

**BILL FOR WITHDRAWAL OF FINAL PAYMENT/ADVANCE/OTHER WITHDRAWALS FROM GENERAL/CONTRIBUTORY PROVIDENT FUND FOR PAYMENT UNDER DEPOSIT LINKED INSURANCE SCHEME.**

(\*Delete whichever is inapplicable & prepare separate bills for each category of drawal under each fund).

Ministry/Deptt./Office of.....Adjustable by PAO.....

Bill No..... Dated.....

Sl. No.	Name of Subscriber and pay	Provident Fund A/c.No.	No. & date of sanction/Letter of Authority	Final Payment/Advance/ Other withdrawals/Payment under Deposit Linked Ins. Scheme	Amount payable
1	2	3	4	5	6

Total

Net Amount required for payment (in words) Rupees.....

DDO CODE      TREASURY CODE      BANK CODE

HEAD OF ACCOUNT

HEAD OF ACCOUNT

Can be had from stationers Delhi.

GRANT      MH SERIAL      SCCD      SIGN +/-      Rs.      P.

If amount is adjustable by other A/cs. Officer

TRY/P.A.O. CODE      BANKCODE      SCCD      SIGN +/-      Rs.      P.

Received payment .....

Signature.....

Designation of Drawing Officer.....

Station.....

Date.....

Passed for payment of Rs ..... (Rupees.....) to .....

By cheque/demand draff No. .... Date .....

PAY AND ACCOUNTS OFFICER / Cheque Drawing DDO

VOUCHER No.      DATE (DD MM YY)

CATEGORY (A/B/C)	CHEQUE NUMBER	DATE (DD MM YY)	Rs.	P.

DETAIL OF CHEQUE CANCELLED

CATEGORY (A/B/C)	CHEQUE NUMBER	DATE (DD MM YY)	Rs.	P.

Pay and Accounts Officer/cheque Drawing DDO/Treasury Officer

Admitted ..... Examined & entered in Broadsheet Ledger Card Objected .....

Reason for objection.....

Accountant//Sr. Acctt.

Jr, A.O./A.AO.

Pay and Account Officer

**CERTIFICATES**

1. Certified that I have satisfied myself that all sums included in such bills drawn 1 month/2 months /3 months previous to this date in favour of respective subscribers with the exception of those detailed below (indicating subscribers and amount in respect of each refund by deduction from this bill) have been disbursed to the proper persons, and that their acquittances have been taken in the office copy of bills filed in my office (with the receipt sump duly cancelled) for every payment in excess of Rs.20. Certified also that the amount with drawn previously on the same amount has been utilised by the subscriber for the purpose for which it was intended and that the relevant premium receipt/receipts has/have been duly enfacd.

2. Certified that the balance at the credit of the subscriber on the date of the withdrawal covers the sum drawn in the bill and that withdrawals etc. as per this bill have been noted in the respective P.B.R. folios.

3. (a) Certified that the amount asked for in this bill is required to meet the premium due on ..... in respect of Policy\* No.....with the .....and that the policy in question has been assigned to the President of India and is in the custody of the Amounts Officer ..... (or the details of the policy proposed to be taken have been communicated to the Pay and Accounts Officer.....and accepted by him in his latter No.....dated.....). Certified that the presentation of this claim/application for withdrawal of this amount has been/was made within three months from the date of payment of the said premium.

(b) Certified also that the number of policies financed from the.....Provident Fund per subscriber does not exceed four except in cases where the policies were accepted for financing prior to 22nd June, 1975 in respect of each such subscriber.

4. Certified that the amount claimed in this bill on account of dues under the Deposit Linked Insurance Scheme is in accordance with the scales laid down in Ministry of Finance, Department of Expenditure OM No. 9(10)—E.V.(B)/75 dated the 8th January 1975 as amended from time to lime.

5. Certified that all such drawals made in respect of Group D staff have been duly entered in the Broadsheet and Ledger Cards in respect of such staff.

Signature.....

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

Designation.....