GFAR 189

New Form No. GA 36
Rule 150 (1)

# Government of Rajasthan

## Salary Bill (Outer Sheet)

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: 0000-00-000-00-00 NP/P V/C Demand No. : 00 Plan : 0.00 Non Plan : 0.00 TAN No. :

To

The Treasury Officer, (Concerning Treasury)

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

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

**Certificates :**

1. The Amount claimed in this bill has not been drawn earlier.
2. It is further certified that I have personally ensured observance of all formalities regarding necessary entries.
3. The Amount of this bill is within the limits of allotted budget for the Year (*Current Financial Year*).
4. This bill is drawn against the Sanctioned Post(s) of this Office.

Total Sanctioned Post : 00 (1) All India Service : 00 (2) State Service : 00 (3) Subordinate Service : 00 (4) Ministerial Service : 00 (5) Class IV : 00

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

| **Allowances** | | | **Deduction** | | |
|---|---|---|---|---|---|
| **Allowance Name** | **Payid** | **Amount** | **Deduction Name** | **Payid** | **Amount** |
| | | | | | |

Gross Amount : Total Deduction :

Net Amount :
(In words) :

**Treasury Voucher**

No. Date :

**For Treasury Use**

**Pay Rs. :**
**(In words) :**

**(In Cash) :**
**(In words) :**

**By B.T.**
**Total Credit Rs.**

Auditor AAO-I/II Treasury Officer

**For Accountant General Office**

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 : Print Date & Time :

Reference No.

# Government of Rajasthan
## Salary Bill (Inner Sheet)

New Form No. GA 36

**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 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>PAN No.<br>St. Ins. No.<br>Pay Scale<br>Grade Pay/DP | Name<br>Designation<br>EmployeeID<br>Nominee Name(s)<br>Date of Death<br>(only where Payment is made to Nominee)<br>Bank Ac. No.<br>Aadhar No. | ---{Pay Allowance}-- | Gross Amount | ---{Pay Deduction}---- | Sum Of Deduction | Net Total |
|---|---|---|---|---|---|---|---|
| 1. | | | | | | | |
| 2. | | | | | | | |

Gross Amount : Deduction Amount : Net Amount :

Amount in words :

**Certificates :**

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*).
   Note: When the Absentee Statement accompanies the bill, this certificate should be struck out.
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.
   Note: Attached Absentee Statement has been checked and verified.
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 (*This Certificate is applicable in salary bill of pay month June every year*)*
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.
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. (*This Certificate should be printed in salary bill of pay month February every year*) *
7. 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*) *
8. All required information including Bank Account Details in this bill has been checked and verified.
9. **It is certify that I have carefully examined & verified the master data of the said claim.**

**Enclosures (System generated/Scanned)^ :**

1.
2.

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

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

Group Name : Print Date & Time :

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

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

GA 76 | New Form No. GA 36 A

GFAR 189 | Government of Rajasthan | Rule 150 (1)

Reference No. | Salary Arrear Bill (Outer Sheet) | **Month/Year :**

Detailed Salary 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 NP/P V/C | Demand No. : 00 | Plan : 0.00 | Non Plan : 0.00 | TAN No. :

To

The Treasury Officer, (Concerning Treasury)

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

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

## Certificates :

1. The Amount claimed in this bill has not been drawn earlier.
2. It is further certified that I have personally ensured observance of all formalities regarding necessary entries.
3. The Amount of this bill is within the limits of allotted budget for the Year (*Current Financial Year*).
4. This bill is drawn against the Sanctioned Post(s) of this Office.

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

| Allowances | | | Deduction | | |
|---|---|---|---|---|---|
| **Allowance Name** | **Payid** | **Amount** | **Deduction Name** | **Payid** | **Amount** |
| | | | | | |

Gross Amount : Total Deduction :

Net Amount :
(In words) :

**Treasury Voucher**

No. Date :

**For Treasury Use**

**Pay Rs. :**
**(In words) :**

**(In Cash) :**
**(In words) :**

**By B.T.**
**Total Credit Rs.**

Auditor AAO-I/II Treasury Officer

**For Accountant General Office**

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 : Print Date & Time :

Reference No.

# Government of Rajasthan
## Salary Arrear Bill (Inner Sheet)

New Form No. GA 36 A

**Month/Year :**

Detailed Salary 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 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>Dp/Grade Pay<br>Basic Pay | Employee Name<br>Designation<br>Employee ID | Nominee Name<br>Date of Death<br>(*only where Payment is made to Nominee*)<br>Name of Bank/<br>Name of Branch/<br>Account No. | Month &Year | Pay Allowance already drawn | Pay Allowance to be drawn | Difference of Gross Amount to be drawn | Gross Amount | Pay Deduction already deducted | Pay Deduction to be deducted | Difference of Amount to be deducted | Net Amount to be paid |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 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 | For the Month of | Amount | Reason |
|---|---|---|---|---|
| | | | | |
| | | | | |

**Certificates :**

1. All required information including bank account details in this bill has been checked and verified.
2. Certified that I have Personally Examined and satisfied myself about the genuineness of claim that the pay and allowance of the employee(s) included in this pay bill are strictly in accordance with rules and that the said employee(s) are entitled to such pay and allowance .
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)
4. The entry of this arrear has been made in service record/relevant record(s) whose arrear drawn in this bill. (According GF&AR rule 186 & 187(2)).
5. **It is certify that I have carefully examined & verified the master data of the said claim.**

**Enclosures (System generated/Scanned)^ :**

1.
2.

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

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

Group Name : Print Date & Time :

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
GFAR 189

New Form No. GA 36 B
Rule 150 (1)

# Government of Rajasthan

## DA Arrear Bill (Outer Sheet)

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: 0000-00-000-00-00 NP/P V/C Demand No. : 00 Plan : 0.00 Non Plan : 0.00 TAN No. :

To

The Treasury Officer, (Concerning Treasury)

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

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

**Certificates :**

1. The Amount claimed in this bill has not been drawn earlier.
2. It is further certified that I have personally ensured observance of all formalities regarding necessary entries.
3. The Amount of this bill is within the limits of allotted budget for the Year (*Current Financial Year*).
4. This bill is drawn against the Sanctioned Post(s) of this Office.

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

| Allowances | | | Deduction | | |
|---|---|---|---|---|---|
| **Allowance Name** | **Payid** | **Amount** | **Deduction Name** | **Payid** | **Amount** |
| | | | | | |

Gross Amount : Total Deduction :

Net Amount :
(In words) :

**Treasury Voucher**

No. Date :

**For Treasury Use**

**Pay Rs. :**
**(In words) :**

**(In Cash) :**
**(In words) :**

**By B.T.**
**Total Credit Rs.**

Auditor AAO-I/II Treasury Officer

**For Accountant General Office**

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 : Print Date & Time :

Reference No.

# Government of Rajasthan
## DA Arrear Bill (Inner Sheet)

New Form No. GA 36 B

**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: 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. Belt No. St. Ins. No. PayScale Dp/Grade Pay Basic Pay | Employee Name Designation Employee ID | Nominee Name Date of Death *(only where Payment is made to Nominee)* Name of Bank/ Name of Branch/ Account No. | Month & Year | Pay Allowance already drawn | Pay Allowance to be drawn | Difference of Gross Amount to be drawn | Gross Amount | Pay Deduction already deducted | Pay Deduction to be deducted | Difference of Amount to be deducted | Net Amount to be paid |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | |

Gross Amount : Deduction Amount : Net Amount :

Amount in words :

**Certificates :**

1. All required information including bank account details in this bill has been checked and verified.
2. Certified that I have Personally Examined and satisfied myself about the genuineness of claim that the pay and allowance of the employee(s) included in this bill are strictly in accordance with rules and FD Circular No. *(from database)* & Date (from database) and that the said employee(s) are entitled to such pay and allowance.
3. The entry of this arrear has been made in relevant records whose arrear drawn in this bill. (According GF&AR rule 186 & 187(2)).
4. **It is certify that I have carefully examined & verified the master data of the said claim.**

**Enclosures (System generated/Scanned)^ :**

1.
2.

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

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

Group Name : Print Date & Time :

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

GA 76 | New Form No. GA 36 C

GFAR 189 | Government of Rajasthan | Rule 150 (1)

Reference No. | Surrender Bill (Outer Sheet) | **Month/Year :**

Detailed Surrender Bill of Permanent/Temporary establishment of : (*Office Name*) | Office ID :

Bill No. : | Date : | DDO Code : | Name of DDO : | Object Head :

Budget Head: 0000-00-000-00-00 NP/P 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/ 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.

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

| **Allowances** | | | **Deduction** | | |
|---|---|---|---|---|---|
| **Allowance Name** | **Payid** | **Amount** | **Deduction Name** | **Payid** | **Amount** |
| | | | | | |

Gross Amount : Total Deduction :

Net Amount :
(In words) :

**Treasury Voucher**

No. Date :

**For Treasury Use**

**Pay Rs. :**
**(In words) :**

**(In Cash) :**
**(In words) :**

**By B.T.**
**Total Credit Rs.**

Auditor AAO-I/II Treasury Officer

**For Accountant General Office**

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 : Print Date & Time :

7

| Reference No. | Government of Rajasthan<br>Surrender Bill (Inner Sheet) | New Form No. GA 36 C<br>**Month/Year :** |
|---|---|---|

Detailed Surrender Bill of Permanent/Temporary establishment of : (*Office Name*) Office ID :

Bill No. : Date : DDO Code : Name of DDO : Object Head :

Budget Head: 0000-00-000-00-00 NP/P 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>PAN No.<br>St. Ins. No.<br>Pay Scale<br>Basic Pay<br>Grade Pay/DP | Name<br>Designation<br>Employee ID<br>Bank Ac. No.<br>Aadhar No.<br>Sanction No./Date | ---{Pay Allowance}-- | Gross Amount | ---{Pay Deduction}--- | Sum Of Deduction | Net Total |
|---|---|---|---|---|---|---|---|
| 1. | | | | | | | |
| 2. | | | | | | | |

For the Financial Year of :

Gross Amount : Deduction Amount : Net Amount :

Amount in words :

**Certificates :**

1. All required information including bank account details in this bill has been checked and verified.
2. Certified that I have Personally Examined and satisfied myself about the genuineness of claim that the pay and allowance of the employee(s) included in this bill are strictly in accordance with rules and that the said employee(s) are entitled to such pay and allowance.
3. Encash of above leave has been entered in Service Book of employee(s) with RED Ink.
4. **It is certify that I have carefully examined & verified the master data of the said claim.**

**Enclosures (System generated/Scanned)^ :**

1.
2.

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

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

Group Name : Print Date & Time :

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
GFAR 189

New Form No. GA 36 D
Rule 150 (1)

# Government of Rajasthan

## Surrender Arrear Bill (Outer Sheet)

Reference No.

**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 NP/P V/C Demand No. : 00 Plan : 0.00 Non Plan : 0.00 TAN No. :

To

The Treasury Officer, (Concerning Treasury)

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

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

**Certificates :**

1. The Amount claimed in this bill has not been drawn earlier.
2. It is further certified that I have personally ensured observance of all formalities regarding necessary entries.
3. The Amount of this bill is within the limits of allotted budget for the Year (*Current Financial Year*).
4. This bill is drawn against the Sanctioned Post(s) of this Office.

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

| Allowances | | | Deduction | | |
|---|---|---|---|---|---|
| **Allowance Name** | **Payid** | **Amount** | **Deduction Name** | **Payid** | **Amount** |
| | | | | | |

Gross Amount : Total Deduction :

Net Amount :
(In words) :

**Treasury Voucher**

No. Date :

**For Treasury Use**

**Pay Rs. :**
**(In words) :**

**(In Cash) :**
**(In words) :**

**By B.T.**
**Total Credit Rs.**

Auditor AAO-I/II Treasury Officer

**For Accountant General Office**

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 : Print Date & Time :

Reference No.

# Government of Rajasthan
## 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 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>Dp/Grade Pay<br>Basic Pay | Employee Name<br>Designation<br>Employee ID | Name of Bank/ Name of Branch/ Account No. | Pay Allowance already drawn | Pay Allowance to be drawn | Difference of Gross Amount to be drawn | Gross Amount | Pay Deduction already deducted | Pay Deduction to be deducted | Difference of Amount to be deducted | Net Amount to be paid |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 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 |
|---|---|---|---|
| | | | |
| | | | |

**Certificates :**

1. All required information including bank account details in this bill has been checked and verified.
2. Certified that I have Personally Examined and satisfied myself about the genuineness of claim that the pay and allowance of the employee(s) included in this bill are strictly in accordance with rules and that the said employee(s) are entitled to such pay and allowance.
3. The entry of this arrear has been made in relevant record(s) whose arrear drawn in this bill. (According GF&AR rule 186 & 187(2)).
4. **It is certify that I have carefully examined & verified the master data of the said claim.**

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

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

Group Name : Print Date & Time :

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

GA 76
GFAR 189

New Form No. GA 36 E
Rule 150(1)

# Government of Rajasthan

## Bonus Bill (Outer Sheet)

Reference No.

**Month/Year :**

Detailed Bonus Bill of Permanent/Temporary establishment of : (*Office Name*)

Office ID :

Bill No. : Date : DDO Code : Name of DDO : Object Head :

Budget Head: 0000-00-000-00-00 NP/P 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/ 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*).

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

**Bonus**

**For Financial Year**

| **Allowances** | | | **Deduction** | | |
|---|---|---|---|---|---|
| **Allowance Name** | **Payid** | **Amount** | **Deduction Name** | **Payid** | **Amount** |
| | | | | | |

Gross Amount : Total Deduction :

Net Amount :
(In words) :

**Treasury Voucher**

No. Date :

**For Treasury Use**

**Pay Rs. :**
**(In words) :**

**(In Cash) :**
**(In words) :**

**By B.T.**
**Total Credit Rs.**

Auditor AAO-I/II Treasury Officer

**For Accountant General Office**

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 : Print Date & Time :

Reference No.

# Government of Rajasthan
## Bonus Bill (Inner Sheet)

New Form No. GA 36 E

**Month/Year :**

Detailed Bonus Bill of Permanent/Temporary establishment of : (*Office Name*) Office ID :

Bill No. : Date : DDO Code : Name of DDO : Object Head :

Budget Head: 0000-00-000-00-00 NP/P 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 Amount | Pay Deductions | Sum of Deductions | Net Amount |
|---|---|---|---|---|---|---|---|
| 1. | | | | | | | |
| 2. | | | | | | | |

Gross Amount : Deduction Amount : Net Amount :

Amount in words :

**Certificates :**

1. Certified that I have personally examined and satisfied myself about the genuineness of claim that the Bonus Bill of the employee(s) included in this bill are strictly in accordance with rules and FD circular no. (*from Database*)& date (*from Database*) and that the said employee(s) are entitled to such Bonus. It is further certified that I have personally ensured observance of all formalities regarding necessary entries.
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.
2.

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

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

Group Name : Print Date & Time :

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
GFAR 189

New Form No. GA 36 F
Rule 150(1)

# Government of Rajasthan

## Leave Encashment Bill (Outer Sheet)

Reference No.

**Month/Year :**

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. :

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

**Certificates :**

1. The Amount claimed in this bill has not been drawn earlier.
2. It is further certified that I have personally ensured observance of all formalities regarding necessary entries.

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

| **Allowances** | | **Deduction** | |
|---|---|---|---|
| **Allowance Name** | **Payid Amount** | **Deduction Name** | **Payid Amount** |

Gross Amount : Total Deduction :

Net Amount :
(In words) :

**Treasury Voucher**

No. Date :

**For Treasury Use**

**Pay Rs. :**
**(In words) :**

**(In Cash) :**
**(In words) :**

**By B.T.**
**Total Credit Rs.**

Auditor AAO-I/II Treasury Officer

**For Accountant General Office**

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 : Print Date & Time :

Reference No.

# Government of Rajasthan
## Leave Encashment Bill (Inner Sheet)

New Form No. GA 36 F

**Month/Year :**

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>Dp/Grade Pay | Employee Name<br>Designation<br>Employee ID<br>Sanction No./Date | Nominee Name<br>Name of Bank/<br>Name of Branch/<br>Account No. | No. of leaves to be enchased (days) | Basic Pay | --Pay Allowance-- | Gross Amount | --Pay Deduction-- | Net Amount |
|---|---|---|---|---|---|---|---|---|---|
| 1. | | | | | | | | | |
| 2. | | | | | | | | | |

Date of Retirement/Death :

Payable on or after (date.....) : (*To be filled by DDO*)

Gross Amount : Deduction Amount : Net Amount :

Amount in words :

**Certificates :**

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.
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.
2.

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

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

Group Name : Print Date & Time :

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
GFAR 189

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

# Government of Rajasthan

## Leave Encashment Arrear Bill (Outer Sheet)

Reference No.

**Month/Year :**

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. :

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**

**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.

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

| **Allowances** | | | **Deduction** | | |
|---|---|---|---|---|---|
| **Allowance Name** | **Payid** | **Amount** | **Deduction Name** | **Payid** | **Amount** |
| | | | | | |

Gross Amount : Total Deduction :

Net Amount :
(In words) :

**Treasury Voucher**

No. Date :

**For Treasury Use**

**Pay Rs. :**
**(In words) :**

**(In Cash) :**
**(In words) :**

**By B.T.**
**Total Credit Rs.**

Auditor AAO-I/II Treasury Officer

**For Accountant General Office**

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 : Print Date & Time :

15

Reference No.

# Government of Rajasthan
## Leave Encashment Arrear Bill (Inner Sheet)

New Form No. GA 36 G

**Month/Year :**

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>Dp/Grade Pay<br>Basic Pay | Employee Name<br>Designation<br>Employee ID<br>Sanction No./Date | Nominee Name<br>Name of Bank/ Name of Branch/ Account No. | Pay Allowance already drawn | Pay Allowance to be drawn | Difference of Gross Amount to be drawn | Gross Amount | Pay Deduction already deducted | Pay Deduction to be deducted | Difference of Amount to be deducted | Net Amount to be paid |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. | | | | | | | | | | | |
| 2. | | | | | | | | | | | |

Date of Retirement/Death :

Payable on or after (date.....) : (*To be filled by DDO*)

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

**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.
2.

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

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

Group Name : Print Date & Time :

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

GA 76 | New Form No. GA 36 H

GFAR 189 | Government of Rajasthan | Rule 150 (1)

Reference No. | Salary Bill-Reverse Deputation (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 NP/P V/C | Demand No. : 00 | Plan : 0.00 | Non Plan : 0.00 | TAN No. :

To

The Treasury Officer, (Concerning Treasury)

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

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

**Certificates :**

1. The Amount claimed in this bill has not been drawn earlier.
2. It is further certified that I have personally ensured observance of all formalities regarding necessary entries.
3. The Amount of this bill is within the limits of allotted budget for the Year (*Current Financial Year*).
4. This bill is drawn against the Sanctioned Post(s) of this Office.

Total Sanctioned Post : 00 (1) All India Service : 00 (2) State Service : 00 (3) Subordinate Service : 00 (4) Ministerial Service : 00 (5) Class IV : 00

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

| **Allowances** | | | **Deduction** | | |
|---|---|---|---|---|---|
| **Allowance Name** | **Payid** | **Amount** | **Deduction Name** | **Payid** | **Amount** |
| | | | | | |

Gross Amount : Total Deduction :

Net Amount :
(In words) :

**Treasury Voucher**

No. Date :

**For Treasury Use**

**Pay Rs. :**
**(In words) :**

**(In Cash) :**
**(In words) :**

**By B.T.**
**Total Credit Rs.**

Auditor AAO-I/II Treasury Officer

**For Accountant General Office**

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 : Print Date & Time :

17

Government of Rajasthan

New Form No. GA 36 H

Reference No.

Salary Bill-Reverse Deputation (Inner 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 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 made to Nominee)<br>Bank Ac. No.<br>Aadhar No. | ---{Pay Allowance}-- | Gross Amount | ---{Pay Deduction}---- | Sum Of Deduction | Net Total |
|---|---|---|---|---|---|---|---|
| 1. | | | | | | | |
| 2. | | | | | | | |

Gross Amount : Deduction Amount : Net Amount :

Amount in words :

**Certificates :**

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*).
   Note: When the Absentee Statement accompanies the bill, this certificate should be struck out.
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.
   Note: Attached Absentee Statement has been checked and verified.
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 (*This Certificate is applicable in salary bill of pay month June every year*)*
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.
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. (*This Certificate should be printed in salary bill of pay month February every year*)*
7. 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*)*
8. All required information including Bank Account Details of Employee & Parental Institution in this bill has been checked and verified.
9. **It is certify that I have carefully examined & verified the master data of the said claim.**

**Enclosures (System generated/Scanned)^ :**

1.
2.

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

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

Group Name : Print Date & Time :

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

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

GA 76 | New Form No. GA 36 I

GFAR 189 | Government of Rajasthan | 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*) | Office ID :

Bill No. : | Date : | DDO Code : | Name of DDO : | Object Head :

Budget Head: 0000-00-000-00-00 NP/P V/C | Demand No. : 00 | Plan : 0.00 | Non Plan : 0.00 | TAN No. :

To

The Treasury Officer, (Concerning Treasury)

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

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

**Certificates :**

1. The Amount claimed in this bill has not been drawn earlier.
2. It is further certified that I have personally ensured observance of all formalities regarding necessary entries.
3. The Amount of this bill is within the limits of allotted budget for the Year (*Current Financial Year*).
4. This bill is drawn against the Sanctioned Post(s) of this Office.

Total Sanctioned Post : 00 (1) All India Service : 00 (2) State Service : 00 (3) Subordinate Service : 00 (4) Ministerial Service : 00 (5) Class IV : 00

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

| **Allowances** | | | **Deduction** | | |
|---|---|---|---|---|---|
| **Allowance Name** | **Payid** | **Amount** | **Deduction Name** | **Payid** | **Amount** |
| | | | | | |

Gross Amount : Total Deduction :

Net Amount :
(In words) :

**Treasury Voucher**

No. Date :

**For Treasury Use**

**Pay Rs. :**
**(In words) :**

**(In Cash) :**
**(In words) :**

**By B.T.**
**Total Credit Rs.**

Auditor AAO-I/II Treasury Officer

**For Accountant General Office**

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 : Print Date & Time :

Government of Rajasthan

New Form No. GA 36 I

Reference No. | Salary Bill - Re-employment : Fix Pay (Inner 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 NP/P V/C | Demand No. . 00 | Plan: 0.00 | Non Plan : 0.00 | TAN No. :

| S.No. | Date Of Birth<br>Belt No.<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 made to Nominee)<br>Bank Ac. No.<br>Aadhar No. | ---{Pay}-- | Gross Amount | ---{Pay Deduction}---- | Sum Of Deduction | Net Total |
|---|---|---|---|---|---|---|---|
| 1. | | | | | | | |
| 2. | | | | | | | |

Gross Amount : | Deduction Amount : | Net Amount :

Amount in words :

**Certificates :**

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

**Enclosures (System generated/Scanned)^ :**

1.
2.

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

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

Group Name : | Print Date & Time :

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

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

No Allowances should be given if employed on fix pay basis.

GA 76 | New Form No. GA 36 J

GFAR 189 | Government of Rajasthan | Rule 150 (1)

Reference No. | Salary Bill - Re-employment : Pay Minus Pension (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 NP/P V/C | Demand No. : 00 | Plan : 0.00 | Non Plan : 0.00 | TAN No. :

To

The Treasury Officer, (Concerning Treasury)

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

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

**Certificates :**

1. The Amount claimed in this bill has not been drawn earlier.
2. It is further certified that I have personally ensured observance of all formalities regarding necessary entries.
3. The Amount of this bill is within the limits of allotted budget for the Year (*Current Financial Year*).
4. This bill is drawn against the Sanctioned Post(s) of this Office.

Total Sanctioned Post : 00 (1) All India Service : 00 (2) State Service : 00 (3) Subordinate Service : 00 (4) Ministerial Service : 00 (5) Class IV : 00

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

| **Allowances** | | | **Deduction** | | |
|---|---|---|---|---|---|
| **Allowance Name** | **Payid** | **Amount** | **Deduction Name** | **Payid** | **Amount** |
| | | | | | |

Gross Amount : Total Deduction :

Net Amount :
(In words) :

**Treasury Voucher**

No. Date :

**For Treasury Use**

**Pay Rs. :**
**(In words) :**

**(In Cash) :**
**(In words) :**

**By B.T.**
**Total Credit Rs.**

Auditor AAO-I/II Treasury Officer

**For Accountant General Office**

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 : Print Date & Time :

Government of Rajasthan

New Form No. GA 36 J

Reference No.

## Salary Bill - Re-employment : Pay Minus Pension (Inner 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 NP/P V/C Demand No. : 00 Plan: 0.00 Non Plan: 0.00 TAN No. :

| S.No. | Date Of Birth<br>Belt No.<br>PAN No.<br>Pay Scale<br>Grade Pay/DP<br>PPO No.@<br>Last Basic/DA@<br>Pension/DR@ | Name<br>Designation<br>Nominee Name(s)<br>Date of Death<br>(only where Payment is made to Nominee)<br>Bank Ac. No.<br>Aadhar No. | ---{Pay Allowance}-- | Gross Amount | ---{Pay Deduction}---- | Sum Of Deduction | Net Total |
|---|---|---|---|---|---|---|---|
| 1. | | | | | | | |
| 2. | | | | | | | |

Gross Amount : Deduction Amount : Net Amount :

Amount in words :

**Certificates :**

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*). 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.**

**Enclosures (System generated/Scanned)^ :**

1.
2.

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

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

Group Name : Print Date & Time :

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

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

Fields marked with (@) should be verified from the website of Pension Department.

GA 76 | New Form No. GA 36 K

GFAR 189 | Government of Rajasthan | Rule 150 (1)

Reference No. | Pay/Honorarium Bill : Govt. Employee (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 NP/P V/C | Demand No. : 00 | Plan : 0.00 | Non Plan : 0.00 | TAN No. :

To

The Treasury Officer, (Concerning Treasury)

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

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

**Certificates :**

1. The Amount claimed in this bill has not been drawn earlier.
2. It is further certified that I have personally ensured observance of all formalities regarding necessary entries.
3. The Amount of this bill is within the limits of allotted budget for the Year (*Current Financial Year*).
4. This bill is drawn against the Sanctioned Post(s) of this Office.

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

| **Allowances** | | | **Deduction** | | |
|---|---|---|---|---|---|
| **Allowance Name** | **Payid** | **Amount** | **Deduction Name** | **Payid** | **Amount** |
| | | | | | |

Gross Amount : Total Deduction :

Net Amount :
(In words) :

**Treasury Voucher**

No. Date :

**For Treasury Use**

**Pay Rs. :**
**(In words) :**

**(In Cash) :**
**(In words) :**

**By B.T.**
**Total Credit Rs.**

Auditor AAO-I/II Treasury Officer

**For Accountant General Office**

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 : Print Date & Time :

Government of Rajasthan — New Form No. GA 36 K

Reference No. — Pay/Honorarium Bill : Govt. Employee (Inner 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 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>PAN No.<br>St. Ins. No.<br>Pay Scale<br>Grade Pay/DP<br>Basic Pay | Name<br>Designation<br>EmployeeID<br>Nominee Name(s)<br>Date of Death<br>(only where Payment is made to Nominee)<br>Bank Ac. No.<br>Aadhar No. | ---{Pay Allowance}-- | Gross Amount | ---{Pay Deduction}---- | Sum Of Deduction | Net Total |
|---|---|---|---|---|---|---|---|
| 1. | | | | | | | |
| 2. | | | | | | | |

Gross Amount : Deduction Amount : Net Amount :

Amount in words :

**Certificates :**

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.
2. The men for whom honorarium for overtime is claimed in this bill have actually earned by working overtime.
3. The periods for which honorarium for over time is claimed in this bill has been checked with the initial records and found correct.
4. The honorarium for overtime is claimed at the rates sanctioned by competent authority.
5. The honorarium for overtime has been taken into account in calculating the income tax due from the Government servants noted in this Bill.
6. All required information including Bank Account Details in this bill has been checked and verified.
7. **It is certify that I have carefully examined & verified the master data of the said claim.**

**Enclosures (System generated/Scanned)^ :**

1.
2.

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

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

Group Name : Print Date & Time :

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

GA 76 | New Form No. GA 36 L

GFAR 189 | Government of Rajasthan | Rule 150 (1)

Reference No. | Pay/Honorarium Bill : Nominated Members/Authority (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 NP/P V/C | Demand No. : 00 | Plan : 0.00 | Non Plan : 0.00 | TAN No. :

To

The Treasury Officer, (Concerning Treasury)

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

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

**Certificates :**

1. The Amount claimed in this bill has not been drawn earlier.
2. It is further certified that I have personally ensured observance of all formalities regarding necessary entries.
3. The Amount of this bill is within the limits of allotted budget for the Year (*Current Financial Year*).
4. This bill is drawn against the Sanctioned Post(s) of this Office.

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

| **Allowances** | | | **Deduction** | | |
|---|---|---|---|---|---|
| **Allowance Name** | **Payid** | **Amount** | **Deduction Name** | **Payid** | **Amount** |
| | | | | | |

Gross Amount : Total Deduction :

Net Amount :
(In words) :

**Treasury Voucher**

No. Date :

**For Treasury Use**

**Pay Rs. :**
**(In words) :**

**(In Cash) :**
**(In words) :**

**By B.T.**
**Total Credit Rs.**

Auditor AAO-I/II Treasury Officer

**For Accountant General Office**

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 : Print Date & Time :

25

Government of Rajasthan

New Form No. GA 36 L

Reference No.

Pay/Honorarium Bill : Nominated Members/Authority (Inner 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 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 made to Nominee)<br>Bank Ac. No.<br>Aadhar No. | ---{Pay Allowance}-- | Gross Amount | ---{Pay Deduction}---- | Sum Of Deduction | Net Total |
|---|---|---|---|---|---|---|---|
| 1. | | | | | | | |
| 2. | | | | | | | |

Gross Amount : Deduction Amount : Net Amount :

Amount in words :

**Certificates :**

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.
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*). Note: When the Absentee Statement accompanies the bill, this certificate should be struck out.
3. 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.
4. 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*)*
5. 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*)*
6. All required information including Bank Account Details in this bill has been checked and verified.
7. **It is certify that I have carefully examined & verified the master data of the said claim.**

**Enclosures (System generated/Scanned)^ :**

1.
2.

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

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

Group Name : Print Date & Time :

New Form No. GA 36 M
Rule 191

# Government of Rajasthan

## Medical Bill(Outer Sheet)

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 NP/P V/C Demand No. :00 Plan : 0.00 Non Plan : 0.00 TAN No. :

To

The Treasury Officer, (Concerning Treasury)

Please Order to pay Rs..... ..... ..... as perclaim contained in this bill.

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

**Certificates :**

1. The Amount claimed in this bill has not been drawnearlier.
2. It is further certified thatI have personally ensured observance of all formalities regarding necessary entries.
3. The Amount of this bill is within the limits of allotted budget for the Year (*Current Financial Year*).

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

**Counter Signature**

Passed for Rs. :
Amount in words :

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

**For Accountant General Office**

Admitted (RS.) Objected (RS.)

Auditor Supdt. Gaz. officer

**Treasury Voucher**

No. Date :

**For Treasury Use**

**Pay Rs. :**
**(In words) :**

Auditor AAO-I/II Treasury Officer

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

Group Name : Print Date & Time :

Reference No.

# Government of Rajasthan
## Medical Bill (Inner Sheet)

New Form No. GA 36 M

**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 NP/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 made to Nominee*)<br>Designation | Name of Bank/<br>Name of Branch<br>Bank Account No. | Basic Pay | From Date | To Date | Claim Details | | Total Amount | Remark |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | Self | Dependent Name (Relation) | | |
| | | | | | | Amount (Rs.) | Amount (Rs.) | | |
| 1. | | | | | | | | | |
| 2. | | | | | | | | | |

Total Amount :

Amount in words :

**Certificates :**

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

**Enclosures (System generated/Scanned)^ :**

1.
2.

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

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

Group Name : Print Date & Time :

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 36 N
Rule 191

# Government of Rajasthan

## Medical-Advance Bill(Outer Sheet)

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 NP/P V/C Demand No. :00 Plan : 0.00 Non Plan : 0.00 TAN No. :

To

The Treasury Officer, (Concerning Treasury)

Please Order to pay Rs..... ..... ..... as perclaim contained in this bill.

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

**Certificates :**

1. The Amount claimed in this bill has not been drawnearlier.
2. It is further certified thatI have personally ensured observance of all formalities regarding necessary entries.
3. The Amount of this bill is within the limits of allotted budget for the Year (*Current Financial Year*).

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

**Counter Signature**

Passed for Rs. :
Amount in words :

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

**For Accountant General Office**

Admitted (RS.) Objected (RS.)

Auditor Supdt. Gaz. officer

**Treasury Voucher**

No. Date :

**For Treasury Use**

**Pay Rs. :**
**(In words) :**

Auditor AAO-I/II Treasury Officer

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

Group Name : Print Date & Time :

Reference No.

# Government of Rajasthan
## Medical-Advance Bill (Inner Sheet)

New Form No. GA 36 N

**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 NP/P V/C Demand No. :00 Plan: 0.00 Non Plan : 0.00 TAN No. :

| S.No. | Employee Name/ Third Party Employee ID Designation | Name of Bank/ Name of Branch Bank Account No. | Basic Pay | Sanction No./ Date | Date of Operation/Treatment* | Total Amount | Remark |
|---|---|---|---|---|---|---|---|
| 1. | | | | | | | |

Total Amount :

Amount in words :

**Certificates :**

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.
2. All required information including Bank Account Details in this bill has been checked and verified.
3. It is certified that employee(s) included in this medical bill are not appointed on or after 01.01.2004.
4. It is certified that declaration of Dependents has been obtained in the month of January and kept in Office Records.
5. **It is certify that I have carefully examined & verified the master data of the said claim.**

**Enclosures (System generated/Scanned)^ :**

1.
2.

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

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

Group Name : Print Date & Time :

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.

Government of Rajasthan

New Form No. GA 36 O

Reference No.

Medical-Advance Adjustment Bill (Inner Sheet)

**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 NP/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 made to Nominee*)<br>Designation | Name of Bank/ Name of Branch<br>Bank Account No. | Basic Pay | From Date | To Date | Claim Details | | Total Amount | Remark |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | Self | Dependent Name (Relation) | | |
| | | | | | | Amount (Rs.) | Amount (Rs.) | | |
| 1. | | | | | | | | | |
| 2. | | | | | | | | | |
| | | | | | | | 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 :

**Certificates :**

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

**Enclosures (System generated/Scanned)^ :**

1.
2.

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

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

Group Name : Print Date & Time :

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 36 O
Rule 191

# Government of Rajasthan

## Medical- Advance Adjustment Bill (Outer Sheet)

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 NP/P V/C Demand No. :00 Plan : 0.00 Non Plan : 0.00 TAN No. :

To

The Treasury Officer, (Concerning Treasury)

Please Order to pay Rs..... ..... ..... as perclaim contained in this bill.

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

**Certificates :**

1. The Amount claimed in this bill has not been drawnearlier.
2. It is further certified thatI have personally ensured observance of all formalities regarding necessary entries.
3. The Amount of this bill is within the limits of allotted budget for the Year (*Current Financial Year*).

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

**Counter Signature**

Passed for Rs. :
Amount in words :

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

**For Accountant General Office**

Admitted (RS.) Objected (RS.)

Auditor Supdt. Gaz. officer

**Treasury Voucher**

No. Date :

**For Treasury Use**

**Pay Rs. :**
**(In words) :**

Auditor AAO-I/II Treasury Officer

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

Group Name : Print Date & Time :

GA 94-95
GFAR 181 & 204

New Form No. GA 65
Rule 189 (1)& 203 (10)

# Government of Rajasthan

## TA Bill (Outer Sheet)

Reference No.

**Month/Year :**

Detailed TA Bill of : *(Office Name)* Office ID :

Bill No. : Date : DDO Code: Name of DDO : Object Head :

Budget Head: 0000-00-000-00-00 NP/P V/C Demand No. :00 Plan : 0.00 Non Plan : 0.00 TAN No. :

To

The Treasury Officer, (Concerning Treasury)

Please Order to pay Rs..... ..... ..... as perclaim contained in this bill.

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

**Certificates :**

1. The Amount claimed in this bill has not been drawnearlier.
2. It is further certified thatI have personally ensured observance of all formalities regarding necessary entries.
3. The Amount of this bill is within the limits of allotted budget for the Year (*Current Financial Year*).

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

**Counter Signature**

Passed for Rs. :
Amount in words :

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

**For Accountant General Office**

Admitted (RS.) Objected (RS.)

Auditor Supdt. Gaz. officer

**Treasury Voucher**

No. Date :

**For Treasury Use**

**Pay Rs. :**
**(In words) :**

Auditor AAO-I/II Treasury Officer

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

Group Name : Print Date & Time :

Reference No.

# Government of Rajasthan
## TA Bill (Inner Sheet)

New Form No. GA 65

**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. :

| S.No. | Employee Name<br>Designation<br>EmployeeID<br>Nominee Name(s)<br>Date of Death<br>(only where Payment is made to Nominee) | Basic Pay | Details Of Travelling# | | | | | | Name of Bank/<br>Name of Branch<br>Bank Account No. | Gross Amount | Remarks |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Departure | | | Arrival | | | | | |
| | | | Date | Time | Place | 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.

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.

Note:Column marked with (#) should be checked (rider) for entering the duplicate values (data) of the travelling details.

| नाम :<br>पद :<br>जिला : मुख्यालय : | यात्रा भत्ता | श्रेणी : |
|---|---|---|

| यात्रा एवंविश्रामकाविवरण | | | | | | यात्रा काप्रकार यथा–वायुयान/बस/स्वयं की वाहन/सरकारीगाडी | एयरपोर्ट/रेलवेस्टेशन/बस स्टैण्ड तकपहुंचने या इसकेविपरीत यात्रा हेतुमीलभत्ता | वायुयान/रेल/बस द्वारा यात्रा के लियेमीलभत्ता | | | | स्वयं केवाहनमेंसड़क द्वारा यात्रा के लिए मीलभत्ता | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| प्रस्थान | | | आगमन | | | | | श्रेणी टिकट संख्या | दूरीकिलोमीटरमें | किराया | अनुषांगिकप्रभार की दर से राशि | दूरीकिलोमीटरमें | राशि |
| स्थान | दिनांक | समय | स्थान | दिनांक | समय | | | | | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| | | | | | | | | | | | | | |

| विश्रामकामत्ता | | | वास्तविक व्यय यदिकोईहोराशि | प्रत्येकपंक्तिका योग | यात्रा काप्रयोजन | अभ्युक्ति |
|---|---|---|---|---|---|---|
| दिनों की संख्या | राशि | दर | | | | |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| | | | | | | |

**सरकारीअधिकारी/कर्मचारी द्वाराप्रमाण–पत्र –**

1. प्रमाणित कियाजाताहैकिउक्त यात्रा मैंनेवस्तुत की हैतथापूर्वमेंमैंनेइसबिलकाभुगतानप्राप्तनहींकियाहै।
2. प्रमाणित कियाजाताहैकिरविवारों या अन्य अवकाश के दिनोंजिनकेलियेमैंनेविश्रामभत्तेकादावाकियाहै, मैंवास्तविक रूप से शिविरमेंथा।
3. प्रमाणित कियाजाताहैकिमुझे राजकीय या स्थानीय निकाय की ओर से कोईनिःशुल्कसवारीनहींदीगई।
4. मैने उस श्रेणी में यात्रा की हैजिसकेलिए भत्तालियाजारहाहै।
5. प्रमाणित कियाजाताहैकिइसबिलमेंदावाकृतराशिराजस्थान यात्रा भत्ता नियम–1971 के प्रावधानों के अनुसारहै।

**हस्ताक्षर**

**स्थानान्तरणपर यात्रा भत्तादावों के लियेजोड़िये –**

1. वैयक्तिसामानकाकिलोमीटर के लिए .....की दर से .....रू.....पै.....
2. वाहन रू.....पै.....
3. एक मुश्तअनुदान रू.....पै.....

**घटाइये–**

यात्रा भत्ताअग्रिम, यदिआहतकियागयाहोबिल संख्या ..... दिनांक .....रू.....पै.....
शुद्व राशिजोभुगतान योग्य है। रू.....पै.....

**प्रतिहस्ताक्षर**

रूपये ..... (शब्दो में.....) के लिए पासकिया।

दिनांक .....

**नियंत्रण अधिकारी**

GA 94-95
GFAR 181 & 204

New Form No. GA 65A
Rule 189 (1)& 203 (10)

# Government of Rajasthan

## TA-Advance Bill (Outer Sheet)

Reference No. **Month/Year :**

Detailed TA Bill of : (*Office Name*) Office ID :

Bill No. : Date : DDO Code: Name of DDO : Object Head :

Budget Head: 0000-00-000-00-00 NP/P V/C Demand No. :00 Plan : 0.00 Non Plan : 0.00 TAN No. :

To

The Treasury Officer, (Concerning Treasury)

Please Order to pay Rs..... ..... ..... as perclaim contained in this bill.

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

**Certificates :**

1. The Amount claimed in this bill has not been drawnearlier.
2. It is further certified thatI have personally ensured observance of all formalities regarding necessary entries.
3. The Amount of this bill is within the limits of allotted budget for the Year (*Current Financial Year*).

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

**Counter Signature**

Passed for Rs. :
Amount in words :

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

**For Accountant General Office**

Admitted (RS.) Objected (RS.)

Auditor Supdt. Gaz. officer

**Treasury Voucher**

No. Date :

**For Treasury Use**

**Pay Rs. :**
**(In words) :**

Auditor AAO-I/II Treasury Officer

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

Group Name : Print Date & Time :

Government of Rajasthan

New Form No. GA 65A

Reference No.

TA-Advance Bill (Inner 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. :

| S.No. | Employee Name<br>Designation<br>Employee ID<br>Nominee Name(s)<br>Date of Death<br>(only where Payment is made to Nominee) | Basic Pay | Sanction No./ Date | From Date* | To Date* | Name of Bank/ Name of Branch Bank Account No. | Gross Amount | Remarks |
|---|---|---|---|---|---|---|---|---|
| 1. | | | | | | | | |

Total Amount :

Amount in words :

**Certificates :**

1. Certified that I have personally examined and satisfied myself about the genuineness of claim that the TA-Advance Bill Claim of the employee(s) included in this bill are strictly in accordance with rules and that the said employee(s) are entitled to such TA- Advance Bill. It is further certified that I have personally ensured observance of all formalities regarding necessary entries.
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.
2.

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

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

Group Name : Print Date & Time :

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 | New Form No. GA 65 B

FAR 181 & 204 | Government of Rajasthan | 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)

Please Order to pay Rs..... ..... ..... as perclaim contained in this bill.

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

## Certificates :

1. The Amount claimed in this bill has not been drawnearlier.
2. It is further certified thatI have personally ensured observance of all formalities regarding necessary entries.
3. The Amount of this bill is within the limits of allotted budget for the Year (*Current Financial Year*).

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

**Counter Signature**

Passed for Rs. :

Amount in words :

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

**For Accountant General Office**

Admitted (RS.) Objected (RS.)

Auditor Supdt. Gaz. officer

**Treasury Voucher**

No. Date :

**For Treasury Use**

**Pay Rs. :**

**(In words) :**

Auditor AAO-I/II Treasury Officer

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

Group Name : Print Date & Time :

Reference No.

# Government of Rajasthan
## TA-Advance Adjustment Bill (Inner Sheet)

New Form No. GA 65 B

**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. :

| S.No. | Employee Name<br>Designation<br>Employee ID<br>Nominee Name(s)<br>Date of Death<br>(only where Payment is made to Nominee) | Basic Pay | Details Of Travelling# | | | | | | Name of Bank/<br>Name of Branch<br>Bank Account No. | Gross Amount | Remarks |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Departure | | | Arrival | | | | | |
| | | | Date | Time | Place | Date | Time | Place | | | |
| 1. | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | 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 :

**Certificates :**

4. 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.
5. 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.
6. Certified that the Halting Allowances Certificates has been obtained by the employee(s).
7. All required information including Bank Account Details in this bill has been checked and verified.
8. **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.

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.

Note:Column marked with (#) should be checked (rider) for entering the duplicate values (data) of the travelling details.

| 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: 0000-00-000-00-00 NP/P V/C Demand No. :00 Plan : 0.00 Non Plan : 0.00 TAN No. :

To

The Treasury Officer, (Concerning Treasury)

Please Order to pay Rs..... ..... ..... as perclaim contained in this bill.

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

**Certificates :**

1. The Amount claimed in this bill has not been drawnearlier.
2. It is further certified thatI have personally ensured observance of all formalities regarding necessary entries.
3. The Amount of this bill is within the limits of allotted budget for the Year (*Current Financial Year*).

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

**Counter Signature**

Passed for Rs. :
Amount in words :

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

**For Accountant General Office**

Admitted (RS.) Objected (RS.)

Auditor Supdt. Gaz. officer

**Treasury Voucher**

No. Date :

**For Treasury Use**

**Pay Rs. :**
**(In words) :**

Auditor AAO-I/II Treasury Officer

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

Group Name : Print Date & Time :

Reference No.

# Government of Rajasthan
## LTC Bill (Inner Sheet)

New Form No. GA 65 C

**Month/Year :**

Detailed LTC 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. | Name/Nominee Name(s) Date of Death (only where Payment is made to Nominee) GPF No. Basic Pay Bank Account No. | Details of family members for whom LTC Sanctioned Name Age Relationship | Details Of Travelling | | | | | | Mode of Travel | Category/ Ticket No.(s) | Amount |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Departure | | | Arrival | | | | | |
| | | | Place | Date | Time | Place | Date | Time | | | |
| 1. | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | 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 :

**Certificates :**

1. Certified that I have personally examined and satisfied myself about the genuineness of claim that the LTC 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 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. 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.**

**Enclosures (System generated/Scanned)^ :**

1.
2.

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

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

Group Name : Print Date & Time :

GA 94-95 | New Form No. GA 65 D

GFAR 181 & 204 | Government of Rajasthan | Rule 205

Reference No. | LTC Bill-Advance (Outer Sheet) | **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

The Treasury Officer, (Concerning Treasury)

Please Order to pay Rs..... ..... ..... as perclaim contained in this bill.

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

**Certificates :**

1. The Amount claimed in this bill has not been drawnearlier.
2. It is further certified thatI have personally ensured observance of all formalities regarding necessary entries.
3. The Amount of this bill is within the limits of allotted budget for the Year (*Current Financial Year*).

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

**Counter Signature**

Passed for Rs. :
Amount in words :

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

**For Accountant General Office**

Admitted (RS.) Objected (RS.)

Auditor Supdt. Gaz. officer

**Treasury Voucher**

No. Date :

**For Treasury Use**

**Pay Rs. :**
**(In words) :**

Auditor AAO-I/II Treasury Officer

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

Group Name : Print Date & Time :

Reference No.

Government of Rajasthan
LTC Bill-Advance (Inner Sheet)

New Form No. GA 65 D

**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. :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<br>Name of Branch<br>Bank Account No. | Sanction Amount |
|---|---|---|---|---|---|---|---|
| | | | | From Date | To Date | | |
| 1. | | | | | | | |
| | | | | | | | |

Total Amount :

Amount in words :

**Certificates :**

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.
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.
2.

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

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

Group Name : Print Date & Time :

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 76
Rule No. 206-E (2)

# Government of Rajasthan

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. : Date : DDO Code : Name of DDO : Object Head : 00

Budget Head: 0000-00-000-00-00 Demand No. : 00 Service Head : TAN No. :

To

The Treasury Officer, (*Name of Concerning Treasury*)

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

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

**Certificates :**

1. The Amount claimed in this bill has not been drawn earlier.
2. It is further certified that I have personally ensured observance of all formalities regarding necessary entries.

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

GPF/SI/PRAN No. :
Name of Employee :
Sanction Amount :
Authority Number & Date :
(*Valid for 3 months from the date of Issue*) :
Nature of payment & reason :

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

**For Accountant General Office**

Admitted (RS.) :
Rejected (RS.) :
Reasons for Rejection :

Auditor Supdt. Gaz. Officer

**Treasury Voucher**

No. Date :

**For Treasury Use**

**Pay Rs. :**
**(In words) :**

**(In Cash) :**
**(In words) :**

**Total Credit Rs.**

Auditor AAO-I/II Treasury Officer

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

Group Name : Print Date & Time :

Reference No.

Government of Rajasthan

GPF/SI/NPS - Loan/Advance/Claim/Refund Bill (Inner Sheet)

New Form No. GA 76

**Month/Year :**

SI & GPF Reference No. (*Proposed*)

Detailed Loan/Advance/Claim/Refund Bill of: (*Office Name*) Office ID :

Bill No. : Date : DDO Code : Name of DDO : Object Head :

Budget Head: 0000-00-000-00-00 Demand No. : 00 Service Head: TAN No. :

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/ Third Party Name) (*Names May be multiple*) (*only in case where Payment is to be made to Nominee(s)/Third Party(s)*)<br>Date of Death (*only in case where Payment is to be made to Nominee(s)*) | Name of Bank/<br>Name of Branch/ Account No.<br>(*Names May be multiple*) | Amount |
|---|---|---|---|---|---|
| 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 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.
2. Necessary entries have been recorded in GPF Pass Book/ SI Policy.
3. Original Sanction/Authority of withdrawal is enclosed.
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 of the said claim.**

**Enclosures (System generated/Scanned)^ :**

1.
2.

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

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

Group Name : Print Date & Time :

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

| GA 108<br>GFAR 228 & 229 | Government of Rajasthan | New Form No. GA 84<br>Rule No. 219 |
|---|---|---|
| Reference No. | Contingent (FVC) Bill (Outer Sheet) | **Month/Year :** |

Detailed FVC 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)

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**

**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. 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.
5. Original copy of the voucher less than Rs. 3000 retained with office copy of the bill.

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

I Certified that the Compliance of Direction/ Instructions under form no. GA 84 (Rule 219 GF & AR) has been ensured.

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

**For Accountant General Office**

Admitted (RS.) Objected (RS.)

Auditor Supdt. Gaz. officer

**Treasury Voucher**

No. Date :

**For Treasury Use**

**Pay Rs. :**
**(In words) :**

Auditor AAO-I/II Treasury Officer

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

Group Name : Print Date & Time :

Reference No.

# Government of Rajasthan
## Contingent (FVC) Bill (Inner Sheet)

New Form No. GA 84

**Month/Year :**

Detailed FVC 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. | 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 :**

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.
2. All required information including Bank Account Details in this bill has been checked and verified.
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.
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.
5. 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 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.
6. **It is certify that I have carefully examined & verified the master data of the said claim.**

**Enclosures (System generated/Scanned)^ :**

1.
2.

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

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

Group Name : Print Date & Time :

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

GA 109
GFAR 230

New Form No. 85
Rule 219

# Government of Rajasthan

## Abstract Contingent Bill (Outer Sheet)

Reference No.

**Month/Year :**

Detailed bill for Abstract Contingent of : (*Office Name*) Office ID :

Bill No. : Date : DDO Code : Name of DDO : Object Head :

Budget Head: 0000-00-000-00-00 NP/P V/C Demand No. : 00 Plan: 0.00 Non Plan : 0.00 TAN No. :

To

The Treasury Officer, (Concerning Treasury)

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

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

**Certificates :**

1. The Amount claimed in this bill has not been drawn earlier.
2. It is further certified that I have personally ensured observance of all formalities regarding necessary entries.
3. The Amount of this bill is within the limits of allotted budget for the Year (*Current Financial Year*).

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

To be Filled by the DDO

Sanction No. :

Sanction Date :

Sanction Amount :

Sanctioning Authority :

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

**For Accountant General Office**

Admitted (RS.) Objected (RS.)

Auditor Supdt. Gaz. officer

**Treasury Voucher**

No. Date :

**For Treasury Use**

**Pay Rs. :**
**(In words) :**

**(In Cash) :**
**(In words) :**

**Total Credit Rs.**

Auditor AAO-I/II Treasury Officer

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

Group Name : Print Date & Time :

| Reference No. | Government of Rajasthan<br>Abstract Contingent Bill (Inner Sheet) | New Form No. 85<br>**Month/Year :** |
|---|---|---|

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 : (*Office Name*) | | Month in which presented for payment at Treasury : |
|---|---|---|---|
| (*Treasury Name*) | Head of Account :<br>0000-00-000-00-00 | Object Head : 00 | Vouchers No. of list of Payment for : |
| Detail of number of sub-voucher | Detailed Head of charge (with description, where necessary) & Quotation of charges requiring sanction.<br>(Sanction Authority : DDO) | | Amount |
| | Description | | |
| | (*Purpose as Rule 219 Appendix A*)<br>OR<br>(*Nature of Power as per Delegation of Power*) | | |
| प्रमाणित किया जाता है कि तीन माह पूर्व आहरित अग्रिम व्यय के बिलों के संबंध में विस्तृत आकस्मिक व्यय के बिल नियंत्रक प्राधिकारी को प्रस्तुत कर दिये गये है या इस कार्यालय में प्रतिधारित (रिटेन्ड) कर लिये गये है। | | | |

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.

**Certificates :**

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

**Enclosures (System generated/Scanned)^ :**

1.
2.

**Date :**

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

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.

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 110

New Form No. GA 86

Government of Rajasthan

Reference No.

Detailed Contingent Bill

**Month/Year :**

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

Office ID : DDO Code : Name of DDO :

Bill No. : Date : State :

| | | | |
|---|---|---|---|
| Treasury | Bill for contingent charge of : (*Office Name*) | | Month for which the bill is presented : |
| (*Treasury Name*) | Head of Account : 0000-00-000-00-00 | Object Head : 00 | (*Name of Month*) |
| | AC Bill No & Date : | AC Bill Amount : | |
| Detail of number of sub-voucher | Detailed Head of charge (with description, where necessary) & Quotation of charges requiring sanction. (Sanction Authority : DDO) | | 0Amount |

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

Amount in words : 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 indents 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**

**For use of Controlling Officer**

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

Disallowed 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** :

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

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

GA 117 | New Form No. 100
GFAR 303 | Government of Rajasthan | Rule 255 (ii)

Reference No. | Revenue Refund Bill (Outer Sheet) | **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 NP/P V/C | Demand No. : 00 | Plan: 0.00 | Non Plan : 0.00 | TAN No. :

To

The Treasury Officer, (Concerning Treasury)

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

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

## Certificates :

1. The Amount claimed in this bill has not been drawn earlier.
2. It is further certified that I have personally ensured observance of all formalities regarding necessary entries.
3. The amount of this bill within the limit of budget allotment for the year (*Current Financial Year*).
4. Certified that the order of refund have been registered and noted against the original receipt entry in the departmental account under my initials and previous order for refund of same sum has not been issued.
5. Compliance of Rule 254, 255 & 263 has been ensured.

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

To be Filled by the DDO

Original Deposit Amount :
Already Refund Amount :
Refund Sanction Amount :
Refund Sanction No. :
Refund Sanction Date :
Nature of Deposit :

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

**For Accountant General Office**

Admitted (RS.) Objected (RS.)

Auditor Supdt. Gaz. officer

**Treasury Voucher**

No. Date :

**For Treasury Use**

**Pay Rs. :**
**(In words) :**

**(In Cash) :**
**(In words) :**

**By B.T.**
**Total Credit Rs.**

Auditor AAO-I/II Treasury Officer

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.

# Government of Rajasthan
## Revenue Refund Bill (Inner Sheet)

New Form No. 100

**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 NP/P V/C Demand No. : 00 Plan: 0.00 Non Plan: 0.00 TAN No. :

| S.No. | Name | Bank Name<br>Branch Name<br>Bank A/C No. | Sanction No.<br>Sanction Date | Challan Type (*Manual receipt/e-receipt*)<br>Challan No.<br>Deposit 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. | | | | | | | |

Gross Amount : Deduction Amount : Net Amount :

Amount in words :

**Certificates :**

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 entries.
2. All required information including Bank Account Details in this bill has been checked and verified.
3. All enclosed vouchers has been discharged and if there is any case of double payment, I will be responsible for it.
4. **It is certify that I have carefully examined & verified the master data of the said claim.**

**Enclosures (System generated/Scanned)^ :**

1.
2.

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

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

Group Name : Print Date & Time :

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

Rule 255

# Government of Rajasthan

## VAT Refund Bill (Outer Sheet)

Reference No. **Month/Year :**

Detailed CTD Payment 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)

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**

**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.

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

I Certified that the Compliance of Direction/ Instruction under form no. GA 100 A (Rule 255 GF & AR) has been ensured.

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

**For Accountant General Office**

Admitted (RS.) Objected (RS.)

Auditor Supdt. Gaz. officer

**Treasury Voucher**

No. Date :

**For Treasury Use**

**Pay Rs. :**
**(In words) :**

**(In Cash) :**
**(In words) :**

**Total Credit Rs.**

Auditor AAO-I/II Treasury Officer

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

Group Name : Print Date & Time :

Reference No.

Government of Rajasthan
VAT Refund Bill (Inner Sheet)

New Form No. GA 100 A
**Month/Year :**

Detailed CTD Payment 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. | 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 :

**Certificates :**

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.
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.**

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

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

Group Name : Print Date & Time :

GA 120
GFAR 325

New Form No. 103
Rule 263 (c)

# Government of Rajasthan

## Deposit Repayment Bill (Outer Sheet)

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: 0000-00-000-00-00 NP/P V/C Demand No. : 00 Plan: 0.00 Non Plan : 0.00 TAN No. :

To

The Treasury Officer, (Concerning Treasury)

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

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

**Certificates :**

1. The Amount claimed in this bill has not been drawn earlier.
2. It is further certified that I have personally ensured observance of all formalities regarding necessary entries.
3. The Amount of this bill is within the limits of allotted budget for the Year (*Current Financial Year*).

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

To be Filled by the DDO

Original Deposit Amount :

Already Refund Amount :

Refund Sanction Amount :

Refund Sanction No. :

Refund Sanction Date :

Nature of Deposit :

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

**Treasury Voucher**

No. Date :

**For Treasury Use**

**Pay Rs. :**
**(In words) :**

**(In Cash) :**
**(In words) :**

**By B.T.**
**Total Credit Rs.**

**For Accountant General Office**

Admitted (RS.) Objected (RS.)

Auditor Supdt. Gaz. officer

Auditor AAO-I/II Treasury Officer

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

Group Name : Print Date & Time :

Reference No.

Government of Rajasthan
Deposit Repayment Bill (Inner Sheet)

New Form No. 103

**Month/Year :**

Detailed bill for Repayments of Deposits of : (*Office Name*) Office ID :

Bill No. : Date : DDO Code : Name of DDO : Object Head :

Budget Head: 0000-00-000-00-00 NP/P V/C Demand No. : 00 Plan: 0.00 Non Plan: 0.00 TAN No. :

| S.No. | Name<br>Bank A/C No. | Bank Name<br>Branch Name | Sanction No.<br>Sanction Date | Challan Type (*Manual receipt/e-receipt*)<br>Challan No.<br>Deposit 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. | | | | | | | |

Remarks :

Total Amount :

Amount in words :

**Certificates :**

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

**Enclosures (System generated/Scanned)^ :**

1.
2.

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

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

Group Name : Print Date & Time :

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

S

GA 154 | New Form No. 105
GFAR 230 | Government of Rajasthan | 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. :

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**

**Certificates :**

1. The Amount claimed in this bill has not been drawn earlier.
2. Compliance of Rule 265 has been ensured.
3. It is further certified that I have personally ensured observance of all formalities regarding necessary entries.
4. The Amount of this bill is within the limits of allotted budget for the Year (*Current Financial Year*).

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

To be Filled by the DDO

Original Deposit Amount :
Already Refund Amount (If Any) :
Refund Sanction Amount :
Refund Sanction No. :
Refund Sanction Date :
Nature of Deposit :

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

**For Accountant General Office**

Admitted (RS.) Objected (RS.)

Auditor Supdt. Gaz. officer

**Treasury Voucher**

No. Date :

**For Treasury Use**

**Pay Rs. :**
**(In words) :**

**(In Cash) :**
**(In words) :**

**By B.T.**
**Total Credit Rs.**

Auditor AAO-I/II Treasury Officer

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

New Form No. 105

Reference No.

Refund of Lapse Deposit Bill (Inner 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 :

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. | Name<br>Bank A/C No.<br>Bank Name<br>Branch Name | Challan Type (*Manual receipt/e-receipt*)<br>Challan No.<br>Deposit Date | 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 :

Gross Amount : Deduction Amount : Net Amount :

Amount in words :

**Certificates :**

1. Certified that I have personally examined and satisfied myself about the genuineness of claim that the Refund of Lapse Deposit Bill of the Individual/Third Party included in this bill are strictly in accordance with rules and that the said Individual/Third Party are entitled to such Refund of Lapse Deposit Bill. It is further certified that I have personally ensured observance of all formalities regarding necessary entries.
2. I hereby identified the claimant & found satisfactory.
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.**

**Enclosures (System generated/Scanned)^ :**

1.
2.

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

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

Group Name : Print Date & Time :

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

GA 118 | New Form No. GA 110

GFAR 311 | Government of Rajasthan | 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 NP/P V/C | Demand No. : 00 | Plan : 0.00 | Non Plan : 0.00 | TAN No. : |
|---|---|---|---|---|

To

The Treasury Officer, (Concerning Treasury)

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

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

**Certificates :**

1. The Amount claimed in this bill has not been drawn earlier.
2. It is further certified that I have personally ensured observance of all formalities regarding necessary entries.
3. The Amount of this bill is within the limits of allotted budget for the Year (*Current Financial Year*).

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

**Counter Signature**

Passed for Rs. :

Amount in words :

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

**For Accountant General Office**

Admitted (RS.) :

Rejected (RS.) :

Reasons for Rejection :

Auditor Supdt. Gaz. Officer

**Treasury Voucher**

No. Date :

**For Treasury Use**

**Pay Rs. :**
**(In words) :**

**(In Cash) :**
**(In words) :**

**By B.T.**
**Total Credit Rs.**

Auditor AAO-I/II Treasury Officer

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

New Form No. GA 110

Reference No.

Grant In Aid/Contribution etc. Bill (Inner 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 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 | Name of Bank/ Name of Branch | Account No. | Deduction Budget Head PD Account/ TIN | Gross Amount Net Amount | Remarks |
|---|---|---|---|---|---|---|---|---|
| 1. | | | | | | | | |
| 2. | | | | | | | | |

Utilization Certificate (UC) : (*Yes or No*)

Gross Amount : Deduction Amount : Net Amount :

Amount in words :

**Certificates :**

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

**Enclosures (System generated/Scanned)^ :**

1.
2.

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

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

Group Name : Print Date & Time :

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
GFAR 313

New Form No. 112
Rule 291(1)

# Government of Rajasthan

Reference No.

## Scholarship/Stipend Bill (Outer Sheet)

**Month/Year :**

(For Institutes/Individual/Resident Doctor(s) (Non Government Employee))

Department Portal Reference No. :

Detailed Scholarship/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. : |

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**

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

**Counter Signature**

Satisfied that the prescribed conditions have been fulfilled.

Counter Signed for Rs.:

Amount in words :

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

**For Accountant General Office**

Admitted (RS.) Objected (RS.)

Auditor Supdt. Gaz. officer

**Treasury Voucher**

No. Date :

**For Treasury Use**

**Pay Rs. :**
**(In words) :**

**(In Cash) :**
**(In words) :**

**Total Credit Rs.**

Auditor AAO-I/II Treasury Officer

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

Group Name : Print Date & Time :

Reference No.

Government of Rajasthan

Scholarship/Stipend Bill (Inner Sheet)

(For Institutes/Individual/Resident Doctor(s)(Non Government Employee))

New Form No. 112

**Month/Year :**

Detailed Scholarship/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 Aadhar No. NPCI User Code | Name of Institution/ Individual Bank Name Bank Account No. | Amount of Monthly Scholarship | No. of Days for which Scholarship is claimed | Scholarship Claimed (Net Payable Amount) | Remarks |
|---|---|---|---|---|---|---|---|
| 1. | | | | | | | |
| 2. | | | | | | | |

Total Amount :

Amount in words :

**Certificates :**

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.
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.
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.**

**Enclosures (System generated/Scanned)^ :**

1.
2.

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

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

Group Name : Print Date & Time :

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 | New Form No. 112-A
GFAR 313 | Government of Rajasthan | Rule 291(1)

Reference No. | Stipend Bill (For Resident Doctor(s)(Govt. Employee)) (Outer Sheet) | **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. : |

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**

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

**Counter Signature**

Satisfied that the prescribed conditions have been fulfilled.

Counter Signed for Rs.:

Amount in words :

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

**For Accountant General Office**

Admitted (RS.) Objected (RS.)

Auditor Supdt. Gaz. officer

**Treasury Voucher**

No. Date :

**For Treasury Use**

**Pay Rs. :**
**(In words) :**

**(In Cash) :**
**(In words) :**

**Total Credit Rs.**

Auditor AAO-I/II Treasury Officer

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

Group Name : Print Date & Time :

Government of Rajasthan

New Form No. 112-A

Reference No. Stipend Bill (For Resident Doctor(s) (Govt. Employee(s))) (Inner Sheet) **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<br>Category<br>Employee ID<br>Aadhar No.<br>NPCI User Code | Name of Stipend Holder<br>Bank Name<br>Bank Account No. | --Pay Allowances-- | Gross Amount | Deductions | Sum of Deductions | Net Amount |
|---|---|---|---|---|---|---|---|---|
| 1. | | | | | | | | |
| 2. | | | | | | | | |

Gross Amount : Deduction Amount : Net Amount :

Amount in words :

**Certificates :**

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.
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.
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.**

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

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

Group Name : Print Date & Time :

सत्यमेव जयते

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

क्रमांक : प.1(2)वित्त/सावित्तेनि/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/सावित्तेनि/2005 दिनांक 4.10.2016 (परिपत्र सं. GF&AR-13/2016) में निम्न संशोधन करने के आदेश एतद्द्वारा प्रदान करते हैं:–

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

यह आदेश दिनांक 1 अप्रैल, 2017 से प्रभावी होंगे।

आज्ञा से,

31.3.2017

( 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/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 कलक्टर/संभागीय आयुक्त । 10. समस्त विभागाध्यक्ष।
11. निदेशक, कोष एवं लेखा विभाग, राजस्थान, जयपुर। 12. पंजीयक, राजस्थान उच्च न्यायालय, जोधपुर/जयपुर ।
13. राज्य सूचना–विज्ञान अधिकारी, एन.आई.सी., जयपुर। 14. समस्त कोषाधिकारी/उपकोषाधिकारी, राजस्थान।
15. कार्मिक एवं प्रशासनिक सुधार विभाग(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 भिजवायें ताकि हिन्दी अनुवाद प्रेषित किया जा सके ।
18. अतिरिक्त निदेशक, वित्त विभाग को वित्त विभाग की वेबसाइट पर प्रकाशित करवाने की व्यवस्था करावें।

(हरीश लड्ढा)
मुख्य लेखाधिकारी

**(GF&AR - 4 /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 एतद्द्वारा प्रदान करते हैं:–

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

This amendment shall be effective with immediate effect.

आज्ञा से,

( उषस्पति त्रिपाठी )
शासन संयुक्त सचिव

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

**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/संभागीय आयुक्त/ विभागाध्यक्ष।
10. आयुक्त, वाणिज्यिक कर विभाग को प्रेषित कर लेख है कि इन संशोधनों बाबत् सभी संबंधित अधिकारियों को सम्यक् रूप से जागरूक (sensitize) कराना सुनिश्चित करावें।
11. निदेशक, कोष एवं लेखा विभाग, राजस्थान, जयपुर इन संशोधनों बाबत् सभी संबंधित अधिकारियों को उचित रूप से जागरूक (sensitize) कराना सुनिश्चित करावें।
12. पंजीयक, राजस्थान उच्च न्यायालय, जोधपुर/जयपुर ।
13. समस्त कोषाधिकारी/उपकोषाधिकारी, राजस्थान।
14. कार्मिक एवं प्रशासनिक सुधार विभाग(कोडीफिकेशन) अतिरिक्त प्रति सहित ।
15. पंजीयक, राजस्थान सिविल सेवा अपील अधिकरण, जयपुर ।
16. विधि रचना संगठन को भेजकर लेख है कि इस आदेश/परिपत्र का हिन्दी अनुवाद करवाकर इस विभाग को अविलम्ब भिजवायें ताकि हिन्दी अनुवाद प्रेषित किया जा सके ।
17. अतिरिक्त निदेशक, वित्त विभाग को भेजकर लेख है कि वित्त (समन्वय) विभाग के आदेश संख्या प.17 (1) वित्त (समन्वय)/04 दिनांक 22.6.2004 के क्रम में इस परिपत्र को वित्त विभाग की वेबसाइट पर प्रकाशित करवाने की व्यवस्था करावें।

(हरीश लड्ढा)
मुख्य लेखाधिकारी

**(GF&AR - 3 /2018)**

FORM - XVI
[See Clause 7 – RIPS 2010]

New Form No. GA 110 A
Rule 287 a(1)

## Government of Rajasthan

Reference No. **RIPS-2010 Subsidy Bill For Investment 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)

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/CSDO**

**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 (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**

Admitted (RS.) Objected (RS.)

Auditor Supdt. Gaz. officer

**Treasury Voucher**

No. Date :

**For Treasury Use**

**Pay Rs. :**
**(In words) :**

**(In Cash) :**
**(In words) :**

**Total Credit Rs.**

Auditor AAO-I/II Treasury Officer

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

Group Name : Print Date & Time :

Government of Rajasthan

Reference No. RIPS-2010 Subsidy Bill For Investment Subsidy (Inner Sheet) **Month/Year :**

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

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 :**

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.
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.**

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

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

Group Name : Print Date & Time :

FORM - XVII
[See Clause 7 – RIPS 2010]

New Form No. GA 110 B
Rule 287 a(1)

Government of Rajasthan

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. :

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/CSDO**

**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.

**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**

Admitted (RS.) Objected (RS.)

Auditor Supdt. Gaz. officer

**Treasury Voucher**

No. Date :

**For Treasury Use**

**Pay Rs. :**
**(In words) :**

**(In Cash) :**
**(In words) :**

**Total Credit Rs.**

Auditor AAO-I/II Treasury Officer

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

Group Name : Print Date & Time :

Government of Rajasthan

Reference No. RIPS-2010 Subsidy Bill For Employment Generation Subsidy (Inner 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. :

| 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 :**

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.
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.**

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

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

Group Name : Print Date & Time :

FORM - XL

[See Clause 12.1 – RIPS 2014]

New Form No. GA 110 C

Rule 287 a(1)

# Government of Rajasthan

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

Reference No.

**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)

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/CSDO**

**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.

**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**

Admitted (RS.) Objected (RS.)

Auditor Supdt. Gaz. officer

**Treasury Voucher**

No. Date :

**For Treasury Use**

**Pay Rs. :**
**(In words) :**

**(In Cash) :**
**(In words) :**

**Total Credit Rs.**

Auditor AAO-I/II Treasury Officer

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

Group Name : Print Date & Time :

Government of Rajasthan

Reference No. RIPS-2014 Subsidy Bill For Investment Subsidy (Inner 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. :

| 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 :**

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.
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.**

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

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

Group Name : Print Date & Time :

FORM - XLI

[See Clause 12.2 – RIPS 2014]

New Form No. GA 110 D
Rule 287 a(1)

# Government of Rajasthan

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)

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/CSDO**

**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.

**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**

Admitted (RS.) Objected (RS.)

Auditor Supdt. Gaz. officer

**Treasury Voucher**

No. Date :

**For Treasury Use**

**Pay Rs. :**
**(In words) :**

**(In Cash) :**
**(In words) :**

**Total Credit Rs.**

Auditor AAO-I/II Treasury Officer

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

Group Name : Print Date & Time :

Government of Rajasthan

Reference No. RIPS-2014 Subsidy Bill For Employment Generation Subsidy (Inner 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. :

| 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 :**

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.
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.**

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

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

Group Name : 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 : Amedment in General Financial & Accounts Rules - Volume-II.**

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

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
10/8/2020
**(Vimal Kumar Gupta)**
Joint Secretary to the Government
Finance (G&T) Department

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

10/8/2020
**(Gargi Singh)**
Chief Accounts Officer

**(GF&AR-10/2020)**

**GA No.: 120**

**Government of Rajasthan**

**Reference No.:** **e-kuberAdjustment Challan for rejected/Failed Transactions** (Initiated by Treasury/Sub Treasury) **Month/Year :**

*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>(*only where Payment is made to Nominee*)<br>Third Party Name<br>PAN No.<br>DDO Code | FROM<br>Budget Head8670 (minus credit) | TO<br>Budget Head 8658-00-102-15-00 (credit) | Rejection ID/ Number of RBI e-kuber/Scroll | Original Bill No | Original Bill Date | Original Bill Reference ID | Original Token No | Net Amount | Remarks/ Reason of Rejection |
|---|---|---|---|---|---|---|---|---|---|---|
| 1. | | | | | | | | | | |
| 2. | | | | | | | | | | |

Amount:
Amount in Words:

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

**For the Purpose of RBI**

Rejection ID/ Number of RBI e-kuber/Scroll –
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.

ADVICE No.: **GA No.: 120 A**

**Government of Rajasthan**

**Request for Payment of e-kuberUnsuccessful/Failed Transactions** (Initiated by DDO) **Month/Year :**

*Office Name*: Office ID: DDO Code: TAN No. :

Budget Head: 8658-00-102-15-00 / NA / NA / NA

To,

The Treasury Officer, (Concerning Treasury)

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

**Sign of Clerk** **Sign of Jr. ACTT./AAO-I/II/Div. ACTT.** **Sign (With Seal)/ e-Sign/ Digital Sign of DDO/Administrator(s)**

| 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./TIN No./GSTN No. | **Correct Bank Details (To be filled by DDO)**<br>Name of Bank(Previous Bank Name)<br>Name of Branch (Previous Branch Name)<br>Bank Account No. (Previous Bank Account No) | Original Bill No | Original Bill Date | Original Bill Reference ID/ Original Budget Head | Original Token No | Challan No | Net Amount | Remarks/Rejection Reason |
|---|---|---|---|---|---|---|---|---|---|
| 1. | | | | | | | | | |
| 2. | | | | | | | | | |

Amount:

Amount in Words:

**Certificates :**

1. Amount claimed in the Advice 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/ 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.
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.
4. **It is certify that I have carefully examined & verified the master data of the said claim.**

**Sign of Clerk** **Sign of Jr. ACTT. /AAO-I/II/Div. ACTT.** **Sign (With Seal)/ e-Sign/ Digital Sign of DDO/Administrator(s)**

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

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

**For Accountant General Office**

Admitted (RS.) Objected (RS.)

Auditor Supdt. Gaz. officer

**Treasury Voucher**

No. Date :

**For Treasury Use**

**Pay Rs. :**
**(In words) :**

**(In Cash) :**
**(In words) :**

**Total Credit Rs.**

Auditor AAO-I/II Treasury Officer

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

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.

Reference No.: **GA No.: 120B**

**Government of Rajasthan**

**e-Advice for Payment of e-kuber Unsuccessful/Failed Transactins** (Initiated by TO/STO) **Month/Year :**

*Treasury/Sub Treasury Name:* Office ID: DDO Code:

Budget Head: 8658-00-102-15-00 Demand No.: NA State Fund: NA Central Assistance: NA

| 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 (*Original Drawn*)<br>PD Account No. | Budget Head 8658<br>Challan No./Date | Net Amount | Remarks |
|---|---|---|---|---|---|
| 1. | | | | | |
| 2. | | | | | |

Amount:

Amount in Words:

**Certificate** :

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.

**Sign of Clerk** **Sign of Jr.ACTT/AAO-I/II** **Sign (With Seal)/ e-Sign/ Digital Sign of TO/STO (DDO)**

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

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

**For Accountant General Office**

Admitted (RS.) Objected (RS.)

Auditor Supdt. Gaz. officer

**Treasury Voucher**

No. Date :

**For Treasury Use**

**Pay Rs. :**
**(In words) :**

**(In Cash) :**
**(In words) :**

**Total Credit Rs.**

Auditor AAO-I/II Treasury Officer

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

GA No.: 120 C

**Government of Rajasthan**

Advice No.: **Adjustment Bill for e-kuber Un-Credited items**(Initiated by DDO) **Month/Year :**

*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 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:

Amount in Words:

**Certificates :**

1. It is certified that bills for drawal of un-credited e-payment from the Suspense Head has been checked and verified.
2. Amount of this bill has been recorded in minus credit in suspense head and minus debit in respective Expenditure Head.
3. Amount of this bill has been recorded in minus credit in suspense head and credit in respective PD Account/Receipt Head.

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

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

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

**For Accountant General Office**

Admitted (RS.) Objected (RS.)

Auditor Supdt. Gaz. officer

**Treasury Voucher**

No. Date :

**For Treasury Use**

**Pay Rs. :**
**(In words) :**

**(In Cash) :**
**(In words) :**

**Total Credit Rs.**

Auditor AAO-I/II Treasury Officer

Reference No. **GA No.: 120D**

**Government of Rajasthan**

**Miscellaneous Bill for e-kuber Un-credited items** (Initiated by Treasury/Sub Treasury) **Month/Year :**

*Treasury/Sub Treasury Name:* Office ID: DDO Code:

Budget Head: 8658-00-102-15-00 Demand No.: NA State Fund: NA Central Assistance: NA

| 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 (*Original Drawn*)<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. | | | | | | |

Amount:

Amount in Words:

**Certificate** :

1. It is certified that bills for drawal of un-credited e-payment from the Suspense Head has been checked and verified.
2. Transactions includes in this bill has not been cleared by concerning DDO in prescribed period (60 days) (60 days calculation for transactions after 5th February will be completed up to 5th April to 10th April).
3. Amount of this bill has been recorded in minus credit in suspense head and minus debit in respective Expenditure Head.
4. Amount of this bill has been recorded in minus credit in suspense head and credit in respective PD Account/Receipt Head.

**Sign of Clerk** **Sign of Jr.ACTT/AAO-I/II** **Sign (With Seal)/ e-Sign/ Digital Sign of TO/STO (DDO)**

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

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

**For Accountant General Office**

Admitted (RS.) Objected (RS.)

Auditor Supdt. Gaz. officer

**Treasury Voucher**

No. Date :

**For Treasury Use**

**Pay Rs. :**
**(In words) :**

**(In Cash) :**
**(In words) :**

**Total Credit Rs.**

Auditor AAO-I/II Treasury Officer

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

**GA No.: 120E**

# 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.

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

**For Accountant General Office**

Admitted (RS.) Objected (RS.)

Auditor Supdt. Gaz. officer

**Treasury Voucher**

No. Date:

**For Treasury Use**

**Pay Rs. :**
**(In words) :**

**(In Cash) :**
**(In words) :**

**Total Credit Rs.**

Auditor AAO-I/II Treasury Officer

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

Group Name : Print Date & Time :

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

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

GA 121

**Government of Rajasthan**

**Schedule of 8658 - Suspense; _____ Suspense; xx – GST TDS**

**Office Name :** **DDO code:** **Division Code:** **DDO GSTIN no:**

**PD Account No.:**

**Service Head:** **Bill No. & Bill Date:** **Month & Year:**

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

**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 |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total Amount: | | | | | |

**Amount in words:** _____

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

**GA-121 -B**

# 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 |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

Reference No.: **GA 121- C**

**Government of Rajasthan** .(*Original Bill type*)

**Bill for GST TDS Month/Year :**

*Office Name*: Office ID: DDO Code: Division Code: TAN No. : GSTIN:

PD Account No.: CPIN No of GST Challan.: Mode of payment: Bill No. Date:

Budget Head: 8658 - Suspense; _____ Suspense; xx – GST TDS

To,

The Treasury Officer, (Concerning Treasury)

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

**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**

**Certificates :**

1. Amount claimed in the Advice has not earlier been drawn.
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.
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.
4. **It is certify that I have carefully examined & verified the master data of the said claim.**

**Sign (With Seal)/ e-Sign/**

**Digital Sign of DDO/Administrator(s)/ DivisionalOfficers**

| S.No. | Third Party Name<br>GSTN No. | Details of the Bill from which TDS was deducted<br>Reference No./Bill No/ TV No./Date | RBI Bank Detail<br>Account no./ IFSC code/ CPIN number | GST TDS Amount | | Remarks |
|---|---|---|---|---|---|---|
| 1. | | | | | | |
| 2. | | | | | | |

Amount:

Amount in Words:

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

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

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

**For Accountant General Office**

Admitted (RS.) Objected (RS.)

Auditor Supdt. Gaz. Officer

**Treasury Voucher**

No. Date :

**For Treasury Use**

**Pay Rs. :**
**(In words) :**

**(In Cash) :**
**(In words) :**

**Total Credit Rs.**

Auditor AAO-I/II Treasury Officer

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

Note:

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

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

क्रमांक : प.1(4)वित्त/साविलेनि/2006 जयपुर, दिनांक : 15-04-2021

# आदेश

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

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

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

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

(गार्गी सिंह)
मुख्य लेखाधिकारी

(GFAR -06/2021)