



FORM M.P.T.C. 45
[See Subsidiary Rule 422(15), 565 and 566]
(Obverse)

Application for Refund of Lapsed Deposits

Head of Account.....

District.....
Voucher No. of list
of payments for20.....

To,

The Accountant-General, Madhya Pradesh/Treasury Officer.

.....

Sir,

The following refunds of lapsed deposits aggregating Rs..... (in words) (Rs.....) have been claimed by..... of whose identify and title to the money, I have satisfied myself. I request your sanction to be refund/the amount may be paid.

Table with 6 columns: Class of Deposit (Revenue or Civil Courts), Particulars of Original Deposits (Year, No.), Balance Credited to Government (Rs., P.), Date of lapsed statement, Amount Claimed (Rs., P.), Remarks. Includes numbered rows 1, 2, 3, 4, 5, 6, 7.

.....District

The.....20....

.....

(Signature)

No.

Dated.....20.....

Forwarded to the Accountant-General, Madhya Pradesh Certified that the amount claimed has not already been refunded.

.....

(Treasury Officer/District and Session Judge)



FORM MPTC 45-CONCLD.
(Reverse)
OFFICE OF THE ACCOUNTANT-GENERAL, M.P.

Dated 20

Returned to the with the
remark that the refund of Rsis hereby sanctioned.

2. This bill may now, please be endorsed for payment to the claimant.

Assistant Accountant Officer.

OFFICE OF THE.....

Forwarded to the Treasury Officer, with
the request that the amount of this bill, namely. Rs may be
paid to

Received payment

Receipt
Stamp

Judge, Magistrate or other officer

Dated.....20

claimant-----

Pay Rupees (.....)only.

The 20

Examined

Accountant

Treasury Officer

Note—The signature of the claimant should be obtained on this form and the form should be
returned as a voucher in support of the debit.

(FOR USE IN THE ACCOUNTANT GENERAL'S OFFICE)

Serial No. -----in No. Book

Admitted
Objected
Superintendent

Noted in the
Number book
of orders
Superintendent