



**FORM M.P.T.C. 59**  
**[See Subsidiary Rule 526]**

**Schedule of General Provident Fund Deduction.**

*(To be printed on white paper)*

**IMPORTANT INSTRUCTION**

- (1) This form should not be used for transactions of other Provident Funds for which form (M.P.T.C.-60) has been provided. The Account numbers should be arranged in serial order.
- (2) The Guide letter G.A. (For General Administration) P. (for Police) L.J. (For Law and Justice) should be invariably prefixed to account number.
- (3) In the remarks column, give reason for discontinuance of subscription such as "Proceeded on leave," "Transferred to..... Office.....District.....", "Quitted Service," "Died" or "Discontinued under Rule 7(1)."
- (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 (i) who have different guide letter prefixing their account number and (ii) whose accounts are kept by different Accountant General.
- (6) The recovery on account of G.P. Fund from the surrendered leave should be distinctly shown by giving a suitable note in the remarks column:-

OFFICE OF THE.....

(here write the designation of the Drawing Officer and Station)

Deduction made from the salary of..... payable on 1<sup>st</sup>.....

**Name of Account Officer who maintains these Accounts (See Instruction-5)**

S. No.	Name	Account No.	Pay or/and Leave Salary this Month	Monthly Subscription	Refund of withdrawals		Total realized	Remarks
					Amount	No. of Installment		
1.	2.	3.	4.	5.	6.	7.	8.	9.



Arrange the Account Nos. in Serial Order.

Figures in Column (4), (5), (6) and (8) should be rounded to whole rupees.

**G.A.**                      **A.V.**

\*Notes.-Account Nos. may be written thus 1200 47. Do not waste space Use Smaller form if the names are few. The total of the schedule be written both in figures and word.

Legible Signature of Drawing Officer

Dated.....20

Designation

**(FOR USE IN THE AUDIT OFFICE)**

Voucher No.....date of encasement.....

1. Certified that the name, amounts of individual deduction and the total shown in column (8) have been checked by reference to the bill, vide paragraph 409 of M.S.O. Technical Vol. 1.
2. Certified that the rates of pay as shown in column (4) have been verified with the amounts actually drawn in the bill.

Dated.....20

Initials of the Auditor,

Audit Section

(Department.....)