

FORM CGTC 63

[See Subsidiary Rule 529 (I)]

Adjustable by
 Voucher No.....
 Dated the.....

GPF FINAL PAYMENT

Bill for withdrawing Final Payment/Advance/Other withdrawals from General Provident Fund of ----- the Establishment of the ----- for the month of -----.

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)
TOTAL Rs.					

Net amount required for payment (in word) Rupees: -----

(Space for classification)

(Signature)
 (Designation of the Drawing Officer)

06-2054-[00]-{000}-0000-(0000)-#00-000-V

Station.....
 Dated.....

Contents received
 "Signature of the Drawing Officer"

Pay Rs.....
 (Rupees.....)

Pay to.....
 (Signature of the Drawing Officer)

.....
 Treasury Officer
 Examined and entered

 Treasury Accountant

CERTIFICATE

Certified that I have satisfied myself that all sums included in bills in form CGTC 63 drawn one month/two month/three month previous to this date in favour of -----
-----, Accounts 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 and filed in my office with receipts stamp duly cancelled for every payment in excess of Rs. 20.

2. Certified that the balance at my credit/the credit of the subscriber on the date of withdrawal covers the sum drawn in the bill.

The policy No. With company has already been assigned in favour of the Governor of Madhya Pradesh and submitted to the Accounts Officer (or the details of the policy proposed to be taken have been communicated to and accepted by the Accounts Officer in letter No dated.....)

(Signature).....
(Designation).....

[for use in audit office]

Admitted Rs.

Objected Rs.

Auditor

Accountant.

UNDER Rs. -----