

FORMPLUS

*A Compilation of Blank Forms used in
Central Government Departments.*

*For inclusion, please mail a copy
to*

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Compiled by T Reji John.

| | | | |
|--|------------------------|--|----------|
| 6. | Mode of Journey | | |
| (i) | Air | | |
| | (a) | Exchange voucher arranged by office | Yes / No |
| | (b) | Ticket / Exchange voucher arranged by | |
| (ii) | Rail | | |
| | (a) | Whether travelled by Mail / Express / Ordinary Train ? | Yes / No |
| | (b) | Whether return tickets available ? | Yes / No |
| | (c) | If available whether return tickets purchased ? If not state reasons. | Yes / No |
| (iii) | Road | | |
| Mode of conveyance used i.e. by Government transport, by taking a Taxi, a single seat in a bus or other public conveyance, by sharing with another Government Servant in a car belonging to him/her or to a third person to be specified | | | |

| | | |
|-----------|---|--|
| 7. | Dates of absence from Place of halt, on account of : | |
| (a) | Restricted Holiday & Casual Leave | |
| (b) | Not being actually in camp on Sundays and Holidays | |

| | | |
|-----------|---|--|
| 8. | Dates on which free Boarding and / or Lodging by the State or any organization financed by State Funds : | |
| (a) | Boarding only | |
| (b) | Lodging only | |
| (c) | Boarding and Lodging | |

| | | | | | | |
|-----------------------|--|--------------------------|-------------------------------------|--|--------------------------|--|
| 9. | Particulars to be furnished along with Hotel receipts etc, in cases where higher rate of D.A. is claimed for stay in hotel/other establishments providing board and/or lodging at scheduled tariffs : | | | | | |
| Period of Stay | | Name of the Hotel | Daily rate of lodging charge | | Total Amount Paid | |
| From | To | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| 10. Particulars of journey(s) for which higher class of accommodation than the one which the Government servant is entitled was used : | | | | | | | |
|--|---------------|----|-------------------------|-------------------------|--------------------------|----------------------------|-----|
| Date | Name of Place | | Mode of Conveyance used | Class to which entitled | Class by which travelled | Fare of the entitled class | |
| | From | To | | | | Rs. | Ps. |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | Total | | |
| If the journey by higher class of accommodation has been performed with the approval of the Competent Authority, No. and date of the sanction may be quoted. | | | | | | | |

| 11. Details of Journey(s) performed by road between places connected by Rail : | | | | |
|--|---------------|--------------|-----------|-----|
| Date | Name of Place | | Fare Paid | |
| | From | To | Rs. | Ps. |
| 1 | 2 | 3 | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | Total | | |

| | | | |
|-----|--|-----|--|
| 12. | Amount of Advance of Travelling Allowance, if any, drawn | Rs. | |
|-----|--|-----|--|

Certified that the information, as given above, is true to the best of my knowledge and belief.

Date : _____

[_____]
Signature of the Government Servant

PART – B

[To be filled in the Bill Section]

The net entitlement on account of Travelling Allowance works out to Rs. _____ as detailed below : (Amount in Rs.)

| | | |
|-----|--|--|
| (a) | Railway / Air / Bus / Steamer Fare | |
| (b) | Road mileage for _____ kms @ _____ per km. | |

| (c) Daily Allowance | | | | | | |
|---------------------|------|----|-----------|----------------|--------------|--|
| Date | Time | | Hrs./Min. | Stay / Journey | Rate of D.A. | |
| | From | To | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| | | | |
|-----|-------------------|--|--|
| (d) | Actual Expenses : | | |
| | Auto/Taxi/Other | | |

| | | |
|-----|--------------|--|
| (e) | Gross Amount | |
|-----|--------------|--|

| | | |
|-----|--|--|
| (f) | Less : Amount of T.A. Advance if any drawn vide Voucher No. _____ dated _____. | |
|-----|--|--|

| | | |
|-----|------------|--|
| (g) | Net Amount | |
|-----|------------|--|

The Expenditure is debitable to T. A. Account.

Remarks :

Signature of Drawing & Disbursing Officer

Passed for Payment of Rs. _____ only.

Signature of the Controlling Officer

Travelling Allowance Bill for Transfer

Note : This bill should be prepared in duplicate, one for payment and the other as office copy.

PART – A

[To be filled by the Government Servant]

| | | |
|-----------|------------------------------------|------------|
| 1. | Name of Officer / Official | |
| 2. | Designation | |
| 3. | Pay at the time of transfer | Rs. _____ |
| 4. | Head Quarter | Old |
| | | New |
| 5. | Residential Address | |
| | Old Address | |
| | New Address | |

| | | | |
|----------------|--|------------|--|
| 6. | Particulars of the members of the family as on the date of transfer : | | |
| Sr. No. | Name of the family member | Age | Relationship with the Govt. Servant |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| | | | | | | | |
|------------------------|---|------------------------|-----------|-----------------------------------|---------------------|------------------|--------------------------------|
| 7. | Details of Journey(s) performed by Government servant as well as members of his/her family : | | | | | | |
| Departure | | Arrival | | Mode of travel & Class | No. of fares | Fare Paid | Distance in Kms by Road |
| Date & Time | From | Date & Time | To | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| 8. Transportation charges of personal effects (Money receipts to be attached) : | | | | | | | |
|--|------|---------|----|----------------|------|--------|---------|
| Date | Mode | STATION | | Weight in Kgs. | Rate | Amount | Remarks |
| | | From | To | | | | |
| | | | | | | | |
| | | | | | | | |

| | |
|--|--|
| 9. Transportation charges of personal conveyance (Money receipt to be attached) : | |
| a. | Mode of Transport and Station to which transported |
| b. | Amount |

| | |
|------------|--------------------------------|
| 10. | Amount of advance if any drawn |
|------------|--------------------------------|

| 11. Particulars of journey(s) for which higher class of accommodation than the one to which the Government servant is entitled was used : | | | | | | | |
|--|---------------|----|-------------------------|-------------------------|--------------------------|----------------------------|-----|
| Date | Name of Place | | Mode of Conveyance used | Class to which entitled | Class by which travelled | Fare of the entitled class | |
| | From | To | | | | 7 | |
| 1 | 2 | 3 | 4 | 5 | 6 | Rs. | Ps. |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| If the journey by higher class of accommodation has been performed with the approval of the Competent Authority, No. and date of the sanction may be quoted. | | | | | Total | | |

| 12. Details of journey(s) performed by Road between places connected by Rail : | | | |
|---|----------------|----|-----------|
| Date | Name of Places | | Fare Paid |
| | From | To | |
| | | | |
| | | | |
| | | | |

Certified that the information, as given above, is true to the best of my knowledge and belief.

Date : _____

[_____]
Signature of the Government Servant

PART – B

[To be filled in the Bill Section]

The net entitlement on account of Travelling Allowance works out to Rs. _____ as detailed below : (Amount in Rs.)

| | | |
|-----|--|--|
| (a) | Railway / Air / Bus / Steamer Fare | |
| (b) | Road mileage for _____ kms @ _____ per km. | |
| (c) | Transfer Grant | |
| (d) | Transfer Incidentals (D.A. for _____ day(s) @ Rs. _____ per day) | |
| (e) | Transportation of personal effects | |
| | Calculation: | |
| (f) | Transportation of private conveyance | |
| | Calculation: | |
| | Gross Amount | |
| (g) | Less amount of advance, if any drawn vide Voucher No. _____ Dated _____ | |
| | Net Amount | |

The Expenditure is debitable to T. A. Account.

| |
|-------------------------|
| <u>Remarks :</u> |
|-------------------------|

Signature of Drawing & Disbursing Officer

| |
|--|
| Passed for Payment of Rs. _____ only. |
|--|

Signature of the Controlling Officer

Form for giving intimation or seeking previous sanction under Rule 18(3) of the CCS (Conduct) Rules, 1964 for transaction in respect of moveable property.

| | | |
|-----|---|---|
| 1. | Name of the Government Servant | |
| 2. | Scale of pay and present pay | |
| 3. | Purpose of application/ sanction for transaction/ intimation of transaction | |
| 4. | Whether the property is being acquired or disposed off? | |
| 5. | a. | Probable date of acquisition or disposal of property. |
| | b. | If the property is already acquired/ disposed off, actual date of transaction. |
| 6. | a. | Description of the property (e.g. Car/ Scooter/ Motor Cycle/ Jewellery/ Loans etc. |
| | b. | Make, Model No. and also Registration No., in case of vehicles where necessary. |
| 7. | Mode of acquisition/disposal (Purchase/Sale, Gifts, mortgage lease or otherwise) | |
| 8. | In case of acquisition, source or sources from which financed/ proposed to be financed : (a) Personal Savings (b) Other sources giving details | |
| 9. | Sale/Purchase price of the property (Market value in the case of gifts) | |
| 10. | In the case of disposal of property, was requisite sanction/intimation obtained/given for its acquisition ? (A copy of the sanction/ acknowledgement should be attached.) | |
| 11. | a. | Name and Address of the party, with whom transaction is proposed to be made/ has been made. |
| | b. | Is the party related to the applicant ? If so, state the relationship. |
| | c. | Did the applicant have any dealings with the party in his official capacity at any time, or is the applicant likely to have any dealing with him in the near future ? |
| | d. | Nature of official dealings with the party. |
| | e. | How was the transaction arranged ? (Whether through any statutory body or a private agency/ through advertisements or through friends and relatives. Full particulars to be given.) |
| 12. | In the case of acquisition by gifts, whether sanction is also required under Rule 13 of the CCS (Conduct) Rules, 1964 ? | |
| 13. | Any other relevant fact which the applicant may like to mention. | |

DECLARATION

I, _____ hereby declare that the particulars given above are true. I request that I may be given permission to acquire/dispose of property as described above from/to the party, whose name is mentioned in Item 11 above.

OR

I, _____ hereby intimate the acquisition/ disposal of property by me, detailed above. I declare that the particulars given above are true.

Station :

Signature: _____

Date :

Designation : _____

-
- Note: 1. In the above form, different portions may be used according to requirement.
2. Where prior sanction is asked for, the application should be submitted at least 30 days before the proposed date of the transaction.

Certified that I have satisfied myself that the amount included in bills drawn 1st/2nd months/3rd months previous to this date with the exception of those detailed below (of which the total amount has been refunded by deduction from this bill) have been disbursed to the Government servants therein named and their receipts taken in the office copy of the bill or in a separate acquaintance roll.

| Details of Medical Charges refunded | | | |
|---|---------------|-----------|---------------|
| Section of establishment and name of incumbent | Period | | Amount |
| | From | To | |
| | | | |
| | | | |
| | | | |
| | | | |

| | |
|--|-----|
| Appropriation for the year | Rs. |
| Expenditure (including this bill) | Rs. |
| Balance | Rs. |

Signature of the Drawing Officer

Passed for Rs. _____

Signature of the Controlling Officer

Station :

Date :

Received Contents

**Examined & Entered
Treasury Accountant**

Signature of the Drawing Officer

Date :

Pay Rs. _____

For Use in the Audit Office

Admitted for Rs.

Objected to Rs.

Reasons for the objections :

Auditor

**Superintendent
(Gazetted Officer)**

APPLICATION FOR GRANT OF FESTIVAL ADVANCE

| | | |
|----|---|-------------------|
| 1. | Name of applicant (in capital) | Shri /Smt. / Kum. |
| 2 | Designation | |
| 3 | Section to which attached | |
| 4 | Particulars of Permanent / Quasi-permanent post held, if any. | |
| 5 | If temporary | |
| | a. Whether surety bond from another Govt. Servant has been attached | |
| | b. Particulars of the surety | |
| 6 | Present Pay excluding Allowances | Rs. |
| 7 | Amount of advance required | Rs. |
| 8 | Festival for which advance is applied for | |
| 9 | If on leave, specify the nature and particulars of leave. | |
| 10 | Whether the applicant has drawn any festival advance earlier during the current calendar year. | Yes / No / N.A. |
| 11 | Whether any festival advance drawn in the previous calendar year has been fully recovered or not. If not, give particulars. | |
| 12 | Whether advance for Government sponsored trip in hill station has been taken during the current year. | Yes / No / N.A. |

I certify that the facts stated above are true to the best of my knowledge and belief.

**Signature of the applicant with date
Section.**

Leave Travel Concession Bill

For the Block Year _____ to _____

Note : This bill should be prepared in duplicate, one for payment and the other as office copy.

PART – A

[To be filled by the Government Servant]

| | | | | | | | |
|---------------------|---|--|--------------------------------------|------------------|---|--------------|---------------|
| 1. | Name of Officer / Official | | | | | | |
| 2. | Designation | | | | | | |
| 3. | Pay | Rs. | | | | | |
| 4. | Head Quarter | | | | | | |
| 5. | Nature and period of leave sanctioned | E. L./C.L./E.O.L./R.H. from : _____ to _____ | | | | | |
| 6. | Particulars of members of family in respect of whom the LTC has been claimed. | | | | | | |
| Sr. No. | Name | Age | Relationship with the Govt. Servant. | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 7. | Details of Journey(s) performed by Government Servant and the members of his/her family : | | | | | | |
| Departure | | Arrival | | Distance in Kms. | Mode of travel & Class of Accommodation | No. of Fares | Fare Paid Rs. |
| Date & Time | From | Date & Time | To | | | | |
| 1. | 2. | 3. | 4. | 5. | 6. | 7. | 8. |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Remarks /Ticket Nos | | | | | | | |

| | | | |
|----|------------------------------------|-----|--|
| 8. | Amount of Advance, if any drawn... | Rs. | |
|----|------------------------------------|-----|--|

| 9. Particulars of Journey(s) for which higher class of accommodation than the one which the Government Servant is entitled, was used (Sanction No. & date to be given). | | | | | | |
|---|----|--------------------|-------------------------|-----------------------------------|--------------|-----------------------------|
| Place | | Mode of Conveyance | Class to which entitled | Class by which actually travelled | No. of fares | Fare of the entitled class. |
| From | To | | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| 10. Particulars of Journey(s) performed by Road between places connected by Rail. | | | |
|---|----|-------------------------|--------------|
| Name of Place | | Class to which entitled | Railway Fare |
| From | To | | |
| 1 | 2 | 3 | 4 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Certified that the :

- Information as given above is true to the best of my knowledge and belief, and
- The my wife/husband is not employed in Government Service/ that my wife/husband is employed in Government Service and the concession has not been availed of by her/him separately for herself/himself or for any of the family members for the concession block of _____ years.

Signature of the Government Servant

Date _____

PART – B

[To be filled in the Bill Section]

The net entitlement on account of Leave Travel Concession works out to Rs. _____ as detailed below :

(a) **Railway/Air/Bus/Steamer Fares**

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

(b) **Less : Amount of Advance drawn vide**

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

Voucher No.

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

Dated

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

(c) **The Expenditure is debitable to**

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

Account.

Net Amount Rs.

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

Initials of the Bill Clerk

Signature of Drawing & Disbursing Officer

Signature of Controlling Officer

Certified that necessary entries have been made in the Service Book of Shri/Smt./Miss.

_____.

Signature of the Officer authorised to attest entries in the Service Book.

APPENDIX - I

[Certificate to be given by the Controlling Officer]

Certified that :

1. **Shri/Smt./Kum. _____ has rendered continuous service for one year or more on the date of commencing of outward journey.**
2. **Necessary entries as required under para (52) of the scheme have been made in the Service Book of _____ Shri/Smt./Kum. _____.**
3. **Para 1(6) of MMA O.M. No. 43/1/55.Est.(A).Pt.II dated 11th October, 1956.**

Signature of the Controlling Officer

[Certificate to be given by a Government Servant]

- 1) **I have not submitted any other claim so far for Leave Travel Concession in respect of myself or family members for the Block Year _____.**
- 2) **I have already drawn T.A. for the Leave Travel Concession in respect of a Journey performed by me/with my spouse/ with children. This claim is in respect of the journey performed by my spouse/ myself with my spouse/ and/or children / none of whom travelled with the party on the earlier occasion.**
- 3) **The journey has been performed by me and my spouse with children to the declared "Home Town" / Other than Home Town viz. _____.**
- 4) **That my spouse is not employed in Government Service and the concession has not been availed of by him/her separately for himself/herself or for any other family member of the concerned block of two years.**
- 5) **Certified that my spouse for whom Leave Travel Concession is claimed by me is not employed in any Public Sector Undertaking/ Corporation/ Autonomous Body financed wholly or partly by the Central Government or a local body which provides LTC facilities to its employees and their families.**

Signature of the Govt. Servant.

APPLICATION FOR ADVANCE FROM PROVIDENT FUND

| | | |
|----|--|--|
| 1 | Name of the subscriber | |
| 2 | Account No. | |
| 3 | Designation | |
| 4 | Pay | |
| 5 | Balance at credit of the subscriber on the date of application as below | |
| | i) Closing balance as per statement for the year _____ . | |
| | ii) Credit from March _____ to _____, _____ on account of monthly subscription. | |
| | iii) Refund. | |
| | iv) Withdrawals during the period from _____ to _____. | |
| | v) Net Balance at credit. | |
| 6 | Amount of advance / outstanding if any, and the purpose for which advance was taken. | |
| 7 | Amount of advance required | |
| 8 | a. Purpose for which the advance is required. | |
| | b. Rules under which the request is covered. | |
| 9 | Amount of the consolidated advance (Items 6 & 7), number of monthly installments in which consolidated advance is proposed to be repaid. | |
| 10 | Full particulars of the peculiar circumstances of the subscriber, justifying the application for the advance. | |

Signature: _____

Name : _____

Designation : _____

PROFORMA FOR APPLICATION FOR WITHDRAWAL FROM PROVIDENT FUND

Ministry of :
Department of :
Office :

| | | |
|--|--|--|
| 1 | Name of the subscriber | |
| 2 | Account No. | |
| 3 | Designation | |
| 4 | Pay | |
| 5 | Date of joining and date of superannuation. | |
| 6 | Balance at credit of the subscriber on the date of application as below | |
| | i) Closing balance as per statement for the year _____ . | |
| | ii) Credit from March _____ to _____, _____ on account of monthly subscription. | |
| | iii) Refund made to the fund after closing balance vide (i) above. | |
| | iv) Withdrawals during the period from _____ to _____. | |
| v) Net Balance at credit at the time of application. | | |
| 7 | Amount of withdrawal required. | |
| 8 | a. Purpose for which the withdrawal is required. | |
| | b. Rules under which the request is covered. | |
| 9 | Whether any withdrawal was taken for the same purpose earlier, if so indicate the amount and the year. | |
| 10 | Name of the Accounts Officer maintaining the Provident Fund Account. | |

Signature: _____
Name: _____
Designation: _____

FORM T. R. 58 - A
[See Rule 606 (1) and 609 - A]

Ministry/Department of _____

Adjustable by _____

Voucher No. _____

Dated _____

Bill for WITHDRAWING Final Payment/Advance/Other withdrawals/Payment under Deposit Linked Insurance Scheme from General Provident Fund

| For the month of _____ | | | | | |
|---|----------------------------|------------------------------------|--|--|----------------|
| Sr. No. | Name of Subscriber and Pay | General Provident Fund Account No. | No. and date of sanction letter of Authority | Final Payment/ Advance/ Other Withdrawals/ Payment under Deposit Linked Insurance Scheme | Amount Payable |
| | | | | | |
| | | | | Total Rs. | |
| Net amount required for payment (in words) Rupees _____ only. | | | | | |
| Space for classification | | | Signature : _____ Designation of DDO _____ Station : _____ Date : _____ Contents received. Pay to Signature of Drawing Officer _____ | | |
| Admitted Rs. Objected Rs. Accountant Pay and Accounts Officer | | | | | |
| Pay Rs. _____/- (Rupees _____) _____ Treasury Officer/ Pay & Accounts Officer | | | Examined and Entered _____ Treasury Officer/ Pay & Accounts Officer | | |

CERTIFICATE

1. Certified that I have satisfied myself that all sums included in bills in Form T. R. 58-A drawn 1 month/ 2 months/ 3 months previous to this date in favour of Mr./Mrs./Kum. _____ Account No. _____ with the exception of those detailed below (of which the total has been refunded by deduction from this bill) have been disbursed to the proper persons, and that their acquittances have been taken in this bill/filled in my office with receipts stamp duly cancelled for every payment in excess of Rs. 20. Certified also that the amount withdrawn previously on the same account 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 enfac'd by me.

2. Certified that the balance at the credit of the subscriber on the date of the withdrawal covers the sums drawn in the bill. Certified also 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 Accounts 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 letter 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.

3. Certified also that the number of policies financed from the General Provident Fund does not exceed four/the number of policies financed from General Provident Fund exceed four as these were accepted prior to 22nd June, 1975.

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 O.M. No. F. 9(10)(B)/7 dated 8th January, 1975 as amended from time to time.

Signature : _____

Designation : _____

APPLICATION FOR ADVANCE FOR PURCHASE OF CYCLE

| | | |
|---|---|--|
| 1. | Name | |
| 2. | Designation | |
| 3. | Office in which working | |
| 4. | Whether permanent/temporary | |
| 5. | If temporary, name and designation of the permanent Government Servant who stands as surety (enclose Surety Bond) | |
| 6. | Basic Pay + Stagnation Increment | |
| 7. | Anticipated price of the cycle | |
| 8. | Amount of advance applied for | |
| 9. | No. of instalments in which the advance is desired to be repaid | |
| 10. | a. | Whether applied for first time |
| | b. | If not, details of cycle advance drawn during the last three years - |
| | (i) | The date of drawal |
| | (ii) | Justification for fresh advance |
| [In case of loss of cycle purchased previously, particulars of the report to the police also to be mentioned] | | |

I declare that the particulars furnished above are correct and true to the best of my knowledge.

Station :

Date :

Signature of the Government Servant.

APPLICATION FOR AN ADVANCE FOR PURCHASE OF MOTOR CYCLE/MOTOR CAR/SCOOTER/MOPED/PERSONAL COMPUTER.

| | | |
|-----|---|--|
| 1. | Name of the Applicant | |
| 2. | Applicant's Designation | |
| 3. | District and Station | |
| 4. | Basic pay + NPA + SI | |
| 5. | Anticipated price of motor car/ motor cycle/ personal computer | |
| 6. | Amount of advance required | |
| 7. | Date of superannuation or retirement or date of expiry of contract in case of a contract officer | |
| 8. | No. of instalments in which the advance is desired to be repaid | |
| 9. | Whether advance for similar purpose was obtained previously and if so - | |
| | (i) Date of drawal of the advance | |
| | (ii) The amount of advance and/or interest thereon still outstanding, if any | |
| 10. | Whether the intention is to purchase - | |
| | a. A new or an old motor car/motor cycle/personal computer | |
| | b. If the intention is to purchase motor car/motor cycle/ personal computer through a person other than a regular or reputed dealer or agent, whether previous sanction of the competent authority has been obtained as required under Rule 18(3) of the Central Civil Services (Conduct) Rules, 1964 | |
| 11. | Whether the officer is on leave or is about to proceed on leave - | |
| | a. The date of commencement of leave | |
| | b. The date of expiry of leave | |
| 12. | Are any negotiations or preliminary enquiries being made so that delivery may be taken of the motor car/motor cycle/personal computer within one month from the date of drawal of the advance | |
| 13. | a. Certified that the information given above is complete and true | |
| | b. Certified that I have not taken delivery of the motor car/motor cycle/personal computer on account of which I apply for the advance, that I shall complete negotiations for the purchase of, pay finally and take possession of the same before the expiry of one month from the date of drawal of the advance | |

Date :

Signature of the Applicant.

FORM OF APPLICATION FOR MEDICAL CLAIMS

Form of Application for claiming refund of medical expenses incurred in connection with medical attendance and/or treatment of Central Government Servants and their families - For medical attendance/treatment taken both from an Authorized Medical Attendant and a Hospital.

| | | |
|---------------------------------------|---|--|
| 1. | Name & Designation of Government Servant (in Block letters). | |
| | (i) Whether married or unmarried. | |
| | (ii) If married, the place where wife/ husband is employed. | |
| 2. | Office in which employed. | |
| 3. | Pay of the Government Servant as defined in the Fundamental Rules and any other emoluments which should be shown separately. | |
| 4. | Place of duty | |
| 5. | Actual Residential address | |
| 6. | Name of the patient and his/her relationship to the Government Servant. <i>N.B.- in case of children state age also.</i> | |
| 7. | Place at which the patient felt ill. | |
| 8. | Details of the amount claimed - | |
| <u>I. Medical Attendance -</u> | | |
| (i) | Fees for consultation indicating - | |
| | (a) the name and designation of the Medical officer consulted and the Hospital or dispensary to which attached. | |
| | (b) the number and date of consultation and the fee paid for each consultation | |
| | (c) the number and dates of injection and fee paid for each injection | |
| | (d) whether consultations and/or injections were had at the hospital, at the consulting room of the Medical Officer or at the residence of the patient. | |
| (ii) | Charges for Pathological, Bacteriological, Radiological, or other similar tests undertaken during diagnosis indicating - | |
| | (a) the name of the hospital or laboratory where undertaken; and | |

| | | | |
|-------------------------------|--------|---|--|
| | (b) | Whether the tests were undertaken on the advice of the Authorised Medical Attendant. If so, a certificate to that effect should be attached | |
| | (iii) | Cost of medicines purchased from the market (Cash memos and the Essentiality Certificates should be attached) | |
| II. Hospital Treatment | | | |
| | | Name of the Hospital | |
| | | Charges for hospital treatment, indicating separately, the charges for - | |
| | (i) | Accommodation (State whether it was according to the status or pay of the Government Servant and in cases where the accommodation is higher than the status of the Government Servant, a certificate should be attached to the effect that the accommodation to which he was entitled was not available) | |
| | (ii) | Diet | |
| | (iii) | Surgical operation or medical treatment or confinement. | |
| | (iv) | Pathological, Bacteriological, Radiological or other similar tests, indicating - | |
| | (a) | the name of the hospital or laboratory at which undertaken; and | |
| | (b) | whether undertaken on the advice of the Medical Officer in charge of the case at the hospital. If so, a certificate to that effect should be attached. | |
| | (v) | Medicines | |
| | (vi) | Special medicines (Cash memos and the Essentiality Certificates should be attached) | |
| | (vii) | Ordinary nursing | |
| | (viii) | Special nursing, i.e. nurses, specially engaged for the patient. State whether they are employed on the advice of the Medical Officer in charge of the case at the hospital or at the request of the Government Servant or patient. In the former case a certificate from the Medical Officer in charge of the case and countersigned by the Medical Superintendent of the hospital should be attached. | |
| | (ix) | Ambulance charges (State the journey – to and fro – undertaken) | |

| | | |
|---|---|-----|
| (x) | Any other charges, e.g. Charges for electric light, fan, heater, air-conditioning, etc. State also whether the facilities referred to are a part of the facilities normally provided to all patients and no choice was left to the patient. | |
| Note 1 | If the treatment was received by the Government Servant at his residence under Rule 7 of the CS (MA) Rules, 1944, give particulars of such treatment and attach a certificate from the Authorised Medical Attendant as required by these rules. | |
| Note 2 | If the treatment was received at a hospital other than a Government Hospital, necessary details and the certificate of the Authorised Medical Attendant that the requisite treatment was not available in any nearest Government Hospital should be furnished. | |
| <u>III. Consultation with Specialist</u> | | |
| | Fees paid to a Specialist or a Medical Officer other than the Authorised Medical Attendant, indicating - | |
| (a) | the name and designation of the Specialist or Medical Officer consulted and the hospital to which attached. | |
| (b) | number and dates of consultations and the fees charged for each consultation. | |
| (c) | whether consultation was had at the Hospital, at the consulting room of the Specialist or Medical Officer or at the residence of the patient; and | |
| (d) | whether the Specialist or Medical Officer was consulted on the advice of the Authorised Medical Attendant and the prior approval of the Chief Administrative Medical Officer of the State was obtained. If so, a certificate to that effect should be attached. | |
| 9. | Total Amount claimed | Rs. |
| 10. | Less advance taken on | Rs. |
| 11. | Net Amount claimed | Rs. |
| 12. | List of Enclosures : | |
| | | |

DECLARATION TO BE SIGNED BY THE GOVERNMENT SERVANT

I hereby declare that the statements in the application are true to the best of my knowledge and belief and that the person for whom medical expenses were incurred is wholly dependent upon me.

**Signature of the Government Servant
and the office to which attached**

FORM OF APPLICATION FOR MEDICAL CLAIMS

Form of Application for claiming refund of medical expenses incurred in connection with medical attendance/treatment of Central Government Servants or their families for treatment in a Hospital.

| | | |
|---------------------------------------|--|--|
| 1. | Name & Designation of Government Servant (in Block letters). | |
| | (i) Whether married or unmarried. | |
| | (ii) If married, the place where wife/ husband is employed. | |
| 2. | Office in which employed. | |
| 3. | Pay of the Government Servant as defined in the Fundamental Rules and any other emoluments which should be shown separately. | |
| 4. | Place of duty | |
| 5. | Actual Residential address | |
| 6. | Name of the patient and his/her relationship to the Government Servant. <i>N.B.- in case of children state age also.</i> | |
| 7. | Place at which the patient felt ill. | |
| 8. | Details of the amount claimed - | |
| <u>I. Hospital Treatment -</u> | | |
| | Name of the Hospital | |
| | Charges for hospital treatment, indicating separately, the charges for - | |
| (i) | Accommodation (State whether it was according to the status or pay of the Government Servant and in cases where the accommodation is higher than the status of the Government Servant, a certificate should be attached to the effect that the accommodation to which he was entitled was not available) | |
| (ii) | Diet | |
| (iii) | Surgical operation or medical treatment or confinement. | |
| (iv) | Pathological, Bacteriological, Radio-logical or other similar tests, indicating - | |
| | (a) the name of the hospital or laboratory at which undertaken; and | |

| | | |
|---|---|--|
| | (b) whether undertaken on the advice of the Medical Officer in charge of the case at the hospital. If so, a certificate to that effect should be attached. | |
| (v) | Medicines | |
| (vi) | Special medicines (Cash memos and the Essentiality Certificates should be attached) | |
| (vii) | Ordinary nursing | |
| (viii) | Special nursing, i.e. nurses, specially engaged for the patient. State whether they are employed on the advice of the Medical Officer in charge of the case at the hospital or at the request of the Government Servant or patient. In the former case a certificate from the Medical Officer in charge of the case and countersigned by the Medical Superintendent of the hospital should be attached. | |
| (ix) | Ambulance charges (State the journey - to and fro – undertaken) | |
| (x) | Any other charges, e.g. Charges for electric light, fan, heater, air-conditioning, etc. State also whether the facilities referred to are a part of the facilities normally provided to all patients and no choice was left to the patient. | |
| Note 1 | If the treatment was received by the Government Servant at his residence under Rule 7 of the CS (MA) Rules, 1944, give particulars of such treatment and attach a certificate from the Authorised Medical Attendant as required by these rules. | |
| Note 2 | If the treatment was received at a hospital other than a Government Hospital, necessary details and the certificate of the Authorised Medical Attendant that the requisite treatment was not available in any nearest Government Hospital should be furnished. | |
| II. Consultation with Specialist | | |
| | Fees paid to a Specialist or a Medical Officer other than the Authorised Medical Attendant, indicating - | |
| (a) | the name and designation of the Specialist or Medical Officer consulted and the hospital to which attached. | |
| (b) | number and dates of consultations and the fees charged for each consultation. | |
| (c) | whether consultation was had at the Hospital, at the consulting room of the Specialist or Medical Officer or at the residence of the patient; and | |

| | | |
|-----|---|-----|
| (d) | whether the Specialist or Medical Officer was consulted on the advice of the Authorised Medical Attendant and the prior approval of the Chief Administrative Medical Officer of the State was obtained. If so, a certificate to that effect should be attached. | |
| 9. | Total Amount claimed | Rs. |
| 10. | Less advance taken on | Rs. |
| 11. | Net Amount claimed | Rs. |
| 12. | List of Enclosures : | |
| | | |

DECLARATION TO BE SIGNED BY THE GOVERNMENT SERVANT

I hereby declare that the statements in the application are true to the best of my knowledge and belief and that the person for whom medical expenses were incurred is wholly dependent upon me.

**Signature of the Government Servant
and the office to which attached**

FORM OF APPLICATION FOR MEDICAL CLAIMS

Form of Application for claiming refund of medical expenses incurred in connection with medical attendance and/or treatment of Central Government Servants and their families - For Medical Attendance by Authorized Medical Attendant.

| | | |
|---------------------------------------|---|--|
| 1. | Name & Designation of Government Servant (in Block letters). | |
| | (i) Whether married or unmarried. | |
| | (ii) If married, the place where wife/ husband is employed. | |
| 2. | Office in which employed. | |
| 3. | Pay of the Government Servant as defined in the Fundamental Rules and any other emoluments which should be shown separately. | |
| 4. | Place of duty | |
| 5. | Actual Residential address | |
| 6. | Name of the patient and his/her relationship to the Government Servant. <i>N.B.- in case of children state age also.</i> | |
| 7. | Place at which the patient felt ill. | |
| 8. | Details of the amount claimed - | |
| <u>I. Medical Attendance -</u> | | |
| (i) | Fees for consultation indicating - | |
| | (a) the name and designation of the Medical officer consulted and the Hospital or dispensary to which attached. | |
| | (b) the number and date of consultation and the fee paid for each consultation | |
| | (c) the number and dates of injection and fee paid for each injection | |
| | (d) whether consultations and/or injections were had at the hospital, at the consulting room of the Medical Officer or at the residence of the patient. | |
| (ii) | Charges for Pathological, Bacteriological, Radiological, or other similar tests undertaken during diagnosis indicating – | |
| | (a) the name of the hospital or laboratory where undertaken; and | |

| | | |
|---|---|-----|
| | (b) whether the tests were undertaken on the advice of the Authorised Medical Attendant. If so, a certificate to that effect should be attached | |
| | (iii) Cost of medicines purchased from the market (Cash memos and the Essentiality Certificates should be attached) | |
| II. Consultation with Specialist - | | |
| | Fees paid to a Specialist or a Medical Officer other than the Authorised Medical Attendant, indicating - | |
| (a) | the name and designation of the Specialist or Medical Officer consulted and the hospital to which attached. | |
| (b) | number and dates of consultations and the fees charged for each consultation. | |
| (c) | whether consultation was had at the Hospital, at the consulting room of the Specialist or Medical Officer or at the residence of the patient; and | |
| (d) | whether the Specialist or Medical Officer was consulted on the advice of the Authorised Medical Attendant and the prior approval of the Chief Administrative Medical Officer of the State was obtained. If so, a certificate to that effect should be attached. | |
| 9. | Total Amount claimed | Rs. |
| 10. | Less advance taken on | Rs. |
| 11. | Net Amount claimed | Rs. |
| 12. | List of Enclosures : | |
| | | |

DECLARATION TO BE SIGNED BY THE GOVERNMENT SERVANT

I hereby declare that the statements in the application are true to the best of my knowledge and belief and that the person for whom medical expenses were incurred is wholly dependent upon me.

**Signature of the Government Servant
and the office to which attached**

ESSENTIALITY CERTIFICATES

CERTIFICATE – ‘A’

(To be completed in the case of patients who are not admitted to hospital for treatment)

Certificate granted to Mr./Mrs./Miss _____,
husband/wife/son/daughter of Mr./Mrs./Miss _____ employed in
the _____.

I, Dr. _____ hereby certify

(a) that I charged and received Rs. _____ for _____ consultations on
_____ (dates to be given) at my consulting room/ at the residence of the
patient;

(b) that I charged and received Rs. _____ for administering intra-venous/Intra-muscular/
subcutaneous injections on _____ (dates to be given) at _____ my
consulting room/at the residence of the patient;

(c) that the injections administered were not/were for immunizing or prophylactic purposes;

(d) that the patient has been under treatment at _____ hospital/my consulting
room and that the undermentioned medicines prescribed by me in this connection were essential for the
recovery/prevention of serious deterioration in the condition of the patient. The medicines are not
stocked in the _____ (name of hospital) for supply to private patients and do not include
proprietary preparations for which cheaper substances of equal therapeutic value are available nor
preparations which are primarily foods, toilets or disinfectants.

| Name of Medicines | Price |
|-------------------|-------|
| | |
| | |
| | |
| | |

(e) that the patient is/was suffering from _____ and is/was under
treatment from _____ to _____.

(f) that the patient is/was not given pre-natal or post-natal treatment.

(g) that the X-ray, laboratory test, etc., for which an expenditure of Rs. _____ /- was incurred
was necessary and were undertaken on my advice at _____ (name of
the Hospital or laboratory).

(h) that I referred the patient to Dr. _____ for Specialist Consultation and that the necessary approval of the _____ (name of the Chief Administrative Officer of the State) as required under the rules was obtained.;

(i) that the patient did not require/required hospitalisation

Date:

**Signature of A.M.A./ Designation of the
Medical Officer and hospital/
dispensary to which attached**

N.B. - Certificates not applicable should be struck off. Certificate (e) is compulsory and must be filled in by the Medical Officer in all cases.

Note-1 : In case where double the rates of consultation fees are charged by the AMA for night visit (between 10 p.m. and 6 a.m.) The AMA should furnish a certificate showing why the night consultation was necessary.

[G.I., M.H., O.M.No. F - 28-57/60-H.I dated the 4th April, 1962]

Note-2 : The above certificate may be deemed to be regular receipt for the payment received by the Medical Officers who will be required to affix a revenue stamp on Essentiality Certificate itself when the payment exceeds Rs.20. Separate receipt(stamped where necessary) would however be necessary from the Specialist for consultation with them, who do not sign the Essentiality Certificate.

[G.I., M.H., O.M.No. F - 28-8/60-H.I. dated the 30th January, 1961]

Note-3 Where the receipt issued by the Government Hospitals are on authorised forms(printed and numbered) and amount of these receipt is incorporated in the body of the Essentiality Certificate, countersignature of such receipt need not be insisted upon.

[G.I., M.H., O.M.No.F - 61(1)-E.V/60 dated the 29th February, 1960]

CERTIFICATE – ‘B’

(To be completed in the case of patients who are admitted to hospital for treatment)

Certificate granted to Mr./Mrs./Miss _____,
husband/wife/son/daughter of Mr./Mrs./Miss _____ employed in
the _____.

PART – A

I, Dr. _____ hereby certify

(a) that the patient was admitted to _____ hospital on the advice of _____ (name of the Medical Officer)/on my advice;

(b) that the patient has been under treatment at _____ hospital/my consulting room and that the undermentioned medicines prescribed by me in this connection were essential for the recovery/prevention of serious deterioration in the condition of the patient. The medicines are not stocked in the _____ (name of hospital) for supply to private patients and do not include proprietary preparations for which cheaper substances of equal therapeutic value are available nor preparations which are primarily foods, toilets or disinfectants.

| Name of Medicines | Price |
|-------------------|-------|
| | |
| | |
| | |
| | |

(c) that the injections administered were /were not for immunizing or prophylactic purposes;

(d) that the patient is/was suffering from _____ and is/was under treatment from _____ to _____;

(e) that the X-ray, laboratory test, etc., for which an expenditure of Rs. _____ /- was incurred was necessary and were undertaken on my advice at _____ (name of the hospital or laboratory);

(f) that I called on Dr. _____ for Specialist Consultation and that the necessary approval of the _____ (name of the Chief Administrative Officer of the State) as required under the rules was obtained;

Date:

**Signature and Designation of the Medical
Officer in charge of the case at the hospital**

PART – B

I certify that the patient has been under treatment at the _____ hospital and that the service of the special nurses for which an expenditure of Rs. _____ was incurred, vide bills and receipts attached, were essential for the recovery/prevention of serious deterioration in the condition of the patient.

**Signature of the Medical Officer
in charge of the case at the hospital**

COUNTERSIGNED

Medical Superintendent

_____ Hospital

I, certify that the patient has been under treatment at _____
_____ hospital and that the facilities provided were the minimum
which were essential for the patient's treatment.

Place :

Medical Superintendent
_____ Hospital

Note:- Certificate not applicable should be struck off. Certificate (d) is compulsory and must be filed in
by the Medical Officer in all cases

APPLICATION FOR ADVANCE OF PAY ON TRANSFER

| | | |
|-----|--|--|
| 1. | Name of the Officer/ Official. | |
| 2. | Designation & Office. | |
| 3. | Whether permanent / temporary. | |
| 4. | If temporary, name and designation of the permanent Government Servant furnishing the surety bond. | |
| 5. | Station in which working. | |
| 6. | Station to which transferred. | |
| 7. | Pay* drawn at the time of transfer. | |
| 8. | No. & Date of transfer order/s. | |
| 9. | Whether transfer is in public interest. | |
| 10. | Amount of advance required. | |

I declare that the particulars furnished above are correct.

Station :

Date :

Signature of the Government Servant.

APPLICATION FOR ADVANCE OF T.A. ON TOUR

| | | |
|------------|--|-----|
| 1. | Name of the Officer/ Official. | |
| 2. | Designation. | |
| 3. | Whether permanent / temporary. | |
| 4. | Office/Section in which working. | |
| 5. | Basic Pay + NPA + SI. | |
| 6. | Places to be visited and period of halt at each station. | |
| 7. | Purpose of tour. | |
| 8. | Has the tour programme been approved by competent authority ? | |
| 9. | Duration of journey (in days). | |
| 10. | Rail/Road fare by the entitled class by which the Government Servant proposes to travel for both outward and inward journeys. | |
| 11. | Daily allowance entitled - | |
| | (i) For journey period | Rs. |
| | (ii) For the halts | Rs. |
| | Total | Rs. |
| 12. | Total T.A. + D.A. (10 + 11) | |
| 13. | Amount of Advance required | |
| 14. | Whether any earlier advance is outstanding. If so, the date on which T.A. bill was submitted. | |

I declare that the particulars furnished above are correct.

Station :

Signature of the Government Servant.

Date :

APPLICATION FOR ADVANCE OF T.A. ON TRANSFER

| | | | |
|------------|--|------------|---------------------|
| 1. | Name of the Officer/ Official. | | |
| 2. | Designation. | | |
| 3. | Whether temporary / permanent. | | |
| 4. | Office/Station in which working. | | |
| 5. | Basic Pay + NPA + SI. | | |
| 6. | Station to which transferred. | | |
| 7. | No. & Date of the transfer order. | | |
| 8. | Details of family members alongwith their age and relationship. | | |
| | Family Particulars | Age | Relationship |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 9. | Whether the advance is required for. | | |
| | (a) Self alone, or | | |
| | (b) Self and family, or | | |
| | (c) Family alone | | |
| 10. | Amount of advance required | | |

I declare that the particulars furnished above are correct.

Station :

Signature of the Government Servant.

Date :

APPLICATION FOR ADVANCE OF T.A. ON RETIREMENT

| | | | |
|-----|---|------------|---------------------|
| 1. | Name of the Officer/ Official. | | |
| 2. | Designation. | | |
| 3. | Office in which working. | | |
| 4. | Station in which working. | | |
| 5. | Whether permanent/temporary. | | |
| 6. | Basic Pay + NPA + SI. | | |
| 7. | Details of family members alongwith their age and relationship. | | |
| | Family Particulars | Age | Relationship |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 8. | Station at which desires to settle after retirement. | | |
| 9. | Date from which the official is on LPR (Leave Preparatory to Retirement). | | |
| 10. | Date of superannuation. | | |
| 11. | Date on which journey is proposed to be performed. | | |
| 12. | Amount of advance required. | | |

I declare that the particulars furnished above are correct and true to the best of my knowledge.

Station :

Signature of the Government Servant.

Date :

[NOTE – Advance admissible only if the journey is performed during LPR]

APPLICATION FOR ADVANCE OF T. A. TO THE FAMILY OF A DECEASED EMPLOYEE

| | | | |
|------------|--|------------|---------------------|
| 1. | Name of the Applicant. | | |
| 2. | Relationship with the deceased Government Servant. | | |
| 3. | Name of the deceased Government Servant. | | |
| 4. | Post held by the deceased Government Servant. | | |
| 5. | Headquarters of the deceased Government Servant. | | |
| 6. | Basic Pay + NPA + SI drawn by the deceased Government Servant. | | |
| 7. | Details of family members alongwith their age and relationship. | | |
| | Family Particulars | Age | Relationship |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 8. | Place at which the family members desire to settle. | | |
| 9. | Whether surety from a permanent Government Servant is enclosed. | | |
| 10. | Amount of advance required. | | |

I declare that the particulars furnished above are correct and abide by the conditions for the recovery of advance. I am also enclosing the surety bond from a permanent Central Government Servant.

Station :

Signature of the Applicant.

Date :

FORM GFR 37

APPLICATION FOR FLOOD/DROUGHT ADVANCE

| Name of the Ministry/Deptt./Office |
|------------------------------------|
| |
| |
| |
| |
| |

| | | |
|----|---|--|
| 1. | Name of the Applicant. | |
| 2. | Designation | |
| 3. | Basic Pay + SI | |
| 4. | Whether Permanent/Temporary | |
| 5. | Section/Office to which attached | |
| 6. | Permanent Address | |
| | | |
| | | |
| | | |
| 7. | Present Residential Address | |
| | | |
| | | |
| | | |
| 8. | Details of the property movable / immovable affected or damaged by the natural calamity - | |
| | (i) Name of the place which has been affected by the natural calamity and the details of the property immovable as well as movable (to be shown separately in two lists) damaged. | |

| | | | |
|----|-----------------------------|---|--|
| 8. | (ii) | Whether any advance was drawn on earlier occasion and if so, the date of drawal and amount. | |
| | (iii) | Whether the earlier advance was drawn for damage to the same movable or immovable property and if so, the nature of further damage to the movable or immovable property to be indicated precisely | |
| | (iv) | If reply to item (iii) is in the affirmative the details of damage that has now occurred requiring fresh assistance (list to be attached indicating details) | |
| | (v) | Whether the recovery of advance has since been completed. | |
| 9. | Amount of advance required. | | |

Dated

(Signature of Applicant)

Declaration

I, _____, do hereby declare that the statements furnished in item 8 above are correct.

Dated

(Signature of Applicant)

Warning - If at any stage the information furnished above is found untrue, the sanctioning authority may take disciplinary action against the official under the rules.

APPLICATION FOR L.T.C. ADVANCE

| | | | | | |
|------------|---|--|---------------------|------------|--------------------------|
| 1. | Name of the official (in Block Letters). | | | | |
| 2. | (a) | Designation and Staff No. | | | |
| | (b) | Permanent or Temporary. [If not permanent, Surety Bond from a permanent official to be enclosed with the Application] | | | |
| 3. | Unit/Office to which attached. | | | | |
| 4. | Basic Pay + NPA + SI in the present Grade. | | | | |
| 5. | Date of appointment in the Department. | | | | |
| 6. | Place of home town as declared in the Service Book. | | | | |
| 7. | Particulars of LTC availed for previous Block Years. | | | | |
| 8. | Block Year for which now proposed to avail. | | | | |
| 9. | Whether avails CL or EL (Nature of Leave to be mentioned). | | | | |
| 10. | Whether LTC advance already taken has been settled in full or pending settlement, date of the settlement of the previous case. | | | | |
| 11. | Place of visit (farthest point). | | | | |
| 12. | Proposed Date of onward journey. | | | | |
| 13. | Probable Date of return journey. | | | | |
| 14. | Particulars of family members availing the facility. | | | | |
| | S. No. | Name | Relationship | Age | Whether dependant |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 15. | Class of accommodation proposed to be availed in the Railway journey. | | | | |
| 16. | Amount of advance required. | | | | |

Date

(Signature & Design. of Official)

DECLARATIONS

I, _____, hereby certify that the above particulars furnished by me are true and correct.

I also undertake to refund the LTC advance in full immediately in case of failure to perform the proposed journey for which advance was taken.

I also declare that I will not visit other than the place mentioned in the application without obtaining prior approval of the competent authority.

I also agree to refund one half of the advance if the return journey could not be performed within 60 days from the date of the advance.

I also agree to credit forthwith to the office any excess amount of advance left with me for any reason whatsoever.

I also agree to produce evidence of purchase of tickets, etc., for myself/members of my family, as the case may be, for the forward journey within 10 days or before the commencement of the journey, whichever is earlier, from the date of drawing the advance. I am aware that failure to comply with the above requirement will entail recovery of the advance in one lumpsum from the next drawal of my salary, together with the penal interest @ 2^{1/2} % over and above the normal interest.

I am aware that if I do not submit LTC bills within one month from the date of return journey the outstanding LTC advance is recoverable in one lumpsum from my next salary together with the penal interest @ 2^{1/2} % over and above the normal interest.

I am also aware that my claim will be forfeited if I fail to submit the bills within 1 month from the date of completion of journey.

I also understand that if the LTC is availed for self, the cost is reimbursable only when the journey is performed after availing any kind of leave and not during week-end holidays/other holidays/RH alone.

Signature: _____

Designation: _____

REMARKS OF THE UNIT OFFICER

Forwarded. Official applied CL/EL as at Col. 9 and the same has been sanctioned.

Unit Officer

APPLICATION FOR LEAVE SALARY ADVANCE

| | | |
|----|--|--|
| 1. | Name. | |
| 2. | Designation | |
| 3. | Office / Section to which attached | |
| 4. | Basic Pay + NPA + SI | |
| 5. | Nature and period of leave sanctioned and Sanction Order No. and date | |
| 6. | Total Pay and Allowances entitled (i.e. Pay, DA, HRA, CCA, etc., per mensem) | |
| 7. | Total recoveries per mensem | |
| 8. | Amount of advance applied for | |

I declare that the particulars furnished above are correct.

Station :

Date :

Signature of the Government Servant.

APPLICATION FOR ADVANCE FOR MEDICAL TREATMENT

| | | |
|-----|--|--|
| 1. | Name. | |
| 2. | Designation and Office in which working. | |
| 3. | Basic Pay + NPA + SI | |
| 4. | Whether permanent or temporary. | |
| 5. | Name of the patient and relationship with the Government Servant. | |
| 6. | Nature of illness. | |
| 7. | Whether treatment is received as In-patient or Out-patient. | |
| 8. | Name of the Hospital in which patient is treated and whether it is a recognised one. | |
| 9. | Whether necessary certificate from the Medical Officer or Specialist of the recognised hospital is enclosed. | |
| 10. | Anticipated cost of treatment as certified by the Medical Officer/Specialist. | |
| 11. | Amount of advance required. | |

I declare that the particulars furnished above are correct.

Station :

Date :

Signature of the Government Servant.

**FORM OF APPLICATION FOR CLAIMING REFUND OF MEDICAL TREATMENT
INCURRED IN CONNECTION WITH MEDICAL ATTENDANCE AND/OR TREATMENT
OF CENTRAL GOVT. SERVANTS AND THEIR FAMILIES.**

| | | | | | | | | | | |
|--------------|---|---|-----------|---------------------------------|-----------|---------------------|-----------|---------------------------------|-----------|-------------------------------|
| 1. | Name and designation of the Government Servant (in block letters) | | | | | | | | | |
| 2. | Office in which employed | | | | | | | | | |
| 3. | Pay & Allowance to be shown separately – Pay, DA, CCA, HRA = Total | | | | | | | | | |
| 4. | Place of Duty | | | | | | | | | |
| 5. | Actual Residential Address | | | | | | | | | |
| 6. | Name of patient and his/her relationship to the Govt. Servant | | | | | | | | | |
| 7. | Place at which the patient fell ill | | | | | | | | | |
| 8. | Details of Amount claimed | | | | | | | | | |
| (i) | Medical Attendance : | | | | | | | | | |
| | (a) Name, Address & Designation of the Medical Officer consulted and the hospital or dispensary in which attached. | | | | | | | | | |
| | (b) No. & date of consultation and fees paid for each consultation. | | | | | | | | | |
| | (c) No. & date of injections and fees paid for each injection. | | | | | | | | | |
| | (d) Whether consultation or injections were had at the hospital/consulting room or at the residence of the patient. | | | | | | | | | |
| (ii) | Indoor Hospital Treatment | | | | | | | | | |
| (iii) | Medicines purchased from the market. (List of medicines, cash memo & essentiality certificate should be attached) | | | | | | | | | |
| 9. | Total Amount Claimed | | | | | | | | | |
| 10 | List of Enclosures | <table border="1"> <tr> <td>1.</td> <td>Doctor's prescription(s)</td> </tr> <tr> <td>2.</td> <td>Cash Memo(s)</td> </tr> <tr> <td>3.</td> <td>Essentiality Certificate</td> </tr> <tr> <td>4.</td> <td>Other (Please Specify)</td> </tr> </table> | 1. | Doctor's prescription(s) | 2. | Cash Memo(s) | 3. | Essentiality Certificate | 4. | Other (Please Specify) |
| 1. | Doctor's prescription(s) | | | | | | | | | |
| 2. | Cash Memo(s) | | | | | | | | | |
| 3. | Essentiality Certificate | | | | | | | | | |
| 4. | Other (Please Specify) | | | | | | | | | |

DECLARATION TO BE SIGNED BY THE GOVERNMENT SERVANT

I hereby declare that the statements in the application are true to the best of my knowledge and belief and that the person for whom Medical Expenses were incurred is wholly dependent upon me.

Place :

Signature of the Government Servant.

Certificate granted to _____ son/daughter/wife/husband
of Mr./Mrs. _____ employed in the _____
department at _____.

C E R T I F I C A T E

(To be completed in the case of patients who are not admitted in the hospital for treatment)

I, Dr. _____ hereby certify that

- (a) I charged and received Rs. _____ for consultation/s on _____.
- (b) I charged and received Rs. _____ for administering _____
intramuscular injections or subcutaneous on _____ at my consulting room / the
residence of the patient. (dates to be given)
- (c) That the injections administered were/not for immunizing or prophylactic purposes,
- (d) That the patient has been under treatment at _____ hospital/my
consulting room and the undermentioned medicines prescribed by me in this connection were
essential for the recovery/prevention of serious deterioration in the condition of the patient and
the medicines are not stocked in the _____ (name of hospital) for supply to
private patients and do not include proprietary preparations for which cheaper substances of
equal therapeutic value are available; no preparations which are primarily foods, toilets or
disinfectants;

**FORM OF APPLICATION FOR FINAL PAYMENT/TRANSFER TO
CORPORATE BODIES/OTHER GOVERNMENTS OF BALANCES IN THE
GENERAL PROVIDENT FUND ACCOUNT.**

To

The Accounts Officer,

Submitted through the Head of Office

Sir,

I am to retire/have retired/have proceeded on leave preparatory to retirement for _____ months/have been discharged/dismissed/have been permanently transferred to _____/have resigned finally from Government service/have resigned service under Central Government to take up appointment with _____ and my resignation has been accepted with effect from _____ forenoon/afternoon. I joined service with _____ on _____ forenoon/afternoon.

2. My Provident Fund Account No. is _____.

3. I desire to receive payment through my office/through the _____ Treasury/Sub-Treasury. Particulars of my personal marks of identification, left hand thumb and finger impressions (in the case of illiterate subscribers) and specimen signature (in the case of literate subscribers) in duplicate, duly attested by a Gazetted Officer of the Government, are enclosed.

PART-I

***[To be filled in when the application for final payment
is submitted up to one year prior to retirement.]***

4. I request that the amount of Rs. _____/- standing to the credit in my Provident Fund Account as indicated in the Accounts Statement issued to me for the year _____ (enclosed)/as appearing in my ledger account being maintained by you _____ Treasury/Sub-Treasury/Head of Office, may please be arranged to be paid to me as first instalment of final payment.

5. After payment of the first instalment of my Provident Fund balance. I will apply for the payment of subsequent instalments in Part II of the Form immediately on retirement.

Yours faithfully,

Signature _____

Station : _____

Name _____

Date : _____

Address _____

(This applies only when payment is not desired through the Head of Office.)

(FOR USE BY HEADS OF OFFICES)

Forwarded to the Accounts Officer, Zonal Accounts Office, CBDT, Ahmedabad for necessary action.

2. The Provident Fund Account No. of Shri/Shrimati/Kumari _____ (as certified from the Statements furnished to him/her from year to year) is _____.

3. He/She is due to retire from Government service on _____.

4. Certified that he/she had taken the following advances in respect of which _____ instalment of Rs. _____ are yet to be recovered and credited to the Fund Account. The details of the final withdrawals granted to him/her are also indicated below :

| | Temporary Advances | Final Withdrawals |
|----|---------------------------|--------------------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |

[Signature of the Head of Office]

PART-II

[To be submitted by the Subscriber immediately after his retirement. This Part is also applicable in the case of subscribers who apply for final payment for the first time after the date of superannuation, discharge, resignation, etc.]

In continuation of my earlier application, dated _____, for the final payment of Provident Fund balances, I request that the entire balance at my credit with interest due under the rules may be paid to me.

Or

I request that the entire amount at my credit with interest due under the rules may be paid to me/transferred to _____.

Signature : _____

Name : _____

Address : _____

(FOR USE BY HEADS OF OFFICES)

Forwarded to the Accounts Officer, Zonal Accounts Office, CDBT, Ahmedabad for necessary action/in continuation of Endorsement No. _____ dated _____.

2. He/She has finally retired/will proceed on leave preparatory to retirement for _____ months/has been discharged/dismissed/has been permanently transferred to _____/has resigned finally from Government service/has resigned service under _____ Government to take up appointment with _____ and his/her resignation has been accepted with effect from _____ forenoon/afternoon. He joined service with _____ on _____ forenoon/afternoon.

3. The last fund deduction was made from his/her pay in this Office Bill No. _____ dated _____ for Rs. _____ (Rupees _____ only) cash voucher No. _____ of _____ Treasury, the amount of deduction being Rs. _____ and recovery on account of refund of advance Rs. _____.

4. Certified that he/she was neither sanctioned any temporary advance nor any final withdrawal from his/her Provident Fund Account during the 12 months immediately preceding the date of his/her quitting service under _____ Government/proceeding on leave preparatory to retirement or thereafter.

Or

Certified that the following temporary advances/final withdrawals were sanctioned to him/her and drawn from his/her Provident Fund Account during the 12 months immediately preceding the date of his/her quitting service under _____ Government/proceeding on leave preparatory to retirement or thereafter.

| | Amount of advance/ Withdrawal | Date | Voucher Number |
|----|--|-------------|---------------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

5. It is certified that no demands/following demands of Government are due for recovery.

6. Certified that he/she has not resigned from Government service with prior permission of the Central Government to take up an appointment in another Department of the Central Government or under a State Government or under a body corporate owned or controlled by the State.

(Signature of Head of Office/Department.)

REIMBURSEMENT OF TUITION FEE

Certified that the child/children mentioned below in respect of whom reimbursement of tuition fee/s is claimed is/are wholly dependent upon me :

| Name of the Child | Date of Birth | School in which studying | Class in which Studying | Monthly tuition fee actually payable | Tuition fee actually payable for the year | Amount of reimbursement |
|-------------------|---------------|--------------------------|-------------------------|--------------------------------------|---|-------------------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

2. Certified that the tuition fee/s indicated against the child/each of the children had actually been paid by me. (Cash receipts, Bank credit vouchers, etc., to be attached with the initial claim only).
3. Certified that : -
 - i) My wife/husband is not a Central / State Government Servant.
 - ii) My wife/husband is a Central / State Government servant, but she/he will not claim the reimbursement of tuition fee in respect of our child/children.
 - iii) My wife/husband is employed with _____ . She/he is not entitled to reimbursement of tuition fees in respect of our child/children.
4. Certified that during the period covered by this claim, the child/children attended the school(s) regularly and did not absent himself/herself/themselves from the school(s) without proper leave for a period of exceeding one month.
5. Certified that the child/children mentioned has/have not been studying in the same class for more than two years.
6. Certified that I or my wife/husband have/has not claimed and will not claim the Children's Educational Allowance in respect of the child/children mentioned above.
7. Certified that my child/children in respect of whom reimbursement of tuition fee is claimed is/are studying in the school(s) which is/are recognised school(s).
8. In the event of any change in the particulars above which effect my eligibility for reimbursement of tuition fees, I undertake to intimate the same promptly and also to refund excess payments, if any made.

Signature of the Govt. Servant.

Place :
Date :

Name in block letters _____
Designation & Office _____

LAST PAY CERTIFICATE

(See Appendix B)

Last Pay Certificate of Shri/Smt./Kum. _____ of the _____ proceeding on transfer/promotion/retirement to the office of _____.

2. He/She has been paid up to _____, 20____ at the following rates :

| Earnings | | | Deductions | |
|---------------------------------------|----------|--------|--|--------|
| Particulars | Rate (%) | Amount | Particulars | Amount |
| Substantive/Officiating/ Basic Pay | | | Income-tax Deduction | |
| Dearness Pay | | | General Provident Fund Contribution | |
| Dearness Allowance | | | C.G.H.S. | |
| House Rent Allowance | | | C.G.I.S./ N.G.I.S. | |
| City Comp. Allowance | | | House Bldg. Advance / Interest. | |
| Transport Allowance | | | Conveyance / Computer Advance / Interest. | |
| Personal Pay | | | Festival Advance | |
| Special Pay | | | General Provident Fund Advance | |
| Washing Allowance | | | License Fee | |
| Interim Relief | | | Water Charges | |
| Medical Allowance | | | Other Deduction/s | |
| Leave Travel Allowance | | | Any Other / Salary Advance | |
| Other (Please specify) | | | Professional Tax | |
| Total Earnings | | | Total Deductions | |
| Net Salary Paid | | | | |

3. His/Her General Provident Fund Account No. _____ is maintained by Accounts Officer/Accountant General _____.

4. He/She made over the charge of the office of _____ on the Forenoon/Afternoon of _____.
5. Recoveries are to be made from the pay of the Government Servant as detailed below :

| Nature of Recovery | Amount to be recovered | In No. of instalments | Out of total instalments of |
|--------------------|------------------------|-----------------------|-----------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

6. He/She has been paid Leave Salary as detailed below.

| Period | | Rate @ Rs. Per Month | Amount |
|--------|----|----------------------|--------|
| From | To | | |
| | | | |
| | | | |
| | | | |
| | | | |

7. Deductions has been made from the Leave Salary as noted below :

| Period of Leave Salary | | On Account of | Amount |
|------------------------|----|---------------|--------|
| From | To | | |
| | | | |
| | | | |
| | | | |

8. He/She is also entitled to a joining time for _____ days.
9. He/She has availed Casual Leave _____ and/or Restricted Holiday _____.

10. He/She finances the insurance policies detailed below from Provident Fund :

| Name of the Insurance Company | No. of Policy | Amount of Premium | Due date for the date of Premium |
|--------------------------------------|----------------------|--------------------------|---|
| | | | |
| | | | |
| | | | |

11. The details of the Income tax recovered from him/her upto the date from the beginning of the current Financial Year are noted in the reverse.

Place :

Date :

Signature of Drawing & Disbursing Officer

Details of Deductions made during the current Financial Year

| Month/ Year | Gross Salary | GPF Cont. | GPF Adv. | Income Tax | HBA | Conv. Adv. | CGIS | CGHS | Wtr. Chrg. | Lcn. Fees | Fest. Adv. | Comp. Adv. | Prof. Tax | Other Ded. |
|----------------|-----------------|--------------|-------------|---------------|-----|---------------|------|------|---------------|--------------|---------------|---------------|--------------|---------------|
| Mar. | | | | | | | | | | | | | | |
| Apr. | | | | | | | | | | | | | | |
| May. | | | | | | | | | | | | | | |
| Jun. | | | | | | | | | | | | | | |
| Jul. | | | | | | | | | | | | | | |
| Aug. | | | | | | | | | | | | | | |
| Sep. | | | | | | | | | | | | | | |
| Oct. | | | | | | | | | | | | | | |
| Nov. | | | | | | | | | | | | | | |
| Dec. | | | | | | | | | | | | | | |
| Jan. | | | | | | | | | | | | | | |
| Feb. | | | | | | | | | | | | | | |
| Total | | | | | | | | | | | | | | |

FORM NO. 37-B

Bill No. _____

Dated : _____

Head of Account : " 2071 - Pension & Gratuity - Retirement Benefits, Other Benefits etc."

Received the sum of Rs. _____/- (Rupees _____ only) due to Shri. / Smt. _____ being the amount of D.C.R.G. / Comm. Value of Pension / Family Pension /Provisional Pension sanctioned vide Order / Letter No. _____ dated _____ for Rs. _____.

| | |
|---------------------------|------------|
| Bill Amount | Rs. |
| Total Deduction | Rs. |
| Net Amount Payable | Rs. |
| Rupees | |

Countersigned for Rs. _____.

Signature of Drawing & Disbursing Officer

Signature of Drawing & Disbursing Officer

For use in the Zonal Accounts Office

Audited Rs. _____

Objected Rs. _____

Reasons for Objection.

**Auditor
Date:**

**Sup.
Date:**

**Accounts Officer
Date:**

FORM T. R. - 42
(See Rule 406)

Head of Account

| | |
|--|------------------|
| | Bill No. : _____ |
| | Date : _____ |

Received the sum of Rs. _____/- (Rupees _____ only) being the advance for purchase of **Motor Car/Motor Cycle/Scooter/Moped/Computer/Bicycle** for F.Y. _____ sanctioned by the _____ vide his order No. _____ dated _____ (copy/copies enclosed) in respect of Shri/Smt./Kum. _____.

| | |
|-----------------------------------|------------|
| Grant for the Year _____ | Rs. |
| Expenditure upto this Bill | Rs. |
| Balance | Rs. |

Signature of Drawing & Disbursing Officer

Countersigned for Rs. _____

FOR USE IN PRE-CHECK UNIT

Pay Rs.

Examined

Accountant

Accounts Officer.

FOR USE IN ZONAL ACCOUNTS OFFICE

Admitted Rs. _____

Objected Rs. _____

Reasons for objection :

Auditor

Superintendent

Gazetted Officer.

FORM T. R. - 42
(See Rule 406)

| | |
|------------------------|----------------------------------|
| Head of Account | Bill No. : _____ Date : _____ |
|------------------------|----------------------------------|

Received the sum of Rs. _____/- (Rupees _____ only) being the **House Building Advance** for purchase of a **Flat/House/Plot of Land** or **for constructing/reconstructing a flat/house** for F.Y. _____ sanctioned by the _____ vide his order No. _____ dated _____ (copy/copies enclosed) in respect of Shri/Smt./Kum. _____.

| | |
|-----------------------------------|------------|
| Grant for the Year _____ | Rs. |
| Expenditure upto this Bill | Rs. |
| Balance | Rs. |

Signature of Drawing & Disbursing Officer

Countersigned for Rs. _____

FOR USE IN PRE-CHECK UNIT

Pay Rs.

Examined

Accountant

Accounts Officer.

FOR USE IN ZONAL ACCOUNTS OFFICE

Admitted Rs. _____

Objected Rs. _____

Reasons for objection :

Auditor

Superintendent

Gazetted Officer.

ANNEXURE "C"

Received the sum of Rs. _____ (Rupees _____ only) being the total of entitlement of Rs. _____ from the insurance Fund and/or of Rs. _____ from the Savings Fund, accrued to _____ Designation _____ Group A/B/C/D under the Central Government Employees' Group Insurance Scheme.

Date :

Signature(s) of Recipient(s)
(Name in block letters)

FOR USE IN DEPARTMENTAL OFFICE

| (A) | Relevant Bio data of the Members | Type or Group (Viz. "A", "B", "C", "D") | |
|-----|---|--|--|
| 1 | Type or Group of the Member (i.e. lowest group on initially joining the scheme on ... | Type : - | |
| 2. | Year of acquiring Membership of the higher group : | Group "C" on | |
| | | Group "B" on | |
| | | Group "A" on | |
| (B) | Countersigned for payment of Rs. _____/- (Rupees _____ only) to claimant(s). Crossed Cheque/Demand Draft to be issued in favour of claimant(s). | | |

Signature of Drawing & Disbursing Officer

FOR USE IN PAY AND ACCOUNTS OFFICE.

Passed for payment of Rs. _____/- (Rupees _____) Payment through Cheque(s) No.(s) _____ dated _____.

PAY & ACCOUNTS OFFICER.

FORM T. R. - 42
(See Rule 406)

| | |
|------------------------|----------------------------------|
| Head of Account | Bill No. : _____ Date : _____ |
|------------------------|----------------------------------|

Received the sum of Rs. _____/- (Rupees _____ only) being the amount payable under the **"DEPOSIT LINKED INSURANCE SCHEME"** sanctioned by the _____ vide his order No. _____ dated _____ (copy/copies enclosed) in respect of Shri/Smt./Kum. _____.

| | |
|-----------------------------------|------------|
| Grant for the Year _____ | Rs. |
| Expenditure upto this Bill | Rs. |
| Balance | Rs. |

Signature of Drawing & Disbursing Officer

Countersigned for Rs. _____

FOR USE IN PRE-CHECK UNIT

Pay Rs.

Examined

Accountant

Accounts Officer.

FOR USE IN ZONAL ACCOUNTS OFFICE

Admitted Rs. _____

Objected Rs. _____

Reasons for objection :

Auditor

Superintendent

Gazetted Officer.

Application for Leave

| | | |
|-----|--|--|
| 1. | Name of the Applicant. | |
| 2. | Post held. | |
| 3. | Department, Office & Section. | |
| 4. | Pay | |
| 5. | House Rent Allowance & other compensatory allowances drawn in the present post. | |
| 6. | Nature & period of leave applied for and date from which required. | |
| 7. | Sundays & holidays, if any, proposed to be prefixed/suffixed to Leave. | |
| 8. | Grounds on which the leave is applied for. | |
| 9. | Date of return from last leave and the nature and period of that leave. | |
| 10. | I propose/do not propose to avail myself of Leave Travel Concession for the block years during the ensuing leave. | |
| 11. | Address during the Leave period. | |

Signature of the Applicant

| | | |
|-----|--|--|
| 12. | Remarks and/or recommendation of the Controlling Officer. | |
|-----|--|--|

CERTIFICATE REGARDING ADMISSIBILITY OF LEAVE

13. Certified that _____(nature of leave) for _____(period) from _____ to _____ is admissible under Rule _____ of the Central Civil Services Leave Rules, 1972.

Signature of recommending Officer

14. Remarks / Orders of the authority competent to grant the leave.

Signature of the Sanctioning Authority