

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

क्रमांक : प.1(2)वित्त/साविलेनि/2005

जयपुर, दिनांक : 4-10-2016

आदेश

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

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

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

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

आज्ञा से,

Encl.: As above Formats of New GA Forms.

(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 बाबत सभी कार्यालयाध्यक्षों/आहरण-वितरण अधिकारियों को सम्यक् रूप से जागरूक (sensitize) कराना सुनिश्चित करावें ।
11. निदेशक, कोष एवं लेखा विभाग, राजस्थान, जयपुर इन संशोधनों बाबत 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 बाबत सभी विभागाध्यक्ष/आहरण वितरण अधिकारियों को अपने स्तर से भी सम्यक् रूप से जागरूक (sensitize) कराएं एवं व्यावहारिक रूप से अनुपालना बाबत 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 अदिलम्ब 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)

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

New Form No. GA 36

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. : _____

S.No.	GPF/PRAN No. Date Of Birth Belt No. PAN No. St. Ins. No. Pay Scale Grade Pay/DP	Name Designation EmployeeID Nominee Name(s) Date of Death <small>(only where Payment is made to Nominee)</small> Bank Ac. No. 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 :

- Certified that I have Personally Examined and satisfied myself about the genuineness of claim that the pay and allowance of the employee(s) included in this pay bill are strictly in accordance with rules and that the said employee(s) are entitled to such pay and allowance .
- It is certified that no superior service has been absent either on other duty or suspension or with or without leave (except on Casual Leave) during the month of (from database).
Note: When the Absentee Statement accompanies the bill, this certificate should be struck out.
- Certified that no leave has been granted until by reference to the applicant's Service Book Leave Account and to the Leave Rules applicable to him. I had satisfied myself that it was admissible and that all grants of leave and departures on and return from Leave, and all period of Suspension and other duty and other event which are required under the rules to be so recorded, have been recorded in the Service Book(s) and Leave Account(s) under my attestation.
Note: Attached Absentee Statement has been checked and verified.
- It is certified that Annual Verification of Service with Local Records in respect of all the incumbents (whose pays drawn in this bill) 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)*
- It is Certified that no person , for whom House Rent Allowance has been drawn in this bill has been in occupation of rent free Government Quarters during the period for which the allowance has been drawn.
- The calculation of Income Tax of all the incumbents (whose pays drawn in this bill) has been done, and dues have been deducted from their salary. (This Certificate should be printed in salary bill of pay month February every year) *
- Income Tax Calculation statement received from employee and kept in office record. (This Certificate is applicable in salary bill of pay month Dec every year) *
- All required information including Bank Account Details in this bill has been checked and verified.
- It is certify that I have carefully examined & verified the master data of the said claim.

Enclosures (System generated/Scanned)^ :

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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.

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			Treasury Voucher		
Allowance Name	Payid	Amount	Deduction Name	Payid	Amount	No.	Date :	
						For Treasury Use Pay Rs. : (In words) : (In Cash) : (In words) : By B.T. Total Credit Rs. Auditor AAO-I/II Treasury Officer		
Gross Amount :						Admitted (RS.)		
Total Deduction :						Objected (RS.)		
Net Amount :						Auditor Supdt. Gaz. officer		
(In words) :								

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
Salary Arrear Bill (Inner Sheet)**

New Form No. GA 36 A

Reference No. _____

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. 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 : _____

Details of Previous Arrear Bills for the same period (If any) :

S. No.	Bill No. & Date	For the Month of	Amount	Reason

Certificates :

- All required information including bank account details in this bill has been checked and verified.
- Certified that I have Personally Examined and satisfied myself about the genuineness of claim that the pay and allowance of the employee(s) included in this pay bill are strictly in accordance with rules and that the said employee(s) are entitled to such pay and allowance .
- 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)
- 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)).
- It is certify that I have carefully examined & verified the master data of the said claim.

Enclosures (System generated/Scanned)^ : _____

-
-

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

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

Group Name : _____

Print Date & Time : _____

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

Reference No.	DA Arrear Bill (Outer Sheet)	Month/Year :
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Detailed DA Arrear Bill of Permanent/Temporary establishment of : (Office Name) Office ID :

Bill No. :	Date :	DDO Code :	Name of DDO :	Object Head :
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Budget Head: 0000-00-000-00-00 NP/P V/C	Demand No. : 00	Plan : 0.00	Non Plan : 0.00	TAN No. :
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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			Treasury Voucher		
Allowance Name	Payid	Amount	Deduction Name	Payid	Amount	No.	Date :	
						For Treasury Use Pay Rs. : (In words) : (In Cash) : (In words) : By B.T. Total Credit Rs.		
						Auditor	AAO-I/II	Treasury Officer
						For Accountant General Office		
						Admitted (RS.)	Objected (RS.)	
						Auditor	Supdt.	Gaz. officer
Gross Amount :			Total Deduction :					
Net Amount : (In words) :								

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

New Form No. GA 36 B

Reference No. _____

Month/Year : _____

Detailed DA Arrear Bill of Permanent/Temporary establishment of : (Office Name) _____

Office ID : _____

Bill No. : _____

Date : _____

DDO Code : _____

Name of DDO : _____

Object Head : _____

Budget Head: 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 :

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

Enclosures (System generated/Scanned)^ : _____

- _____
- _____

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

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

Group Name : _____

Print Date & Time : _____

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

Government of Rajasthan Surrender Bill (Inner Sheet)		New Form No. GA 36 C					
Reference No. _____	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 _____		TAN No. : _____					
Demand No. : 00 _____		Plan : 0.00 _____					
Non Plan : 0.00 _____							
S.No.	GPF/PRAN No. Date of Birth Belt No. PAN No. St. Ins. No. Pay Scale Basic Pay Grade Pay/DP	Name Designation Employee ID Bank Ac. No. Aadhar No. Sanction No./Date	---{Pay Allowance}---	Gross 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 :							
<ol style="list-style-type: none"> 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.

**Government of Rajasthan
Surrender Arrear Bill (Inner Sheet)**

New Form No. GA 36 D

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. : _____

S.No.	GPF No. Belt No. St. Ins. No. PayScale Dp/Grade Pay Basic Pay	Employee Name Designation 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.

Government of Rajasthan
Bonus Bill (Inner Sheet)

New Form No. GA 36 E

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. : _____

S.No.	GPF/PRAN No. Date of Birth Belt No. SI No. PAN No. PayScale Basic Pay Grade Pay/DP	Name Designation Employee ID Bank Account No.	--Pay Allowance--	Gross 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	Government of Rajasthan	New Form No. GA 36 F Rule 150(1)
Reference No.	Leave Encashment Bill (Outer Sheet)	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	Treasury Voucher
Allowance Name Payid Amount	Deduction Name Payid Amount	No. Date :
		For Treasury Use
		Pay Rs. : (In words) :
		(In Cash) : (In words) :
		By B.T. Total Credit Rs.
		Auditor AAO-I/II Treasury Officer
		For Accountant General Office
		Admitted (RS.) Objected (RS.)
		Auditor Supdt. Gaz. officer
Gross Amount :		Total Deduction :
Net Amount :		
(In words) :		
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 F			
Reference No.		Leave Encashment Bill (Inner Sheet)				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. Belt No. St. Ins. No. PayScale Dp/Grade Pay	Employee Name Designation Employee ID Sanction No./Date	Nominee Name Name of Bank/ Name of Branch/ 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 :									
<ol style="list-style-type: none"> 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)^ :									
<ol style="list-style-type: none"> 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	Government of Rajasthan	New Form No. GA 36 G
GFAR 189		Rule 150(1)
Reference No.	Leave Encashment Arrear Bill (Outer Sheet)	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	Treasury Voucher
Allowance Name Payid Amount	Deduction Name Payid Amount	No. Date :
		For Treasury Use
		Pay Rs. : (In words) :
		(In Cash) : (In words) :
		By B.T. Total Credit Rs.
		Auditor AAO-I/II Treasury Officer
		For Accountant General Office
		Admitted (RS.) Objected (RS.)
		Auditor Supdt. Gaz. officer
Gross Amount :		Total Deduction :
Net Amount :		
(In words) :		
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
Leave Encashment Arrear Bill (Inner Sheet)

Reference No. 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. Belt No. St. Ins. No. PayScale Dp/Grade Pay Basic Pay	Employee Name Designation Employee ID Sanction No./Date	Nominee Name 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.

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			Treasury Voucher		
Allowance Name	Payid	Amount	Deduction Name	Payid	Amount	No.	Date :	
						For Treasury Use		
						Pay Rs. : (In words) :		
						(In Cash) : (In words) :		
						By B.T. Total Credit Rs.		
						Auditor	AAO-I/II	Treasury Officer
						For Accountant General Office		
						Admitted (RS.)		Objected (RS.)
						Auditor	Supdt.	Gaz. officer
Gross Amount :			Total Deduction :					
Net Amount : (In words) :								

Government of Rajasthan
Salary Bill-Reverse Deputation (Inner Sheet)

New Form No. GA 36 H

Reference No.:		Month/Year :
Detailed Pay Bill of Permanent/Temporary establishment of : (Office Name)		Office ID :
Bill No. :	Date :	DDO Code :
		Name of DDO :
Budget Head: 0000-00-000-00-00 NP/P V/C		Object Head :
Demand No. : 00		Plan: 0.00
		Non Plan : 0.00
		TAN No. :

S.No.	Date Of Birth PAN No. Pay Scale Grade Pay/DP	Name Designation Nominee Name(s) Date of Death <small>(only where Payment is made to Nominee)</small> Bank Ac. No. 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	Government of Rajasthan	New Form No. GA 36 I
GFAR 189		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	Treasury Voucher
Allowance Name Payid Amount	Deduction Name Payid Amount	No. _____ Date : _____
		For Treasury Use
		Pay Rs. : _____
		(In words) : _____
		(In Cash) : _____
		(In words) : _____
		By B.T.
		Total Credit Rs.
		Auditor _____ AAO-I/II _____ Treasury Officer _____
		For Accountant General Office
		Admitted (RS.) _____ Objected (RS.) _____
		Auditor _____ Supdt. _____ Gaz. officer _____
Gross Amount :		Total Deduction :
Net Amount :		
(In words) :		
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 Belt No. PAN No. Pay Scale Grade Pay/DP	Name Designation Nominee Name(s) Date of Death <small>(only where Payment is made to Nominee)</small> Bank Ac. No. 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	Government of Rajasthan			New Form No. GA 36 J	
GFAR 189				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 (<i>Current Financial Year</i>).					
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 Belt No. PAN No. Pay Scale Grade Pay/DP PPO No.® Last Basic/DA® Pension/DR®	Name Designation Nominee Name(s) Date of Death <small>(only where Payment is made to Nominee)</small> Bank Ac. No. 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	Government of Rajasthan			New Form No. GA 36 K				
GFAR 189				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 (<i>Current Financial Year</i>).								
4. This bill is drawn against the Sanctioned Post(s) of this Office.								
				Sign (With Seal)/ e-Sign/ Digital Sign of DDO				
Allowances			Deduction			Treasury Voucher		
Allowance Name	Payid	Amount	Deduction Name	Payid	Amount	No.	Date :	
						For Treasury Use		
						Pay Rs. :		
						(In words) :		
						(In Cash) :		
						(In words) :		
						By B.T.		
						Total Credit Rs.		
						Auditor	AAO-I/II	Treasury Officer
						For Accountant General Office		
						Admitted (RS.)		Objected (RS.)
						Auditor	Supdt.	Gaz. officer
Gross Amount :			Total Deduction :					
Net Amount :								
(In words) :								
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. Date Of Birth Belt No. PAN No. St. Ins. No. Pay Scale Grade Pay/DP Basic Pay	Name Designation EmployeeID Nominee Name(s) Date of Death (only where Payment is made to Nominee) Bank Ac. No. 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	Government of Rajasthan			New Form No. GA 36 L	
GFAR 189				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 :		

Government of Rajasthan

New Form No. GA 36 M

Rule 191

Reference No. Medical Bill(Outer 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. :

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

<p style="text-align: center;"><u>Counter Signature</u></p> <p>Passed for Rs. : Amount in words :</p> <p style="text-align: center;">Sign (With Seal)/e-Sign/ Digital Sign of Controlling Officer</p>	<p style="text-align: center;"><u>Treasury Voucher</u></p> <p>No. Date :</p> <p style="text-align: center;"><u>For Treasury Use</u></p> <p>Pay Rs. : (In words) :</p>
<p style="text-align: center;"><u>For Accountant General Office</u></p> <p>Admitted (RS.) Objected (RS.)</p> <p>Auditor Supdt. Gaz. officer</p>	<p>Auditor AAO-I/II Treasury Officer</p>

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

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

New Form No. GA 36 M

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. : _____

S.No.	Employee Name Employee ID Nominee Name(s) Date of Death <i>(only where Payment is made to Nominee)</i> Designation	Name of Bank/ Name of Branch Bank Account No.	Basic Pay	From Date	To Date	Claim Details		Total Amount	Remark
						Self Amount (Rs.)	Dependent Name (Relation) 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.

Government of Rajasthan

Reference No. Medical-Advance Bill(Outer 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. :

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

<p style="text-align: center;"><u>Counter Signature</u></p> <p>Passed for Rs. : Amount in words :</p> <p style="text-align: center;">Sign (With Seal)/e-Sign/ Digital Sign of Controlling Officer</p> <p style="text-align: center;"><u>For Accountant General Office</u></p> <p>Admitted (RS.) Objected (RS.)</p> <p>Auditor Supdt. Gaz. officer</p>	<p style="text-align: center;"><u>Treasury Voucher</u></p> <p>No. Date :</p> <p style="text-align: center;"><u>For Treasury Use</u></p> <p>Pay Rs. : (In words) :</p> <p>Auditor AAO-I/II Treasury Officer</p>
--	---

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

Group Name :

Print Date & Time :

Government of Rajasthan
Medical-Advance Bill (Inner Sheet)

New Form No. GA 36 N

Reference No. _____

Month/Year : _____

Detailed Medical Bill of : (Office Name) _____

Office ID : _____

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

Budget Head: 0000-00-000-00-00 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.

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 Employee ID Nominee Name(s) Date of Death (only where Payment is made to Nominee) Designation	Name of Bank/ Name of Branch Bank Account No.	Basic Pay	From Date	To Date	Claim Details		Total Amount	Remark
						Self Amount (Rs.)	Dependent Name (Relation) 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.

Government of Rajasthan			New Form No. GA 36 O Rule 191
Reference No.	Medical- Advance Adjustment Bill (Outer 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. :
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 :			
<ol style="list-style-type: none"> 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
<u>Counter Signature</u>		<u>Treasury Voucher</u>	
Passed for Rs. : Amount in words :		No.	Date :
		<u>For Treasury Use</u>	
		Pay Rs. : (In words) :	
Sign (With Seal)/e-Sign/ Digital Sign of Controlling Officer			
<u>For Accountant General Office</u>			
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. TA 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 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

<p style="text-align: center;"><u>Counter Signature</u></p> <p>Passed for Rs. : Amount in words :</p> <p style="text-align: center;">Sign (With Seal)/e-Sign/ Digital Sign of Controlling Officer</p> <p style="text-align: center;"><u>For Accountant General Office</u></p> <p>Admitted (RS.) Objected (RS.)</p> <p>Auditor Supdt. Gaz. officer</p>	<p style="text-align: center;"><u>Treasury Voucher</u></p> <p>No. Date :</p> <p style="text-align: center;"><u>For Treasury Use</u></p> <p>Pay Rs. : (In words) :</p> <p>Auditor AAO-I/II Treasury Officer</p>
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**Government of Rajasthan
TA Bill (Inner Sheet)**

New Form No. GA 65

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. : _____

S.No.	Employee Name Designation EmployeeID Nominee Name(s) Date of Death (only where Payment is made to Nominee)	Basic Pay	Details Of Travelling#						Name of Bank/ Name of Branch 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 :		यात्रा भत्ता	श्रेणी :
पद :			
जिला :	मुख्यालय :		

यात्रा एवं विभ्रामका विवरण						यात्रा का प्रदत्त यथा-वायुयान/बस/स्वयं की वाहन/सरकारीगाडी	एयरपोर्ट/रेलवेस्टेशन/बस स्टैण्ड तक पहुंचने या इसके विपरीत यात्रा हेतु मीलमत्ता	वायुयान/रेल/बस द्वारा यात्रा के लिये मीलमत्ता				स्वयं के वाहन में सड़क द्वारा यात्रा के लिए मीलमत्ता	
प्रस्थान			आगमन					श्रेणी टिकट संख्या	दूरी किलोमीटर में	किराया	अनुषांगिक प्रभार की दर से राशि	दूरी किलोमीटर में	राशि
स्थान	दिनांक	समय	स्थान	दिनांक	समय								
1	2	3	4	5	6	7	8	9	10	11	12	13	14

विभ्रामका मत्ता			वास्तविक व्यय यदि कोई हो राशि	प्रत्येक पवित्तका योग	यात्रा का प्रयोजन	अभ्युक्ति
दिनों की संख्या	राशि	दर				
15	16	17	18	19	20	21

सरकारी अधिकारी/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 विवारों या अन्य अवकाश के दिनों जिनके लिये मैंने विभ्राम भत्ते का दावा किया है, मैं वास्तविक रूप से शिविर में था।
3. प्रमाणित किया जाता है कि मुझे राजकीय या स्थानीय निकाय की ओर से कोई निःशुल्क सवारी नहीं दी गई।
4. मैंने उस श्रेणी में यात्रा की है जिसके लिए भत्ता लिया जा रहा है।
5. प्रमाणित किया जाता है कि इस बिल में दावा कृत राशि राजस्थान यात्रा भत्ता नियम-1971 के प्रावधानों के अनुसार है।

हस्ताक्षर

स्थानान्तरण पर यात्रा भत्ता दावों के लिये 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.

प्रतिहस्ताक्षर

रूपये (शब्दों में) के लिए पास किया।
दिनांक

नियंत्रण अधिकारी

**Government of Rajasthan
TA-Advance Bill (Inner Sheet)**

New Form No. GA 65A

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. : _____

S.No.	Employee Name Designation Employee ID Nominee Name(s) Date of Death <small>(only where Payment is made to Nominee)</small>	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.

Government of Rajasthan

New Form No. GA 65 B

Reference No. _____

TA-Advance Adjustment 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 Designation Employee ID Nominee Name(s) Date of Death <small>(only where Payment is made to Nominee)</small>	Basic Pay	Details Of Travelling#						Name of Bank/ Name of Branch 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 GFAR 181 & 204	Government of Rajasthan	New Form No. GA 65 C 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. :		
<p>To</p> <p style="padding-left: 40px;">The Treasury Officer, (Concerning Treasury)</p> <p style="padding-left: 40px;">Please Order to pay Rs..... as per claim contained in this bill.</p>		
Sign of Clerk	Sign of Jr.ACC/AAO-I/II	Sign (With Seal)/ e-Sign/
		Digital Sign of DDO
Certificates :		
<ol style="list-style-type: none"> 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 (<i>Current Financial Year</i>). 		
		Sign (With Seal)/ e-Sign/ Digital Sign of DDO
<u>Counter Signature</u>	<u>Treasury Voucher</u>	
Passed for Rs. : Amount in words :	No.	Date :
		<u>For Treasury Use</u>
	Pay Rs. : (In words) :	
Sign (With Seal)/e-Sign/ Digital Sign of Controlling Officer		
<u>For Accountant General Office</u>		
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 :

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

New Form No. GA 65 C

Reference No. _____

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 : _____

Reference No.		Government of Rajasthan LTC Bill-Advance (Inner Sheet)			New Form No. GA 65 D		
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. :		
S.No.	Name Designation GPF No. Basic Pay	Block Year Sub Block Year	Sanction No. Sanction Date	LTC Period		Name of Bank Name of Branch Bank Account No.	Sanction Amount
				From Date	To Date		
1.							
Total Amount :							
Amount in words :							
Certificates :							
<ol style="list-style-type: none"> 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.

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

Government of Rajasthan		New Form No. GA 76			
Reference No.	GPF/SI/NPS - Loan/Advance/Claim/Refund Bill (Inner Sheet)		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 Employee ID Designation GPF/PRAN No. Belt No. St. Ins. No.	Basic Pay	Whom amount to be paid (Nominee/ Third Party Name) (Names May be multiple) <i>(only in case where Payment is to be made to Nominee(s)/Third Party(s))</i> Date of Death <i>(only in case where Payment is to be made to Nominee(s))</i>	Name of Bank/ Name of Branch/ Account No. <i>(Names May be multiple)</i>	Amount
1.					
2.					
Total Amount :					
Amount in words :					
Certificates :					
<ol style="list-style-type: none"> 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)^ :					
<ol style="list-style-type: none"> 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.

Reference No.	Government of Rajasthan Contingent (FVC) Bill (Inner Sheet)	New Form No. GA 84 Month/Year :
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Detailed FVC Bill of : (Office Name)	Office ID :
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Bill No. :	Date :	DDO Code :	Name of DDO :	Object Head :
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Budget Head: 0000-00-000-00-00 NP/P V/C	Demand No. : 00	Plan: 0.00	Non Plan: 0.00	TAN No. :
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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.	Print Date & Time :
Group Name :	

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

GA 109	Government of Rajasthan	New Form No. 85
GFAR 230		Rule 219
Reference No.	Abstract Contingent Bill (Outer Sheet)	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. :		
<p>To</p> <p>The Treasury Officer, (Concerning Treasury)</p> <p>Please Order to pay Rs..... as per claim contained in this bill.</p>		
Sign of Clerk	Sign of Jr.ACC/AAO-I/II	Sign (With Seal)/ e-Sign/ Digital Sign of DDO
Certificates :		
<ol style="list-style-type: none"> 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		
<u>To be Filled by the DDO</u>	<u>Treasury Voucher</u>	
Sanction No. :	No.	Date :
Sanction Date :	<u>For Treasury Use</u>	
Sanction Amount :	Pay Rs. :	
Sanctioning Authority :	(In words) :	
	(In Cash) :	
	(In words) :	
Sign (With Seal)/ e-Sign/ Digital Sign of DDO	Total Credit Rs.	
<u>For Accountant General Office</u>		
Admitted (RS.)	Objected (RS.)	
Auditor	Auditor	AAO-I/II
Supdt.	Treasury Officer	
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. 85

Reference No. **Abstract Contingent Bill (Inner Sheet)** 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 : <i>(Office Name)</i>	Month in which presented for payment at Treasury :
<i>(Treasury Name)</i>	Head of Account : 0000-00-000-00-00	Object Head : 00
Detail of number of sub-voucher	Detailed Head of charge (with description, where necessary) & Quotation of charges requiring sanction. (Sanction Authority : DDO)	Vouchers No. of list of Payment for : Amount
	Description	
	<i>(Purpose as Rule 219 Appendix A)</i> OR <i>(Nature of Power as per Delegation of Power)</i>	
<p>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 हैं या इस कार्यालय में प्रतिधारित (रिटेन्ड) कर लिये गये हैं।</p>		

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.

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	Government of Rajasthan			New Form No. 100
GFAR 303				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 :				
<ol style="list-style-type: none"> 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
<u>To be Filled by the DDO</u>		<u>Treasury Voucher</u>		
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		No.	Date :	
		<u>For Treasury Use</u>		
		Pay Rs. :		
		(In words) :		
		(In Cash) :		
		(In words) :		
<u>For Accountant General Office</u>		By B.T.		
Admitted (RS.)	Objected (RS.)	Total Credit 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 :	

Government of Rajasthan					New Form No. 100		
Reference No.			Revenue Refund Bill (Inner 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. :		
S.No.	Name	Bank Name Branch Name Bank A/C No.	Sanction No. Sanction Date	Challan Type (Manual receipt/e-receipt) Challan No. Deposit Date	Total Challan Amount Already Refunded Amount Amount Claimed in this bill	Deduction Budget Head Deduction Amount	Net Amount Gross Amount
1.							
Gross Amount :			Deduction Amount :		Net Amount :		
Amount in words :							
Certificates :							
<ol style="list-style-type: none"> 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.

Government of Rajasthan		New Form No. GA 100 A
VAT Refund Bill (Outer Sheet)		Rule 255
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. :
<p>To</p> <p>The Treasury Officer, (Concerning Treasury)</p> <p>Please Order to pay Rs..... as per claim contained in this bill.</p>		
Sign of Clerk	Sign of Jr.ACC/AAO-I/II	Sign (With Seal)/ e-Sign/ Digital Sign of DDO
Certificates :		
<p>1. The Amount claimed in this bill has not been drawn earlier.</p> <p>2. It is further certified that I have personally ensured observance of all formalities regarding necessary entries.</p>		
		Sign (With Seal)/ e-Sign/ Digital Sign of DDO
<p>I Certified that the Compliance of Direction/ Instruction under form no. GA 100 A (Rule 255 GF & AR) has been ensured.</p>		Treasury Voucher
		No. _____ Date : _____
		For Treasury Use
		Pay Rs. : _____
		(In words) : _____
		(In Cash) : _____
		(In words) : _____
		Total Credit Rs. _____
Sign (With Seal)/ Digital Sign of DDO For Accountant General Office		
Admitted (RS.)	Objected (RS.)	
Auditor	Supdt.	Gaz. officer
Auditor	AAO-I/II	Treasury Officer
<p>Disclaimer: All contents related to this bill are provided by Head of Office/DDO and he/she is solely responsible for it.</p> <p>Group Name : _____ Print Date & Time : _____</p>		

Government of Rajasthan
VAT Refund Bill (Inner Sheet)

New Form No. GA 100 A

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. : _____

S.No.	Dealer Name TIN No.	Bank Name Bank Account No.	Refund Order No. 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	Government of Rajasthan	New Form No. 103 Rule 263 (c)
Reference No.	Deposit Repayment Bill (Outer Sheet)	Month/Year :
Detailed bill for Repayments of Deposits of : (Office Name)		Office ID :
Bill No. :	Date :	DDO Code :
		Name of DDO :
		Object Head :
Budget Head: 0000-00-000-00-00 NP/P V/C		Demand No. : 00
		Plan: 0.00
		Non Plan : 0.00
		TAN No. :
<p>To</p> <p>The Treasury Officer, (Concerning Treasury) Please Order to pay Rs..... as per claim contained in this bill.</p>		
Sign of Clerk	Sign of Jr.ACC/AAO-I/II	Sign (With Seal)/ e-Sign/ Digital Sign of DDO
Certificates :		
<ol style="list-style-type: none"> 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 (<i>Current Financial Year</i>). 		
		Sign (With Seal)/ e-Sign/ Digital Sign of DDO
<u>To be Filled by the DDO</u>	<u>Treasury Voucher</u>	
Original Deposit Amount :	No.	Date :
Already Refund Amount :	<u>For Treasury Use</u>	
Refund Sanction Amount :	Pay Rs. :	
Refund Sanction No. :	(In words) :	
Refund Sanction Date :	(In Cash) :	
Nature of Deposit :	(In words) :	
Sign (With Seal)/ e-Sign/ Digital Sign of DDO	By B.T. Total Credit Rs.	
<u>For Accountant General Office</u>		
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 :	

Government of Rajasthan
Deposit Repayment Bill (Inner Sheet)

New Form No. 103

Reference No. _____

Month/Year : _____

Detailed bill for Repayments of Deposits of : (Office Name) _____

Office ID : _____

Bill No. : _____

Date : _____

DDO Code : _____

Name of DDO : _____

Object Head : _____

Budget Head: 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 A/C No.	Bank Name Branch Name	Sanction No. Sanction Date	Challan Type (<i>Manual receipt/e-receipt</i>) Challan No. Deposit Date	Total Challan Amount Already Refunded Amount Amount Claimed in this bill	Deduction Budget Head Deduction Amount	Net Amount 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.

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GA 154	Government of Rajasthan	New Form No. 105
GFAR 230		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. :
<p>To</p> <p>The Treasury Officer, (Concerning Treasury)</p> <p>Please Order to pay Rs..... as per claim contained in this bill.</p>		
Sign of Clerk	Sign of Jr.ACC/AAO-I/II	Sign (With Seal)/ e-Sign/ Digital Sign of DDO
<p>Certificates :</p> <ol style="list-style-type: none"> 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.
<u>To be Filled by the DDO</u>	<u>Treasury Voucher</u>	
Original Deposit Amount :	No.	Date :
Already Refund Amount (If Any) :	<u>For Treasury Use</u>	
Refund Sanction Amount :	Pay Rs. :	
Refund Sanction No. :	(In words) :	
Refund Sanction Date :	(In Cash) :	
Nature of Deposit :	(In words) :	
Sign (With Seal)/ e-Sign/ Digital Sign of DDO	By B.T. Total Credit Rs.	
<u>For Accountant General Office</u>		
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 :

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 Bank A/C No. Bank Name Branch Name	Challan Type (Manual receipt/e-receipt) Challan No. Deposit Date	Amount Lapsed Date of Lapsed	Sanction No. Sanction Date	Total Challan Amount Already Refunded Amount Amount Claimed in this bill	Deduction Budget Head Deduction Amount	Net Amount 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	Government of Rajasthan			New Form No. GA 110	
GFAR 311				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. :
<p>To</p> <p>The Treasury Officer, (Concerning Treasury)</p> <p>Please Order to pay Rs..... as per claim contained in this bill.</p>					
Sign of Clerk		Sign of Jr.ACC/AAO-I/II	Sign (With Seal)/ e-Sign/ Digital Sign of DDO		
Certificates :					
<ol style="list-style-type: none"> 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	
<u>Counter Signature</u>		<u>Treasury Voucher</u>			
Passed for Rs. :		No.	Date :		
Amount in words :			<u>For Treasury Use</u>		
		Pay Rs. :			
		(In words) :			
		(In Cash) :			
		(In words) :			
		By B.T.			
		Total Credit Rs.			
<u>For Accountant General Office</u>					
Admitted (RS.) :					
Rejected (RS.) :					
Reasons for Rejection :					
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 :			

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	Government of Rajasthan	New Form No. 112 Rule 291(1)
Reference No.	Scholarship/Stipend Bill (Outer Sheet) (For Institutes/Individual/Resident Doctor(s) (Non Government Employee))	Month/Year :
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 :		
<ol style="list-style-type: none"> 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
<p style="text-align:center;"><u>Counter Signature</u></p> <p>Satisfied that the prescribed conditions have been fulfilled.</p> <p>Counter Signed for Rs.: Amount in words :</p> <p style="text-align:right;">Sign (With Seal)/e-Sign/ Digital Sign of Controlling Officer</p>	<p style="text-align:center;"><u>Treasury Voucher</u></p> <p>No. _____ Date : _____</p> <p style="text-align:center;"><u>For Treasury Use</u></p> <p>Pay Rs. : _____ (In words) : _____</p> <p>(In Cash) : _____ (In words) : _____</p> <p>Total Credit Rs. _____</p>	
<u>For Accountant General Office</u>		
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 :

Government of Rajasthan		New Form No. 112																								
Reference No.	Scholarship/Stipend Bill (Inner Sheet) (For Institutes/Individual/Resident Doctor(s)(Non Government Employee))																									
Detailed Scholarship/Stipend Bill of: (Office Name)		Office ID :																								
Bill No. :	Date :	DDO Code :																								
		Name of DDO :																								
Budget Head: 0000-00-000-00-00 NP/P V/C		Demand No. : 00																								
		Plan: 0.00																								
		Non Plan: 0.00																								
		TAN No. :																								
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">S.No.</th> <th style="width: 10%;">Sanction Year</th> <th style="width: 15%;">Scholar Type Category Aadhar No. NPCI User Code</th> <th style="width: 25%;">Name of Institution/ Individual Bank Name Bank Account No.</th> <th style="width: 15%;">Amount of Monthly Scholarship</th> <th style="width: 10%;">No. of Days for which Scholarship is claimed</th> <th style="width: 15%;">Scholarship Claimed (Net Payable Amount)</th> <th style="width: 10%;">Remarks</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2.</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			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.							
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 :																										
<p>Certificates :</p> <ol style="list-style-type: none"> 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. <p>Enclosures (System generated/Scanned)^ :</p> <ol style="list-style-type: none"> 1. 2. <p style="text-align: right;">Sign (With Seal)/ e-Sign/ Digital Sign of DDO</p>																										
Disclaimer: All contents related to this bill are provided by Head of Office/DDO and he/she is solely responsible for it.																										
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	Government of Rajasthan			New Form No. 112-A
GFAR 313				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. :
<p>To</p> <p>The Treasury Officer, (Concerning Treasury)</p> <p>Please Order to pay Rs..... as per claim contained in this bill.</p>				
Sign of Clerk		Sign of Jr.ACC/AAO-I/II	Sign (With Seal)/ e-Sign/ Digital Sign of DDO	
Certificates :				
<ol style="list-style-type: none"> 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 (<i>Current Financial Year</i>). 				
				Sign (With Seal)/ e-Sign/ Digital Sign of DDO
<u>Counter Signature</u>		<u>Treasury Voucher</u>		
Satisfied that the prescribed conditions have been fulfilled.		No. _____ Date :		
Counter Signed for Rs.:		<u>For Treasury Use</u>		
Amount in words :		Pay Rs. : _____		
		(In words) : _____		
		(In Cash) : _____		
		(In words) : _____		
Sign (With Seal)/e-Sign/ Digital Sign of Controlling Officer		Total Credit Rs. _____		
<u>For Accountant General Office</u>				
Admitted (RS.) _____		Objected (RS.) _____		
Auditor _____		Auditor _____		
Supdt. _____		AAO-I/II _____		
Gaz. officer _____		Treasury Officer _____		
Disclaimer: All contents related to this bill are provided by Head of Office/DDO and he/she is solely responsible for it.				
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 Category Employee ID Aadhar No. NPCI User Code	Name of Stipend Holder Bank Name Bank Account No.	--Pay Allowances--	Gross Amount	Deductions	Sum of Deductions	Net Amount
1.								
2.								

Gross Amount :

Deduction Amount :

Net Amount :

Amount in words :

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 :