

T.R.FORM NO. 60
[See T.R. 6.48 and T.R. 6.49]

Bill for withdrawal from West Bengal Government Employees' Group Insurance-cum-Savings Scheme, 1983 / 1987 * – For Savings Fund
For the month of _____ 20__)

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

Name of the Government employee with office designation held on the day before the day of cessation of employment	No. and date of letter sanctioning payment	Amount payable from Savings Fund with interest

#Name of Payee(s) _____ Rs. _____

Net amount for payment Rs. _____ (Rupees _____)

Signed : Bill Clerk Accountant Signature & designation of D.D.O.

Station : _____

Date : _____ 20__

For use at the Treasury

Pay Rs. _____ (Rupees _____)

Examined and entered.

Accountant/J.A.O.

T.O./A.T.O./P.A.O./A.P.A.O.

For use in the Office of the Accountant General (Audit), WB

Admitted Rs. _____

Objected Rs. _____ for reasons stated below.

Auditor _____

SO/AAO/Audit Officer

* Strike out which is not applicable

In case of Death mention the name of each payee with amount payable to each.