



FORM MPTC 63

[See Subsidiary Rule 529 (I)]

Adjustable by
Voucher No.....
Dated the.....20

Bill for withdrawing Final Payment/Advance/Other withdrawals from General Provident Fund of Shri..... (G.O.) the Establishment.....of thefor the month of.....

Table with 6 columns: Serial No., Name of subscriber and pay, General Provident Fund Account No., No. and date of sanction letter of authority, Final payment advance other withdrawals, Acceptance. Includes numbered rows (1) through (6).

Net amount required for payment (in word) Rupees.....

(Space for classification)

(Signature)

(Designation of the Drawing Officer)

Station.....

Dated.....

Contents received

Signature of the Drawing Officer

Pay Rs.....

(Rupees.....)

Pay to.....

(Signature of the Drawing Officer)

Treasury Officer
Examined and entered.

Treasury Accountant



CERTIFICATE

Certified that I have satisfied myself that all sums included in bills in form MPTC 63 drawn one month/two month/three month previous to this date in favour of shri

Accounts Nos with the exception of those detailed below (of which the total has been refunded by deduction from this bill) have been disbursed to the proper persons and that their acquittances have been taken and filed in my office with receipts stamp duly cancelled for every payment in excess of Rs. 20.

2. Certified that the balance at my credit/the credit of the subscriber on the date of withdrawal covers the sum drawn in the bill. The policy No.with.....company has already been assigned in favour of the Governor of Madhya Pradesh and submitted to the Accounts Officer (or the details of the policy proposed to be taken have been communicated to and accepted by the Accounts Officer in letter Nodated.....)

3. Certified that I have satisfied myself that the amount withdrawn previously on the same account has been utilised by the subscriber for the purpose for which it was intended and that the relevant premium receipt/receipts has/have been duly effaced by me.

4. Certified that the presentation of this claim/application for withdrawn of this amount has been/was made within three months from the date of payment to the Life Insurance Corporation.

(no. 856-iv r. 5/67)

(c. s. no. 91, dt 1-2-75)

(Signature).....

(Designation).....

[for use in audit office]

Admitted Rs

Objected Rs

.....

Auditor

.....

Accountant.