

T.R.FORM NO. 61
[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* (Insurance Fund) in respect of subscriber of his demise while in service for the month of _____ 20__

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

Name and Designation of the Government employee	No. & date of letter sanctioning the amount	Amount payable
		Insurance Fund Total Rs.

#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.