

FORM No. 1

(Vide G.O.(P) 405/77/Fin. Dated 19.10.1977)

Voucher No. Of (Month and Year)

BILL FOR WITHDRAWAL OF AMOUNTS PAYABLE UNDER THE FAMILY BENEFIT SCHEME FOR GOVERNMENT EMPLOYEES

Name of Office : Head of account } 8011 -
 Treasury at which to which debited } Insurance
 Payable : and Pension Funds-00-102-
 Family Pension Funds-99-
 Family Benefit Fund Scheme

Received the amount under Family Benefit Scheme for the Govt. Employees according to the details given below consequent on Retirement on of Sri..... who had opted to the scheme with effect from when employed as had been regularly contributing to the Scheme at the rate of Rs...../- pm.

Sl.No.	Name and address of the person to whom payable and whether he is the employee or his nominee or heir and the share to which he is entitled to	No. and date of Order of sanction and the authority who sanctioned, (attested copy to be attached to the bill)	Amount Payable	Remarks If any a part of his amount payable in respect of employee is claimed the reason for with holding the remaining and if portion was previously paid (details)	
1	2	3	4	5	
1					
		TOTAL			

Deduct recoveries if any :
 Net amount required for payment :
 Net amount required for payment in words :

(P.T.O.)

Certified that the amount claimed in the bill has not been drawn previously and the details furnished above are correct as the account available in the office and necessary noting in the concerned registers.

Place : Signature, Name and
Date : Designation of DDO

Please pay Rs.....
(Rupees..... only) to Sri/Smt.

.....
Whose signature taken in my presence is given below and attested by me.

Signature of messenger

Signature of Drawing Officer.

Attested

.....
.....

For Use in Treasury

Pay Rs. (Rupees

.....) in cash and Rs.

.....
(Rupees) by transfer credit to

.....
(Head of Account)

Signature
TREASURY OFFICER

In Audit Office

