

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 Certified also that the amount withdrawn previously on the same account has been utilised by the subscriber for the purpose for which it was intended and that the relevant premium receipt/receipts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 : _____