

**T.R. FORM NO. 29**  
[See sub-rule (4) of T.R. 4.138]

D.D.O. Code \_\_\_\_\_

Grant No. \_\_\_\_\_

Head of Account Code \_\_\_\_\_

**Advance Check Register for Contingency**

Name of Office \_\_\_\_\_

| Serial No. | Bill No. & date | Token No. & date | Amount | Head of account code | Purpose of the advance | Detailed bill No. & date | Date of adjustment | Amount adjusted | Date of receipt of the D.C. Bill | Whether full amount adjusted | Amount not adjusted | Challan No. & date of unadjusted amount refunded | Remarks | Signature of Accountant / J.A. O. | Signature of T.O. / A.T.O. / P.A.O. / A.P.A.O. |
|------------|-----------------|------------------|--------|----------------------|------------------------|--------------------------|--------------------|-----------------|----------------------------------|------------------------------|---------------------|--|---------|-----------------------------------|--|
| (1)        | (2)             | (3)              | (4)    | (5)                  | (6)                    | (7)                      | (8)                | (9)             | (10)                             | (11)                         | (12)                | (13)   | (14)    | (15)                              | (16)   |
|            |                 |                  |        |                      |                        |                          |                    |                 |                                  |                              |                     |  |         |                                   |  |