

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

Adjustable by.....

Voucher No.....

Ministry/ Department.....Dated.....

Bill for withdrawing final payment/Advance/Other withdrawal payment under deposit linked Insurance Scheme from General Provident Fund.

For the month of

Sl. No	Name of Subscriber and Pay	General Provident fund A/C No.	No. and date of sanction letter of Authority	Final Payment Advance other withdrawals /payment under Deposit Linked ns- Scheme	Amount payable
Total					

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

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Space for classification	Signature..... Designation of Drawing Officer..... Station..... Date..... Contents received..... Pay to Shri Signature of Drawing officer.
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Admitted Rs..... Object Rs..... Accountant Pay and Accounts officer	
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Pay.....(Rupees.....) Treasury officer Pay and Accounts officer	Examined and Entered Treasury officer Pay and Accounts officer
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CERTIFICATES

1. Certified that I have satisfied myself that all sums included in bills in form T.R 58-A drawn 1 month/2 month/3 month previous to this date in favour of

M/s.....
 with the exception of those detailed below (of which the total has been refunded by deduction from this bill) have disbursed to the proper person and that their acquittances have been taken in this bill/field in my office with receipts thump only cancelled for every payment in excess of Rs 20. Certified also that the amount with drawn the previously on the same acquittances been utilised by the subscriber for the purpose for which it was intended and that the relevant premium receipt has, have been duly enfaced by me

2. Certified that the balance at the credit of the subscriber on the date if the withdrawal covers the sums drawn in the bill, certified also that the amount asked for in bill is required to most the premium due on
 in respect of policy no.....
 And that the policy is question has been assigned to the president of India and is in the custody if the Accounts officerfor the detailed 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 with in there months from the date of payment of the premium.
3. Certified also that the number of policies financed form the General provident fund dose not exceed four/the number so policies financed form General provident fund exceeds four as these were accepted prior to 22nd June, 1975.
4. Certified that the amount claimed in this bill on account of dose under the Deposit Linked Insurance Scheme is in accordance with the seales laid down in Ministry of Finance Department of expenditure O.M No F. 9 (10) (B)/7 dated 8th January 1975 as amended form time to time.

Signature.....

Designation.....