#### FORM-3

(See Rule 18)

# MEDICAL CERTIFICATE FOR GAZATTED OFFICERS RECOMMENDED LEAVE OR EXTENSION OF LEAVE OR COMMUTATION OF LEAVE

Signature of the Government Servant; I, ...... after careful personal examination of the case hereby certify that Sri./Smt./Kumari .......whose signature is given above, is suffering from ......and I consider that a period of necessary for the restoration of his/her health. In my opinion, it is/it is not necessary for the Government servant to appear before a Medical Board Civil Surgeon/Staff Surgeon/ Authorised Medical Attendant Date: .....Dispensary Signature of the Government Servant MEDICAL CERTIFICATE OF FITNESS TO JOIN DUTY AFTER LEAVE I, Dr. .....do hereby certify that I have carefully examined recovered from his/her illness and is now fit to resume duties in ..... examined the original Medical Certificate and statement of the case on which leave was granted and have taken these in to consideration in arriving at my decision. Signature of Medical Officer

Place: Date:



Registration No......

Part of Registration

System of Medicine

Distt. Balod (C.G.)

aloc (C.G

#### Form-1

### FORM OF APPLICATION FOR MEDICAL REIMBURSEMENT (See Rule 8 (1)

(N.B. Seperate form should be used for each patient)

	1.	Name	and d	esignation of the Government	
		serve	nt (in b	block letter)	
	2.	Office	e in wh	ich employed	
	3.			dovernment servent as defined in	
		the F	undam	ental Rules, and any other	
		emoli	aments	, which should be shown	
		separ		, stoud be shown	
	4.		of dut	v	
	5.			lential address	
	6.			patient and his/her relationship	
				rnment servant.	
				children, give the following	
				also namely) :-	
		(i)		of birth	
		(ii)		ber in order of birth	
	_	(iii)		number of children	
	7.			ich patient fell ill	
	8.			Iness and its duration	
	9.			ne amount claimed :-	
		I-MI		L ATTENDANCE:-	
		(i)	Fees	for consultation indicating :-	
			(a)		
				Medical Officer consulted and the	
				attached.	
			(b)	The number and dates of	
				consultations and the fees paid fo	or .
				each consultation.	
			(c)		al
				the hospital, the consulting room	
				the Medical Officer or at the resid	ence
				of the patient.	
		(ii)			,
			radio	ological or other similar tests	
			unde	rtaken, during diagnosis indicating	1+
			(a)	The name of the hospital or	
				loboratory where the tests were	
				undertaken, and	
			(b)	Whether the teste were undertake	en
			251152	on the advice of the authorised	
				medical attendant, and if so, a	
				certificate to that effect should be	;
				attached.	
		(iii)	Cost	of medicines purchased from the	
			mark	사용하다. 실어하는 경우와 아랫동안 살이 되어 보기 수 있는 것이 되어 있다면 하는 것이 되었다. 그 사용이 있다면 하는데	
00	llege	1	(List	of medicines, cash memos and the	A
	36.	21		ntiality certificate should be attache	111140
K	hem	100	1	A CONTRACTOR OF THE PROPERTY O	Principal,
Dist	i. bain	9 3			Govt. College, Aller
1		1.1	1		Distt. Baida (C.C.

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Charges for hospital, treatment, indicating separately the charges for - (i) Accommodation (state whether it was according to the status of 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 (iv) Pathological, bacteriological, radiological or other similar tests indicating: -  (a) The name of the hospital or aboratory 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 medicine (List of medicines, cash memos and the essentiality Certificate should be attached)  (vii) Ordinary nursing (viii) Special nursing, i. e., nurses, specially engaged for the patient. State whether they were employed on the advice of the medical Officer in-charge of the case at the hospital or at the requests of the Government servant or patient. In the former case a certificate from the M. O.  1/c. of the case and countersigned by the Medical Superintendent of the hospital should be attached.  (ix) Any other charges e.g., charges for electric lights, fans, heaters, 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 patient.  Note:- If the treatment was received by the Government servant at his residence, give particulars of such treatment and attach a certificate from the authorisd medical attendant.  Total amount claimed	II-	HOSP	ITALTREATMENT:2
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Declaration to be signed by the Government servant

I HEREBY DECLARE THAT the statements in application are true to the best of may knowledge and belief and that the person for whom medical expenses were incurred is wholly dependent upon me.

Collect Date The Distr. balod

10.

Signature of the Government servant Principal,

Govt. College, Khertha Distt. Balod (C.G.)

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#### FORM II Form of Essentiality Certificate (See Rule 8 (2))

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Signature and designation of the authorised Medical attendant/ Signature of the Medical Officer I/c of the case at the hospital

Principal,
Govt. College, Khertha

Distt. Balod (C.G.)

### C-In Case of Insulin Treatment

CERTIFIED THAT Shri/Shrimati/Kumari
Son/Wife/Daughter of Shri/Shrimati
has been under my treatment for diabetes at my hospital and that insulin prescribed by the
hospital of the disease for which no reimbursement has been made extending over the period from
the patient having
developed complications necessitating hospitalisation.

Authorised Medical Attendant/ Medical Officer I/c. of the case at the hospital

College 4 horse

भी भाग प्रपार्थ महादय जी मायकीय महाविद्यालय वेषवपा भिला -पालीए (६० ग्र) विषय: निकित्सा अपकाम लेने लाला. महीद्य जी निवेद्र है कि अभिर में लिएक गामी छो के कारण द्यार्य कहार अन्मात है। सातः महिद्य जी मिनेटा है के 10 Both & POBCHE STUNIE 4518 527 ह्या हुरे (STURVUR) Brito 07/06/19 संदोग DIST RIE (QUY) (1) किक्रिट्स प्रजान पत्र मान् भरा वि न्येग्रपा िता ता - खालेगः

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26464 *ि(।0*) चिकित्सक का प्रमाण - पत्र Medical Certificate for Govt, Servants FORM NO. 3 (SEE RULE 18) COMMENDED LEAVE OR EXTENSION OF LEAVE OR COMMUTATION OF LEAVE Signature of the Govt, servant Shri/Smt/Kumari Raja Kirgh Sto Ashok lingh whose signature is given above, is suffering from Vi Ful Lever & reed Odays affected I from and I consider that is absolutely necessary for the restoration of his/her health Date 6/6/19 C.H.C. Dongargaon Disst.-Rajnandgaon FORM NO. 4 [SEE RULE 23(3)] MEDICAL CERTIFICATE OF FITNESS TO RETURN TO DUTY Signature of the Govt, servant Civil surgeon/ Staff surgeon Authorised Medical Attendant

Registered Medical Practitioner

Do hereby certify that I have carefully examined Shri/Smt./Kumari

Whose signature is given above and find that he / she has recovered from his/her illness and is now fit to resume duties in Govt, service. I also certify that before arriving at this decision, I have examined the original medical certificate and statements of the case (or certified copies there of) on which leave was granted or extended and have taken there into consideration in

arriving at my decision



Civil surgeon / Staff surgeon Authorised Medical attendant

Principal Govt. College, Khertha

Distt. Balod (C.G.) Registered Medical Practitioner

अपाय महार्थ ली 4 HEIREUMY SUNGT जिला - छालाई (६०५०)

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arriving at my decision.

Govt. College, Khertha

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Registered Medical Pra

15/6/19

## विकित्सा का प्रमाण - पत्र MEDICAL CERTIFICATE FOR GOVT. SERVANTS

### FORM No. 3 (See Rule 18)

### 4ENDED LEAVE OR EXTENSION OF LEAVE OR COMMUNICATION OF LEAVE

	Signature of the Govt. servant
	after careful personal examination of the case hereby certify that
	Jhri/Smt./Kumari
	whose siganature is given above, is suffering from
N	The state of the s
	2
	and I consider that is absolutely necessary for the restoration of his/her health.
	Date
	Hospital/Dispensery
	or Reg. Medical Practitioner
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	FORM No. 4 [See Rule 23(3)]
	MEDICAL CERTIFICATE OF FITNESS TO RETURN TO DUTY
Δ'	was a second
1501	Signature of the Govt. servant
16/61	Signature of the Govt. servant  1. DY 1049-16 Toppo  Civil surgeon / Staff surgeon
	Authorised Medical Attendant
2	7
. 2	Registered Medical Practitioner
	Do hereby certify that I have carefully examined Shri / Smt. / Kumari Raja Singh Sto Ashak
	Whose signature is given above and find that he take
	solver the fill has and is now fit to resume duties is Govt, service, Lake partitude to
	arriving at this decision, I have examined the original medical certificate and statements of the case (or
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	certified copies thereof) on which leave was granted or extended and have taken there into consideration in
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. आसम्बद्धीय महाविधातम् बोरपा विला बालोद (ब.२).)

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रवराव के। निनम निवेदन है हि तबीयल रवराव के जाने के कारका दिनांक 1/06/17 । में 15/06/17 तक महासिद्धालय न्याने ने

असम्बं रहुः।। असः उस्त दिनंड की ए दिनों की ।निडित्पक असकाका स्वीक्रस करते स्व मुख्यालय हो डेने की यात्रकृति प्रदान अस्वे की कृषा करें.

सपन्भवाद

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1.6.17 OPPNO

4841

Medical Certificate for Govt. Servants

FORM NO. 3 (SEE RULE 18)

### COMMONDED LEAVE OR EXTENSION OF LEAVE OR COMMUTATION OF LEAVE

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			or or	Medical Practitioner



Govt. College, Khertha Distt. Balod (C.G.)

### जीवन दीप समिति

सामुदायिक स्वास्थ्य केन्द्र, अर्जुन्दा

(रजि. क्र. 10043)

बाह्य रोगी विभाग

प्रत्क 10.00

प्राप्ती,डी. नंबर 4841

प्राप्ती/पता/पति का नाम- अका शाम- अविवास स्वाप्ती का नाम- अका शाम- स्वाप्ती स्वाप्ती

Adv.	उपचार
□ X-Ray Pathology □ HB □ SICKLING □ TLC □ DLC □ ESR □ Blood Group □ PS For MP □ WIDAL □ Sugar F/PP/R □ HIV □ VDRL □ Urine-R/M □ UPT	Lew orlet  owx  nut  7. Pru on  7. Orleva m  7. Orleva m

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• श्रीचालय का करें उपयोग, रहें निरोग।

College Track

Khertha
Distr. Balod

### FORM CGTC 63

### [See Subsidiary Rule 529 (I)]

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	es)		ture of the Drawing		
Treasu	ry Officer				
Examir	ned and entered			Dum	*/
Freasy	College		G	Principa fovt. College, Distt. Balod	Kherthe

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### CERTIFICATE

Certified that I have sati	isfied myself that all sums included in bills	in form CGTC 63 drawn
month/two month/three month	previous to this date in favour of	
which the total has been refu oper persons and that their ac amp duly cancelled for every pay	unded by deduction from this bill) have equittances have been taken and filed in the exception of the exception of the sequence at my credit/the credit of the sequence.	been disbursed to the my office with receipts
avour of the Governor of Mad of the policy proposed to be to Officer in letter No	hya Pradesh and submitted to the Accordance have been communicated to and a dated	unts Officer (=
		e)
	(Designati	ion)
1		
	[for use in audit office]	
Admitted Rs.		
Admitted Rs. Objected Rs.	Auditor	Accountant



प्राधिकार पत्र क्रमांक 202102400(E)

(.पी.एफ.11(रूपांतरित)

### कार्यालय,महालेखाकार (लेखा एवं हकदारी) छत्तीसगढ़, रायपुर

(') यह प्राधिकार पत्र जारी होने के दिनांक से 6 माह की अवधि के लिए प्रभावशील है.

क्र. / निधि / 07/10/202111102283

दिनांक 04-10-2021

प्रति ,

### प्राचार्य शासकीय महाविद्यालय खेरथा 2238004

सन्दर्भ :

आपका पत्र क्रमांक 36 दिनांक 17/06/2021।

महोदय ,

आपके उपरिसंदर्भित पत्र के अनुसरण में नीचे दिए गये विवरणानुसार राशि आहरित एवं संवितरित करने हेतु यह प्राधिकार पत्र जारी किया जाता है।

संबंधित को यह सूचित कर दिया जाये कि उसे दी गई राशि स्वीकार करनी होगी एवं उस राशि पर आगे ब्याज देय नहीं होगा. राशि की अदायगी करते ही इस राशि के संवितरण का प्रमाण पत्र इस कार्यालय को तुरंत प्रस्तुत करें ।

कोषालय अधिकारी DISTRICT TREASURY, BALOD को तदनुसार सूचित कर दिया गया है. कृपया पावती भेंजे तथा अवशिष्ट राशि को शीघ्र प्राधिकृत करने हेतु नीचे मद क्र. 10 के समक्ष दर्शाये गए गुमशुदा कटौत्रों / संभावित गुमशुदा नामों का विवरण प्रस्तुत करें ।

- 1. अभिदाता का नाम
- 2. सामान्य भविष्य निधि लेखा क्रमांक
- सेवानिवृत्ति / त्यागपत्र / पदच्यृति / मृत्यु का दिनांक
- 4. दिनांक जब तक ब्याज दिया गया
- एतद द्वारा आहरण करने हेतु प्राधिकृत राशि(शब्दों तथा अंको में)
- क्या प्राधिकृत राशि सम्पूर्ण / उपलब्ध / अवशिष्ट राशि है
- 7. (")राशि किसको वितरित कि जानी है
- 8. लेखा शीर्ष
- 9. दिनांक
- 10. (क) गुमशुदा कटोत्रे
- (ख) संभावित गुमशुदा नामे
- 11. विशेष निर्देश यदि कोई हो,

श्रीमती श्रीमती सुधा सोनी CED/335077

28/02/2021

08/2021

₹ पैंतालीस लाख सात हजार नौ सौ तीन मात्र ( ₹4507903.00)

संपूर्ण

अभिदाता को

2071

(आई) अल्प बचतें, भविष्य निधि आदि

(बी)भविष्य निधियां, 8009 राज्य भविष्य निधि-01 सिविल,

04/10/2021

को या उसके पश्चात देय

निरंक

निरंक

₹ पैतालीस लाख सात हजार नौ सौ चार (₹4507904.00)( रुपयों के अंदर )

भवदीय

ANAND KUMAR Digital Grant College, Khertha KUMAR WAGHMARE Date: 2027.10.04 19:20:53 (C.G.)

वरिष्ठ लेखा अधिकारी / लेखा अधिकारी / सहायक महालेखाकार



लिपि अग्रेषित :-

कोषालय अधिकारी DISTRICT TREASURY,BALOD को सूचनार्थ एवं आवश्यक कार्यवाही हेतु ।

2 श्रीमती श्रीमती सुधा सोनी , प्राचार्य शासकीय महाविद्यालय खेरथा जिला बालोद से यह निवेदन है कि वे भुगतान प्राप्त करने हेतु प्राचार्य शासकीय महाविद्यालय खेरथा से सम्पर्क करें. गुमशुदा कटोत्रों / नामों का विवरण यदि उसके पास उपलब्ध हो तो उसे भी इस कार्यालय को प्रस्तुत करें ।

ANAND KUMAR Digitally signed by ANAND KUMAR WAGHMARE
WAGHMARE
Date: 2021.10.04 19:21:09
+05'30'
विषय अधिकारी / लेखा अधिकारी / सहायक महालेखाकार

टिप्पणी -

- (')1. यदि इस प्राधिकार पत्र की अवधि समाप्त होने के पश्चात किसी दावे का भुगतान किया जाना हो तो इस प्राधिकार पत्र को मूलतः लौटने की आवश्यकता नहीं है, अपितु इस प्राधिकार पत्र के पुनर्नवीनीकरण हेतु इस कार्यालय को आवेदन पत्र भेजना चाहिये ।
- (")2. यदि अभिदाता की मृत्यु हो चुकी हो तो इस कॉलम में यह उल्लेख करें की पाने वाला नामित व्यक्ति या परिवार का उत्तरजीवी सदस्य अथवा वैध उत्तराधिकारी है ।
- 3. प्राधिकृत की गई राशि में वेतन निर्धारण बकाया की राशि भी सम्मिलित है ।
- 4. A =उपलब्ध,E =संपूर्ण ,R=अवशिष्ट ।

College Ariestha Distr. Balod &

पुति,

प्राचार्य, शास महा रवेरधा चिला लालोह (हत्कान)

तिवय- मातृत्व अवकाश हेतु आतेहन पत्र।
महोह्य,

विषयोंकित के संबंधा में मिलेहन है कि दिनांक 01-03-16 से छः मार तक मातृत्व अवकाश स्वीवृत करने रव मुखालय होड़ने की अनुमाते पहान करने की वृवा करें।

हान्यतीह,

िह्नाक 29.02.16

grec.



भेटने भवहीयः ऋगिमती हेत्पुभासाङ् प्रचीः तकनीक्षायन ज्ञासः महा रतेरथा रितेलाः लालीक

### FORM CGTC 63

### [See Subsidiary Rule 529 (I)]

			Adjustable by Voucher No Dated the				
		SPF FINAL PA		16	***************************************		
und of	Bill for withdrawing Final	Payment/Advance	ce/Other withdrawa	ls from Gene	eral Provident		
for	the month of		and the state of the				
Serial No.	Employee Code Name of subscriber and pay	General Provident Fund Account No.	No. and date of sanction letter of authority	Final payment advance other withdrawals	Acceptance		
(1)	(2)	(3)	(4)	(5)	(6)		
2-							
					_		
	*						
			TOTAL Rs.				
Net am	(Space for classification)		(Signature)				
			(Designa	tion of the Drav	ving Officer)		
06-205	4-[00]-{000}-0000-(0000)-#00-0	00-V	, - 3	1.211 -1 <del>1</del> 11 - 1 - 1 - 1	9 =		
1			Station Dated				
				tents received the Drawing O	fficer"		
Pay Rs	s	Pay to	o,,,,,,,				
	es)		ture of the Drawing				
Treasu	rry Officer ned and entered Coli	ege .		{	رسيس		
	Iry Accountant	thertha		Prince Govt. Colle	cipal, ge, Kherth: lod (C.G.)		

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### **CERTIFICATE**

Certified	that I have satisfie	ed myself that all sums inc	cluded in bills in form CGTC 63 drawn
			of
			the exception of those detailed below
			nis bill) have been disbursed to the
			and filed in my office with receipts
			and med in my owner
· ·	ed for every payme	ent in excess of Rs. 20.	
2. Certif	ied that the balar	nce at my credit/the cre	dit of the subscriber on the date of
withdrawal covers			
The pol	icy No	With cor	mpany has already been assigned in
favour of the Gov	ernor of Madhya	Pradesh and submitted t	to the Accounts Officer (or the details
of the policy prop	ested to be taken	have been communicated	d to and accepted by the Accounts
The second secon		30000000 00000	
Officer in letter No		dated)	
			(6:
			(Signature)
			(Designation)
		[for use in audit office]	
Admitted Rs.			
Objected Rs.		Auditor	Accountant.
1 350			Accountant
UNDER Rs			

College Arger Months of Distr. barred

Principal,
Govt. College, Khertha
Distt. Balod (C.G.)

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### छत्तीसगढ शासन वित्त विमाग

मंत्रालय, महानदी भवन, अटल नगर

क. 492 / एफ 2014-71-00183 / वित्त / नियम / चार अटल नगर, दिनांक 4 अक्टूबर, 2018 प्रति.

> शासन के समस्त विभाग अध्यक्ष, राजस्व मण्डल, बिलासपुर समस्त विभागाध्यक्ष समस्त संभागीय आयुक्त समस्त कलेक्टर छत्तीसगढ

विषय:— राज्य शासन की महिला कर्मचारियों के लिए संतान पालन अवकाश लागू करने हेतु अवकाश नियम में संशोधन

राज्य शासन द्वारा निर्णय लिया गया है कि महिला शासकीय कर्मचारियों को उनके 18 वर्ष से कम उम्र के 2 ज्येष्ठ जीवित संतानों के पालन-पोषण हेतु सम्पूर्ण सेवाकाल में अधिकतम 730 दिन की कालावधि के लिए संतान पालन अवकाश स्वीकृत किया जायेगा। उक्त अवकाश के संबंध में मुख्य बिन्दु निम्नानुसार होंगे —

- (1) यह अवकाश एक कलेंडर वर्ष में तीन बार से अधिक स्वीकृत नहीं किया जाएगा।
- (2) किसी एक अवसर हेतु अवकाश की कोई अधिकतम सीमा नहीं होगी, जबकि न्यूनतम सीमा 5 दिन की होगी।
- स्वीकृति हेतु संतान पालन अवकाश अर्जित अवकाश के समान मानी जाएगी तथा (3) उसी प्रकार से स्वीकृत की जावेगी। उक्त अवकाश हेतु तीन सप्ताह पूर्व आवेदन प्रस्तुत करना होगा। यद्यपि विशेष परिस्थितियों में 10 दिन से कम अवधि के अवकाश स्वीकृति हेतु तीन सप्ताह की सीमा शिथिल की जा सकेगी।
- संतान पालन अवकाश हेतु आवेदन अवकाश नियम, 2010 के प्रपत्र–1अ में प्रस्तुत (4) किया जायेगा।
- संतान पालन अवकाश, अवकाश लेखा के विरूद्ध विकलित नहीं किया जायेगा (5) तथा अवकाश नियम के अंतर्गत लागू किसी अन्य अवकाश के साथ संयोजित किया जा सकेगा।
- अवकाश अवधि के लिए अवकाश में प्रस्थान करने के ठीक पूर्व लागू दर से (6) अवकाश वेतन की पात्रता होगी।

संतान पालन अवकाश के समय केवल जन्म प्रमाण पत्र की आवश्यकता होगी, (7)आवेदक को आवेदन पत्र के कालम-10 पर आवेदित अवकाश का स्पष्ट कारण अंकित करना होगा। यह अवकाश बच्चे के पालन—पोषण अथवा उसके विशिष्ठ आवश्यकताओं जैसे कि परीक्षा, बीमारी इत्यादि के लिए स्वीकृत किया जा College 47 सकेगा।

Govt. College, Khertha Distt. Balod (C.G.)

Kherth.

- (8) संतान पालन अवकाश का दावा अधिकार के रूप में नहीं किया जा सकेगा, किन्तु सामान्यतः कार्यालय का सुचारू संचालन सुनिश्चित करते हुए स्वीकृतकर्ता अधिकारी द्वारा उक्त अवकाश स्वीकृत किया जायेगा। किसी भी परिस्थिति में विधिवत अवकाश स्वीकृत होने के पश्चात् ही महिला शासकीय कर्मचारी द्वारा अवकाश पर प्रस्थान किया जाएगा।
- (9) अवकाश के पहले या बाद में पड़ने वाले राजपत्रित या साप्तिहक अवकाश स्वयमेव अवकाश के साथ संयोजित माने जावेंगे तथा अवकाश अविध में पड़ने वाले ऐसे अवकाश संतान पालन अवकाश की गणना में शामिल किये जाएंगे।
- (10) संतान पालन अवकाश स्वीकृति का पूर्ण अधिकार प्रशासकीय विभाग को होगा तथा शेष प्रत्यायोजन अर्जित अवकाश के समान होगा।
- (11) संतान पालन अवकाश लेखा का संधारण संलग्न प्रपत्र में किया जायेगा।

छत्तीसगढ़ सिविल सेवा (अवकाश) नियम, 2010 में संशोधन के संबंध में जारी अधिसूचना क्रमांक एफ 2014-71-00183 / वित्त / नियम / चार, दिनांक 4 अक्टूबर, 2018 आवश्यक कार्यवाही हेतु संलग्न है। ये संशोधन छत्तीसगढ़ राजपत्र में इनके प्रकाशन की तिथि से लागू माने जायेंगे।

#### संलग्न :--

- (1) छत्तीसगढ़ सिविल सेवा (अवकाश) नियम. 2010 में संशोधन की अधिसूचना
- (2) संतान पालन अवकाश लेखा का प्रपत्र

छत्तीसगढ़ के राज्यपाल के नाम से तथा आदेशानुसार

> (एस.के. चक्रवर्ती) संयुक्त सचिव

College Track Distr. bated and Baloc (C.G.)

## पृ. क्र. 493 / एफ 2014-71-00183 / वित्त / नियम / चार अटल नगर, दिनांक 4 अक्टूबर, 2018

राज्यपाल के सचिव, राजभवन, रायपुर

2. सचिव, छत्तीसगढ़ विधानसभा सचिवालय

सचिव, मुख्यमंत्री सचिवालय, अटल नगर

रजिस्ट्रार जनरल / महाधिवक्ता / उपमहाधिवक्ता, छत्तीसगढ उच्च न्यायालय,
 बिलासपुर

 सचिव, छत्तीसगढ़ लोक सेवा आयोग/मानवाधिकार आयोग/राज्य निर्वाचन आयोग/लोक आयोग, रायपर

निज सचिव / निज सहायक, मंत्री (समस्त), छत्तीसगढ़, अटल नगर

महालेखाकार, छत्तीसगढ़, रायपुर

मुख्य सचिव के उप सचिव, मंत्रालय, अटल नगर

9. आयुक्त जनसंपर्क संचालनालय, अटल नगर

10. आवासीय आयुक्त, छत्तीसगढ़ भवन, नई दिल्ली

11. राज्य सूचना आयुक्त, अटल नगर

12. समस्त अधिकारी एवं समस्त शाखा, वित्त विभाग, अटल नगर

13. संचालक, कोष, लेखा एवं पेंशन, छत्तीसगढ़, अटल नगर

14. मुख्य लेखाधिकारी, मंत्रालय, अटल नगर

15. समस्त संभागीय संयुक्त संचालक, कोष, लेखा एवं पेंशन, छत्तीसगढ़

16. समस्त कोषालय अधिकारी, जिला / इंद्रावती कोषालय, छत्तीसगढ़

17. समस्त प्राचार्य, लेखा प्रशिक्षण शाला, रायपुर/बिलासपुर, छत्तीसगढ़

18. संचालक, शासकीय लेखन सामग्री एवं मुद्रण, अटल नगर

- को सूचनार्थ/आवश्यक कार्यवाही हेतु

19. संचालक, वित्तीय प्रबंध एवं सूचना प्रणाली, अटल नगर को वित्त विभाग की वेबसाइट www.cgfinance.nic.in पर अपलोड करने हेत्

(पूजा शुक्ला) अवर सचिव

College Kings The Dish. barod &

Govt. College, Khertha Distt. Balod (C.G.)

### संतान पालन अवकाश खाता का प्रपत्र

	श की ली गई अवधि	संतान पालन अवकाश का शेष		प्रमाणितकर्ता अधिकारी के हस्ताक्षर एवं पदनाम
कब से	कब तक	शेष दिनांक		
(1)	(2)	(3)	(4)	(5)
	17	(0)	1.7	
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### छत्तीसगढ़ शासन वित्त विमाग मंत्रालय, महानदी भवन, अटल नगर

### अधिसूचना

अटल नगर, दिनांक 4 अक्टूबर, 2018

क्रमांक एफ 2014-71-00183/वित्त/नियम/चार : भारत के संविधान के अनुच्छेद 309 के परन्तुक द्वारा प्रदत्त शक्तियों को प्रयोग में लाते हुए, छत्तीसगढ़ के राज्यपाल, एतद्द्वारा, छत्तीसगढ़ सिविल सेवाएं (अवकाश) नियम, 2010 में निम्नलिखित और संशोधन करते हैं जो कि राजपत्र में इसके प्रकाशन की तारीख से प्रवृत्त होगा, अर्थात्:-

### <u>संशोधन</u>

उक्त नियमों में,:-

- नियम 13 के उप—नियम (1) के स्थान पर, निम्नानुसार प्रतिस्थापित किया जाये,
   अर्थात:-
  - "(1) संतान पालन अवकाश को छोड़कर, अवकाश अथवा अवकाश में वृद्धि हेतु आवेदन, प्रपत्र—1 में प्रस्तुत किया जाना चाहिये तथा संतान पालन अवकाश अथवा अवकाश में वृद्धि हेतु आवेदन, प्रपत्र—1अ में, सक्षम प्राधिकारी को ऐसे अवकाश अथवा अवकाश में वृद्धि स्वीकृत करने हेतु प्रस्तुत किया जाना चाहिये।"
- 2. नियम 38—ख के पश्चात्, निम्नलिखित जोड़ा जाए, अर्थात्:—
  "38—ग. संतान पालन अवकाश— (1) इस नियम के उपबंधों के अध्यधीन रहते हुए,
  महिला शासकीय सेवक को सक्षम प्राधिकारी द्वारा उसके संपूर्ण सेवाकाल के दौरान
  उसकी दो ज्येष्ठ जीवित संतानों की देखभाल के लिए अधिकतम 730 दिन की
  कालाविध का संतान पालन अवकाश स्वीकृत किया जा सकेगा।
  - (2) अधिकार के रूप में अवकाश का दावा नहीं किया जा सकेगा।
  - (3) उप-नियम (1) के प्रयोजनों के लिए, "संतान" से अभिप्रेत है,-
    - (क) अठारह वर्ष की आयु से कम की संतान (विधिक रूप से दत्तक संतान

को सम्मिलित करते हुए); या

- (ख) सामाजिक न्याय तथा सशक्तिकरण मंत्रालय, भारत सरकार की अधिसूचना क्रमांक 16-18/97-एन 1.1, दिनांक 1 जून, 2001 में यथा विनिर्दिष्ट न्यूनतम चालीस प्रतिशत निःशक्तता वाली संतान (आयु सीमा का कोई बंधन नहीं)।
- (4) उप-नियम (1) के अधीन किसी महिला शासकीय सेवक को संतान पालन अवकाश की स्वीकृति, निम्नलिखित शर्तों के अध्यधीन दी जायेगी, अर्थात्:--
  - (क) यह एक कैलेण्डर वर्ष में तीन बार से अधिक के लिए स्वीकृत नहीं किया जाएगा। यदि स्वीकृत किये गये अवकाश की कालावधि, आगामी कैलेण्डर वर्ष में भी जारी रहती है तो बारी की गणना ऐसे वर्ष में की जायेगी जिसमें कि अवकाश का आवेदन किया गया था अथवा जिसमें आवेदन किये गये अवकाश का अधिक भाग आता है। कैलेण्डर वर्ष से अभिप्रेत है वर्ष के 1 जनवरी से प्रारंभ होकर 31 दिसम्बर तक की कालावधि।
  - (ख) यह सामान्य रूप से परिवीक्षा कालाविध के दौरान स्वीकृत नहीं किया जाएगा। तथापि, विशेष परिस्थितियों में, यदि परिवीक्षा कालाविध के दौरान अवकाश स्वीकृत किया जाता है तो परिवीक्षा की अविध, उस कालाविध के बराबर अविध तक के लिए बढ़ा दी जाएगी, जिसके लिए अवकाश स्वीकृत किया गया है।
  - (5) संतान पालन अवकाश की अवधि के दौरान, महिला शासकीय सेवक को अवकाश पर प्रस्थान करने के ठीक पूर्ववर्ती मास में आहरित वेतन के समान अवकाश वेतन का भुगतान किया जाएगा।
  - (6) संतान पालन अवकाश, अवकाश लेखा के विरूद्ध विकलित नहीं किया जायेगा तथा यह अवकाश किसी अन्य प्रकार के अवकाश के साथ संयोजित किया जा सकेगा।
  - (7) इस अवकाश का खाता, पृथक से संधारित किया जाएगा तथा इसकी प्रविष्टि संबंधित महिला शासकीय सेवक की सेवा पुस्तिका में की जाएगी।"

प्रपत्र 1 के पश्चात् । लिक्कात्रुभार जोड़ा जाये, अर्थात्:—

### ''प्रपत्र—1अ ( नियम 13 देखिये)

### संतान पालन अवकाश हेतु आवेदन पत्र

1.	आवेदक का नाम	
2.	पदनाम	
3.	विमाग / कार्यालय / अनुभाग	
4.	संतान का नाम जिसके लिए संतान पालन	
	अवकाश का आवेदन किया जा रहा है	
5.	संतान की जन्मतिथि (जन्म प्रमाण पत्र संलग्न करें)	
6.	संतान के 18 वर्ष पूर्ण होने की तिथि	
7.	क्या संतान दो बड़े बच्चों में शामिल है	हां / नही
8.	खाते में शेष अर्जित अवकाश (आवेदन की तिथि	61/ 161
	पर)	
9.	अवकाश की अवधि—	तक
	पूर्वयोजित / अनुयोजित अवकाश, यदि कोई हो	
10.	आवेदित अवकाश का / के कारण	
	आवेदन की तिथि तक उपभोग की गई कुल संतान	
	पालन अवकाश	
12.	(क) क्या मुख्यालय छोड़ने की अनुमति मांगी गई	हां / नहीं
	ŧ	
	(ख) यदि हां, तो अवकाश अवधि के दौरान पता	
13.	पिछले अवकाश से लौटने की तिथि, उस अवकाश	
	की प्रकृति एवं अवधि	
	•	
दिनां	<b>奇:</b>	आवेदक का हस्ताक्षर
		कर्मचारी कोड संख्या
	College	A

## नियंत्रक अधिकारी की अमियुक्तियां

अवकाश अनुमोदित किया जाता है / नहीं किया जाता है

दिनांक :	जाता है/ नहां किया जाता है
	हस्ताक्षर
	पदनाम
	कार्यालय

छत्तीसगढ़ के राज्यपाल के नाम से तथा आदेशानुसार

(एस.के. चक्रवर्ती) ५/1<sup>७</sup>/<sup>></sup> संयुक्त सचिव



### APPLICATION FOR LEAVE

(For both Gazetted & Non-Gazetted Govt. Servants)

Note:- Items 1 to 10 must be filled in by all applicants whether Gazetted or Non-Gazetted. Items 13 apply only in the case of Gazetted officers. Items 14 & 15 apply in the case of Non-Gazetted officers.

1.	Name of Applicant		
2.	Leave rules applicable		
3,	Post held		
4.	Department or Office		
5.	Pay		
6.	House rent allowance, conveyance other Compensatory allowances present post		
7.	Nature & period of leave applied from which required	for and date	
8.	Ground on which leave is applied for	or	
9.	Date of return from last leave and period of that leave	the nature &	
10.	Leave address, if granted		
adm	imuted leave and that admissible during leasistible had the provision to F.R. 81(b)(II)	ave on half average p M.B.F.R. 79(c) Rul les, 1934/Rule 963(	salary drawn during leave on average pay/ pay/half pay leave, which would not have been the 11(c) of the revised leave Rules 1933/Rule to) of the Rajasthan Service Rules, Not been to during the currency of the leave.
Da	te 201	Signature &	
		Designation	
12.	Remarks and/or recommendation of the Controlling Officer.	Signature	
Da	te 201	& Designation	Drin
13.	Report of the Audit Officer	Signature	Principal,
Da	te 201	& }	Govt. College, Kherthands. Balod (C.G.)
CC	bliege	Designation	
Dis	Cherth, C.		P.T.O.

14. Statement of leave granted to applicant previous to this application :-

Name of leave	In current year	During past year	Year
(1)	(2)	(3)	(4)
Privilege/on average pay/Earned			
On average pay on M.C./ Commuted			
On half average pay/half pay			
Not due			
On Quarter average pay			
Extraordinary			
	Total —		
15. Certified that leave on average pay/ea	rned leave for	month and	davs
from			
under			
Date 201	Signature & & Designation		
16. Order of the Sanctioning Authority			
Date 201	Signature & Designation		

Principal,
Govt. College, Khertha
Distt. Balod (C.G.)

Collegif the applicant is drawing any compensatory allowance, the sanctioning authority should state whether on the expiry of leave he is likely to return to the same post or to another post carrying a similar allowance.

प्राचीय प्राचीय मराविधालय खेरधा जिला - बालोह (६०४१)

विषय- अर्डित अवकाम लेने वाब्त मरो६म जी

> विनुम् निवेदन है कि धर भे आवश्मक कार्य प्रा जाने के बारहा दिनांक न।।।। २०२० से १६।।२।२०२० तक भंदा विधा लय आने भे जानभर्य रखाँ।

अतः उकत दिनांक को 10 दिनी की अर्जित अवशाश स्वीकृत करने हे एवं म्हणानम् द्योदी की अनुमति "पद्यान करने की असीम कृषा करेंगे"।

(नश्मवाह

Realis

Mulli 2020

पाधी विश्वास कुमाट महडाबी (भूल्म)

थालकीय महा नि जेक्या व्यक्तिका - व्यासीद (द्वग्व)



### Form of Application for Earn Leave ( अर्जित अवकाश के लिए प्रार्थना पत्र )

Note - Items 1 to 11 must be filled in by all applicants whether Gazetted or Non Gazetted Item may be filled in only when it is applicable to the Govt. Servent Concerned.

- 1. Name of applicant ( प्रार्थी का नाम )
- Leave rules applicable ( छ्ट्टी के नियम जो लागू होते हों )
- 3. Post held ( पद )
- 4. Departmental office and section (विभाग एवं कार्यालय)
- 5. Pay ( वेतन )
- House rent, allowance, conveyance allowance or other compensatory allowance draw in the present मकान किरावा, भत्ता, सवारी भत्ता या वर्तमान वेतन के अनुसार और कोई भत्ता जिम्मलता हो।
- 7. Nature and period of applied for and date from which required जिस तारीख से छ्ट्टी माँगी गयी उसका स्वरूप एवं पूर्ण समय
- 8. Sunday and holidays. if any proposed to be prefixed/ suffixed to leave रविवार और अन्य छट्टियाँ जो जोड़ी या ना जोड़ी जाती हो
- 9: Ground on which leave is applied for **छट**टी लेने के कारण . \_ \_
- 10.Date of return from last leave and the nature and period of that leave. .

पिछली ली हुई छुट्टी का स्वरूप एवं उस छुट्टी से लौटने की अवधि

11. Leave address if granted

**छट्टी मंजूर होने की दिशा में छट्टी के समय में आवेदन का** पता

07/12/2020 A16/12/20 (10 दिन)

विकास कुमार

12. I propose/do not propose to avail myself of leave travel concession for the block years during the ensuring leave.

13. (a) I undertake to refund the difference between the leave salary drawn during leave on average pay/ commuted leave and the admissible during leave on half average pay/half leave which would not have been admissible had the previous to F.R. 81 (B)M.B.F.R. 79 (c) Rule 11 (e) of the Revised leave Rules 1993 Rule 14 (c) of C.G. Revised leave Rules, 1934. Rule 93 (c) of the Rajasthan service rule not been applied in the event of my retirement from service at the end of during currency of the leaves. (b)) undertake to refund the leave salary drawn during "leave not due" which would not have been admissible had F.R. 81 (C) Rule 11 (d) of the revise leave Rule, 1993/Rule 15 of the C.G. Revised Leave Rule 1934 Rule 79 A of M.B.F.Rs. Rule 93 (d)of the Rajasthan Service Rules not been applied in the eves of my voluntary retirement from service at the end on during the currency of the leaves.

Khertha

हस्ताक्षर आवेदक (ता. सहित) (Signature of applicant (with date)

Govt. College, Khertha Distt. Balod (C.G.)

Principal.

P.T.O.

### त्यौहार अग्रिम हेतु प्रार्थना पत्र

1.	आवेदक का नाम	
2.	पदनाम	
3.	मूलवेतन	
4.	आवेदक क्या स्थाई/अस्थायी कर्मचारी है	
5.	त्यौहार का प्रकार	
6.	चाही गई राशि	
7.	क्या पूर्व में अग्रिम लिया गया था हाँ तो कब ?	,
8.	क्या पूर्व अग्रिम की कटौती शेष है, हॉ तो कितनी ?	
9.	अग्रिम की वापसी कितनी किश्तों में की जानी	

आवेदक का हस्ताक्षर



RM: 601 PW

### NATIONAL PENSION SYSTEM (NPS) (Under Regulation 8 of PFRDA (Exits & Withdrawals under NPS) Regulations 2015 and amendments thereto)

#### Partial Withdrawal form for Tier I account under NPS

(Please fill all the details in CAPITAL LETTERS & in BLACK INK only.)

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In B -	Declarations		
ration by	the Subscriber*:		
16	declare that information stated above is true and correct to to the NPS as required for partial withdrawal and eligible to v	the best of my knowledge withdraw the amount reque	e & belief and that I have completed minimum of thre ested above due to the urgent need of funds to suppo
the reaso	n mentioned above.	mal with ODAN	agree that in case of any failur
of Direct of agree that	Credit, for any reason whatsoever or wrong credit to another It NPS Trust / CRA shall not be responsible/liable for any los	account (but as per my desses that may arise due to	etails), NPS Trust / CRA shall not be responsible. I as incorrect bank account details provided herein abow
Date			
Place :			
			re / Thumb Impression of the Subscriber**
* Left thumb	impression in case of illiterate male claimant and Right thur	nb impression in case of it	literate female
eclaration b	y Nodal Office(for government sector subscribers):*		
2013	sclare that the subscriber Sh./Smt/Kum		with
RAN etails submitt	is employed with us and I have vi ed by him/her in respect of his/her request for partial withdra		the reasons for his/her withdrawal request and bank
Date	a a I m m I y y y y		
	Registration No. of DDO		Signature & stamp of the DDO
Date	a g $I$ m m $I$ $y$ $y$ $y$		
	Registration No. of PAO/CDDO/DTO	Sign	nature & stamp of the DTO/PAO/CDDO
Declaration b	y POP/Aggregator(for Non government sector subscribe	ers):	
hereby declar	ethatthesubscriberSh./Smt/Kum imb impressed before me after he/she has read the entries/h	nave been read over by him	with PRAN  n/her for the request of partial withdrawal under NPS.
have verified withdrawal are	the genuineness of the reasons for his/her withdrawal reque	est and bank details submit	ted by him/her in respect of his/her request for partial
Date	if d $I$ is $m$ $I$ $y$ $y$ $y$		
	Registration No. of POP-SP/NL-CC/CHO	Signature & star	np of the Authorised person at POP-SP/NL-CC/CHO
Date	id a I m m I y y y y		
	Registration No. of POP/NL-AO		
		Signature & s	stamp of the Authorised person at POP/NL-AO
	ACKNOWLED	GMENT RECEIPT	
	Acknowledgment slip to the NPS Subscriber (To be filled by DDO/CDD	on receipt of partial with O/PAO/DTO/POP/Aggrega	
Received fro	om PRAN:		
	PANECC Registration Number:		Date A
A	/OTO/FOP/NL-AO Registration Number		Received a Principal
Ackopwiedg	ement Number		Govt. College, Khertha
on. bai	(od) \$\overline{a}\$		Distr Balod (C.C.)

FORM: 601 PW

(Under Regulation 8 of PFRDA (Exits & Withdrawals under NPS) Regulations 2015 and amendments thereto)

#### Instructions

#### tions for filling up the form:

All fields marked with \* are mandatory. All dates should be in DDMMYYYY format.

The Subscriber shall submit the application to the respective Nodal Office/POP/Aggregator for processing of request.

Before submitting the withdrawal form, subscriber should ensure that the bank account details are matched from the bank passbook/ bank statement or cheque etc to ensure that the details are correct. Subscriber should also attach the bank proof (cancelled cheque/copy of bank passbook/bank certificate) with the Partial Withdrawal Form submitted.

Subscriber should specify the purpose of Partial Withdrawal and a proof need to be submitted for the same.

Subscriber should be in the NPS atleast for a period of 3 years.

A subscriber shall be permitted to withdraw not exceeding 25% of the contributions made by such subscriber to his/her individual pension account,

The Nodal officer/POP/Aggregator must verify the details of the bank account of subscriber.

- Withdrawal amount received after the execution of the withdrawal request can be different from the requested amount to the extent of difference in NAV of two different days.
- The withdrawal amount shall directly be credited to the bank account of the subscriber as mentioned in the withdrawal form.
- In case, the subscriber already owns either individually or in the joint name a residential house or flat, other than ancestral property, no withdrawal under PFRDA regulations is permitted.
- Treatment of specific illness covers the subscriber, his legally wedded spouse, children, including a legally adopted child or dependent parents suffer from the specified illness, which shall comprise of hospitalization and treatment.
- 11. Withdrawal under skill development/re-skilling is applicable as per following conditions:
  - Skill Development program/activities sponsored by employer for employees is not eligible for partial withdrawal
  - Amount which can be released under Skill Development option shall be subject to the actual fee of the course/training, subject to the maximum ceiling of 25% of employees own contribution without considering returns thereto.
  - Duration of the course should be of 3 months or more
  - The course should be either a regular program or distance education program or a skill development program
- 12. Withdrawal under establishment of own venture or any start up is applicable to subscribers registered under All India Citizen (UOS) sector only
- For further details regarding point no 11 & 12 kindly refer PFRDA Circular No: PFRDA/2018/55/Exit/5 dated August 06, 2018.
- 14. The permitted withdrawal shall be allowed only if the eligibility criteria and limit for availing the benefit are complied with by the subscriber.
- Frequency: the subscriber shall be allowed to withdraw only a maximum of three times during the entire tenure of subscription under the National Pension System.
- For more detailed description of Partial Withdrawal option under NPS, please refer Regulation 8 of PFRDA (Exits & Withdrawals under NPS) Regulations 2015 and amendments thereto
- 17. The Nodal office/POP/Aggregator shall capture the details of the subscriber mentioned on the form and forward the same to NPS Claims Processing Cell (NPS CPC) at address mentioned below:

NPS Claim Processing Cell,

Central Record Keeping Agency, NSDL,

10th Floor, Times Tower, Kamala Mills Compound,

Senapati Bapat Marg, Lower Parel West, Mumbai - 4000013

18. Document to be submitted for availing partial withdrawal.

Sr. No.	Type of Withdrawal	Documents Required
1.	For Higher education	Copy of admission letter of the Institute along with Fees schedule
2.	For marriage of his or her children	Self-Declaration
3.	For purchase or construction of a residential house or flat in his or her own name or in a joint name with his or her legally wedded spouse	Photocopy of Title Documents of the Property. Approved Plan and self-declaration OR Loan offer letter from a housing finance company or a Bank and self-declaration
4.	For treatment of specified illnesses: if the subscriber, his legally wedded spouse, children, including a legally adopted child or dependent parents.	Certificate from Doctor
5.	to meet medical and incidental expenses arising out of the disability or incapacitation suffered by the subscriber	Disability certificate from a Government surgeon or Doctor (treating such disability or invalidation of subscriber) stating the nature and extent of disability and also certifying that subscriber need not be discharged from duty.
6.	For Skill development/re-skilling or any other self-development activities  College Athere	a) Admission/Sanctions letter from university in India/abroad with fee detail     b) For distance learning programs, copy/s of invoice/s which confirm the payment of required fee for desired course     c) For other skill development programmes, copy of invoices confirming payment of fee for the desired course     d) study leave sanction letter/NOC provided by the organisation/department/ministry, if required in terms of the employee's service conditions (not applicable where employee employer relationship does not exists)
7.	For Establishment of More Properties of Start-up	a) Registration Certificate of entity b) Proof of ownership of the entity (it should be in the name of the subscriber) c) Registration number issued by Government Authorities like GST/Income Tax/Govt. Department Stit. Balod C.G.

एक-लेख- 10 I-Ac.-16

( अराजपत्रित शासकीय कर्मचारी)

[सहयक नियम 269, देखिये ] C.G. T.C. 28

[See Subsidiary Rule, 269]

### TRAVELLING ALLOWANCE BILL (Non-gazetted Establishment)

जिला District

यात्रा भत्ता बिल तैयार करने के लिय अनुदेश

Instruction for preparing Travelling Allowance Bills

बादचर क्र... Voucher No. " भगतानी की सुर्ग । List of payments for 2001

- विभिन्न प्रकार की यात्राएं और यात्राएं तथा मुकाम एक हो पंक्ति में प्रकार के भारत का बाबाए जार वाजाए तथा मुकान एक हा पाक न दर्ज नहीं किये जाने चाहिये। इसलिये एक पंक्ति में केवल एक प्रकार के भने को दर्ज किया जाना चाहिये और तत्संबंधी एकम की, रकम के अतिम खाने में अलग से दर्ज किया जाना चाहिये। Journeys of different kinds and Journeys and halts should not be entered on the same line. Only one kind of allowance should therefore, be filled in on the same line and its amount carried out epocately into the left money column.
- स्थायी यात्रा, वाहन तथा घोड़ा भता शासकीय सेवक के घेतन के साथ निकाले जाना चाहिये, ना कि यात्रा भत्ता बिलों के जरिये Permanent travelling, conveyance and horse allowances, should be drawn along with the pay of the Government servant and not in travelling allowance bills.
- प्रत्येक व्यक्ति को किसी एक यात्रा के लिये बिल के योग में एक किलोमीटर के किसी प्रभाग का किराया नहीं लगाया जाना चाहिये। 7. जब किसी पर्वतीय स्थान को जाने या वहां से लौटने की यात्रा के Fractions of a kilometre in the total of a bill for any one journey for each persons should not be charged for.
- जब किसी यात्रा भन्ता बिल की पहली मद मुकाम हो, तब उस मुकाम के प्रारम्भ होने का दिनांक "अभियुक्ति" के खाने में लिखी जानी चाहिये।

When the first item of a travelling allowance bill is a halt, the date of commencement of that halt should be stated in the "Remarks" columns

- जब दैनिक भन्ने की मांग सहक यात्रा के संबंध में की अने तब को गई यात्रा के किलोमीटरों की संख्या खाना 9 में तथ टैनिय भना 12 से 21 तक के खानों में लिखा जाना चाहिये .
  - If daily allowance is claimed in respect of a road journey the number of kilometres travelled should be entered in column 9 and the daily allowance in column 12 to 21
- राज्य को सीमाओं के बाहर की गई यात्रा अलग से दर्शाई जानी चाहिए तथा तय की गई दूरी प्रत्येक मामले में बताई जानी बाहिये 1 Journey performed beyond the limits of the state should be indicated parately and the distance travelled should be stated in each case.
- संबंध में यात्रा भत्ता मांगा जाय, तब "अभियुक्ति" के खाने में यह उल्लेख किया जाना चाहिये कि मुद्राम दस दिन से अधिक का रहा है अथवा नहीं ।

When travelling allowance is claimed in respect of a journey to the from a hill station, it should be mentioned in "Remarks" colun-Whether or not the halt has exceeded ten days.

(पूर्व-लेखा परीक्षा के लिये प्रस्तुत किये गये बिलों के संबंध में पूर्व-लेखा परीक्षा नुखांकन के लिये स्थान) (SPACE FOR PRE-AUDIT ENFACEMENTS IN RESPECT OF BILLS SUBMITTED FOR PRE-AUDIT)

[महालेखापाल के कार्यालय में उपयोग	के लिये FOR USE IN ACCOUNTANT-GENERAL'S OFFICE ]
* े क-ओर्ष * Heads of account	रुपये Admited for Rsके लिये स्वीकृत
	रुपये Objected to Rsपर आपत्ति का ग
	आपित का कारण Reason for objection
	लेखा परीक्षक वरिष्ठ लेखापाल राजपत्रित अधिकाः
	Auditor Senior Accountant Gazetted Officer

<sup>\*</sup> To be entered by drawing officer and checked in Accountant General's Office.



Govt. College, Khertha Distt. Balod (C.G.)

आहरण अधिकारी द्वारा दर्ज किया जायेगा तथा नहालेखक्षील के कार्यालय में जांच की जायेगी ।

Name			पदना	gnation	Allowance Bill	quarters	************	30	<sub>ह</sub> सेतन रु pay Rs.				/নিছিখন Fixed T	यात्रा भला ह. '.A. Rs			ेरीनक Ordi	भलों की स nary rate o	states दर of D.A.	1	T
ARTICUL.	बाजा तथा पुत ARS OF JOE	ामों के ब्यौरे IRNEYS /	AND HALTS		अन्य साधनों द्वारा वास्तविक व्यय (अं मामले में व्यक्तिगत स	र स्थानांतरण के		10 /2 /2	pay res					धनं ALLOW		S					
प्रशास आगमन Departure Arrival		पात्रा का प्रयोजन	का परिव्रहन व्यय) त्राचा का Actual expenses of journeys by		argana RAILWA STEAM		मुख्यालर Headquan					मुकाम Halt		विशेष मुकाम Special Halt		प्रत्येक पंक्ति का योग	अध				
स्थान Station	दिनाक/प्रमय Date/Hour (2)	स्वान Station	दिनोक/समय Date/Hour	Purpos of Journey	पूर्ण ब्योर सहित वितरण Particulars with full details (6)	Amount	वह श्रेणी जिसमें यात्रा की Chan in which travelled	BUS AIR किल्ला मीटमें की संख्या No of kilorae tres	(31)	दैनिक भले की सीमा Extens of D.A. (12)	रकम Amount	Duration (hours)	दैनिक भले की सीमा Extent of D.A. (15)	रक्म Amount (16)	ञ । समय (महे) S Duration (hours)	टैनिक भत्ते की सीमा Extent of D.A. (18)	で春日 Ansount (19) Rs.   P-	दैनिक भन्ते की सीमा Extent of D.A (20)	78EFF Amount (21)	Total of each line	Res

परवाने-अर्थितक यात्र भला, पुत्रभार पर दिश गर्व अर्थि के अनुस्कृतक हिन्दा गला र Deduct—Undishared ir. - Mag allowance refunded as detailed on th reverse Rs

पुण्यान के लिये अपेक्षित सुद्ध रकम र. Net sum requirelfor payment Rs.

दिनांक Date

### प्रमाणपत्र CERTIFICATE

1. प्रमारिक किया जाता है कि मैंने अपना समाधान कर लिया है कि रोडे थ्यात्वा उल्लि**खित रकमा** का (जिनकी कुल रकम इस बिल में कर्राता करके वापस कर दी गई है) छोड़कर, इस दिनांक से कि गाहितो माह/तीन माह पूर्व निकाले गये बिलों में सम्मिलित रक्षमें उनमें उल्लिखित शासकीय सबकों से संवितरित कर दी गई तथा उनकी रसीदें इस बिल की कार्यालय प्रति में या एक अलग रसीद वहीं में ले ली गई है।

Certified that I have satisfied myself that the amounts included in bitts drawn \*1 meach/2months/3months previous to this date with the exception of those detailed below (of which the) total Amont 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 actula-

 यह भी प्रमाणित किया जाता है कि वे यात्रायें, जिनका मिलभत्ता मध्यत्रदेश यात्रा भत्ता नियमों के पूरक नियम 56 के अधीन अराज-कर्ष केले कर्राकारियों के लिये मांगा

गया है, मेरे आदेशों के अनुसार सार्वजनिक या किरावे के वाहन हो। की गई थी ।

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Also that the journeys for which mileage has been claimed audio Also that the journeys to S.R., 56 of M.P. T. A. Rules for Non-gazetted Ministral or Class IV Government servants were made by public or hired conveys nce under my orders

 यह भी प्रमाणित किया जाता है कि उन शासकीय सेवकों के लिये बरु मा अनारात जिल्ला मुख्यालयों में निकाला गया है, ऐसी मुकाम जिनका मुकाम भत्ता मुख्यालयों में निकाला गया है, ऐसी मुकाम अवधि में अपनी शिविर सामग्री को संपूर्णतः या अशंतः साब रखना आवश्यक था तथा यह कि इस पर किया गया खर्च निकाले गय मुकाम भत्ते से कम नहीं था (म.प्र. यात्रा भता नियमी का पूरक नियम 52)।

Also that it was necessary for the Government servant for whom halting allowance at the headqueriers is drawn, to keep up the whole or part of their camp equipage during such hair and that the ne expenses incurred on this accounts was not less then the hairing allowance drawn (S.R., 52 of M.P.T.A. Rules)

† v. Passed for	Rs		Kupere				0 (10)	rivers.
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### SUBSIDIARY REGISTER FOR HEAD OF ACCOUNT -

Treasury Code-Name: 2201 - DISTRICT TREASURY, BALOD

DDO: Code--Designation: 2238004 - PRINCIPAL GOVERNMENT COLLEGE KHERTHA 01/09/2021\_To\_ 30/09/2021

			Bill Amount	Chq. Amount	Chq. Number	Chq. Date	Gross Amount	Vr No.	GPF Bill Amount Number	Bill Serial Number
er Dat	e : 30,	/09/2021	ι							
PAY BILL	2202	40255	41355	296579	CTP4141173	30/09/2021	49355.00	1223	40	2201014499
PAY BILL	2202	177162	199916	296579	CTP4141173	30/09/2021	199916.00	1224	41	2201014500
PAY BILL	2202	23954	26731	23954	CNABQECKM9	30/09/2021	26731.00	1225	42	2201014501
PAY BILL	2202	79162	92590	296579	CTP4141173	30/09/2021	92590.00	1226	43	2201014502
		320533	360592	913691						
	PAY BILL PAY BILL PAY BILL PAY BILL	PAY 2202 PAY BILL 2202 PAY BILL 2202 PAY BILL 2202 PAY 2202	PAY BILL 2202 177162 PAY BILL 2202 23954 PAY BILL 2202 79162	PAY BILL 2202 23954 26731 PAY BILL 2202 79162 92590	PAY BILL 2202 23954 26731 23954 PAY BILL 2202 79162 92590 296579	Type Head Amount Amount Amount Chq. Number  PAY BILL 2202 40255 41355 296579 CTP4141173  PAY BILL 2202 177162 199916 296579 CTP4141173  PAY BILL 2202 23954 26731 23954 CNABQECKM9  PAY BILL 2202 79162 92590 296579 CTP4141173	Type Head Amount Amount Amount Chq. Number Chq. Date  PAY BILL 2202 40255 41355 296579 CTP4141173 30/09/2021  PAY BILL 2202 177162 199916 296579 CTP4141173 30/09/2021  PAY BILL 2202 23954 26731 23954 CNABQECKM9 30/09/2021  PAY BILL 2202 79162 92590 296579 CTP4141173 30/09/2021	Type Head Amount Amount Amount Chq. Number Chq. Date Amount  PAY BILL 2202 40255 41355 296579 CTP4141173 30/09/2021 49355.00  PAY BILL 2202 177162 199916 296579 CTP4141173 30/09/2021 199916.00  PAY BILL 2202 23954 26731 23954 CNABQECKM9 30/09/2021 26731.00  PAY BILL 2202 79162 92590 296579 CTP4141173 30/09/2021 92590.00	Type Head Amount Amount Amount Chq. Number Chq. Date Amount No.  PAY BILL 2202 40255 41355 296579 CTP4141173 30/09/2021 49355.00 1223  PAY BILL 2202 177162 199916 296579 CTP4141173 30/09/2021 199916.00 1224  PAY BILL 2202 23954 26731 23954 CNABQECKM9 30/09/2021 26731.00 1225  PAY BILL 2202 79162 92590 296579 CTP4141173 30/09/2021 92590.00 1226	Type Head Amount Amount Amount Chq. Number Chq. Date Amount No. Amount Number Chq. Date : 30/09/2021  PAY BILL 2202 40255 41355 296579 CTP4141173 30/09/2021 49355.00 1223 40  PAY BILL 2202 177162 199916 296579 CTP4141173 30/09/2021 199916.00 1224 41  PAY BILL 2202 23954 26731 23954 CNABQECKM9 30/09/2021 26731.00 1225 42  PAY BILL 2202 79162 92590 296579 CTP4141173 30/09/2021 92590.00 1226 43

Grand Total: 320533 360592 913691





### **Reading Room**



Cycle Stand



### Water cooler + R.O. water filter



Wifi & CCTV camera

