

**T. R. FORM NO. 48**

[See sub-rule (1) of T. R. 6.39]

**Schedule of\* Provident Fund Deductions**

D.D.O. Code \_\_\_\_\_ Bill No. \_\_\_\_\_ Date \_\_\_\_\_  
 Grant No. \_\_\_\_\_ Token/T.V. No. \_\_\_\_\_ Date \_\_\_\_\_  
 Head of Account Code \_\_\_\_\_

*Important Instructions :*

(1) This form should not be used for transactions of General Provident Fund for which Form T. R. 47 has been provided. The Account Numbers should be arranged in serial order.

(2) In Column 1 quote Account Numbers unflinching. The guide letters e.g., Cy (for Contributory Provident Fund), should be invariably prefixed to Account Numbers.

(3) In the remarks column, give reasons for discontinuance of subscriptions such as "Proceeded on leave", "Transferred to \_\_\_\_\_ Office \_\_\_\_\_ District", "Quitted Service", "Died" or "Discontinued under Rule 7".

(4) In the remarks column write description against every new name such as "New Subscriber", " Came on transfer from \_\_\_\_\_ Office \_\_\_\_\_ District", "Resumed Subscription".

(5) Separate schedules should be prepared in respect of persons whose accounts are prefixed by different alphabetical abbreviation. Office of the \_\_\_\_\_ (here write the designation of the drawing officer and station).

Arrange the Account Numbers in serial order.

Deductions made from the salary for \_\_\_\_\_ payable on 1<sup>st</sup> \_\_\_\_\_ 20\_\_\_\_.  
 Name of Account Officer who maintains these accounts \_\_\_\_\_ (see instructions).

If interest is paid on advance mention it in the remarks column.

| Account No. | Name | Pay or/and leave salary this month | Salary Head of Account | Monthly subscription | Refund of withdrawals |                       | Total realised | Remarks |
|-------------|------|------------------------------------|------------------------|----------------------|-----------------------|-----------------------|----------------|---------|
|             |      |                                    |                        |                      | Amount                | Number of instalments |                |         |
| 1           | 2    | 3                                  | 4                      | 5                    | 6                     | 7                     | 8              | 9       |
|             |      | Rs.                                | Rs.                    | Rs.                  | Rs.                   |                       | Rs.            |         |

Total Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_) Only

\*Please fill in the Name of the Provident Fund

Bill Clerk

Accountant

Dated signature of D.D.O.  
Designation \_\_\_\_\_

**For use in the Office of the Principal Accountant General (A&E), West Bengal**

Voucher No. \_\_\_\_\_

Date of encashment \_\_\_\_\_

- (1) Certified that the name, amounts of individual deductions and total shown in column 8 have been checked with reference to the bill, as per M.S.O.(A&E).
- (2) Certified that the rates of pay as shown in Column 3 have been verified with the amount actually drawn in the bill.

*Dated initial of the Accountant.*