

G. A. R. 42

[See rules 175(1), 176 and 177]

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

(\*Delete whichever is inapplicable and prepare separate Bills for each category of drawal under each Fund Ministry/Department/Office of .....)

Adjustable by : DIRECTORATE OF ACCOUNTS AND TREASURIES, PUDUCHERRY

Bill No. : .....

Dated .....

Sl. No. (1)	Name of subscriber and pay (2)	Provident Fund A/c. No. (3)	No. & Date of Sanction/ Letter of Authority (4)	Final Payment/ Advance/Other withdrawals/ Payment under Deposit Linked Insurance Scheme (5)		Amount Payable (6)	
				Rs.	P.	Rs.	P.

**Total**

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

SPACE FOR CLASSIFICATION

805. State Provident Fund.  
General Provident Fund, Puducherry.

Received payment

**Signature** .....

Designation of Drawing Officer :

Station ..... Date .....

Passed for payment of Rs. ....

(Rupees .....

.....)

(Payment through Cheque No. ....)

**DEPUTY DIRECTOR OF ACCOUNTS AND TREASURIES**

Admitted .....

Examined and entered in Broadsheet/Ledger Card

Objected .....

Reasons for objection .....

**ASSISTANT/SUPERINTENDENT**

**DEPUTY DIRECTOR OF ACCOUNTS AND TREASURIES**

**CERTIFICATE**

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 refunded by deduction from this bill) have been disbursed to the proper persons, and that the acquittances have been taken in the bills, office copy and filed in my office (with the receipt stamp duty 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 Certified also that the amount withdrawn previously on the same account has been utilised by the subscriber for the purpose for which it was intended that the relevant premium receipt has/have been duly enfaced.

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 Accounts Officer ..... (or the details of the Policy proposed to be taken have been communicated to the Director of Accounts and Treasuries, Puducherry and accepted by him in his letter No.: ..... dated ..... ) Certified that 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 case where the policies were accepted for financing prior to 22nd June, 1975 in respect of each 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 O.M. No. 9 (10)-E.V.(B) 75, dated the 8th January, 1975 as amended from time to time.

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** :

**Designation** :

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