

# राजस्थान सरकार वित्त (वित्तीय नियम) विभाग



क्रमांक : प.1(4)वित्त / साविलेनि / 2006

जयपुर, दिनांक : 17~03~

## आदेश

#### विषय : सामान्य वित्तीय एवं लेखा नियमों के खण्ड–II में संशोधन।

राज्यपाल महोदय सामान्य वित्तीय एवं लेखा नियमों के खण्ड—II में निम्न संशोधन करने के आदेश एतदद्वारा प्रदान करते हैं:--

After the existing New Form No. GA 36 O, New Form No. GA 36 P and GA 36Q shall be inserted .

#### Encl: Formats of New GA Forms.

आज्ञा

(मनीष माथुर) संयुक्त शासन सचिव

प्रतिलिपि निम्नलिखित को सूचनार्थ, आवश्यक कार्यवाही एवं अपने अधीनस्थ कार्यालयों को सूचित करने हेतु प्रेषित है :—

1. अति.मुख्य सचिव/प्रमुख सचिव, माननीय राज्यपाल/माननीय मुख्यमंत्री महोदय, राजस्थान।

2. समस्त विशिष्ट सहायक/निजी संचिव, समस्त मंत्रीगण/राज्य मंत्रीगण ।

3. वरिष्ठ उप सचिव, मुख्य सचिव, राजस्थान।

4. निजी सचिव, समस्त अति. मुख्य सचिव / प्रमुख शासन सचिव / शासन सचिव / विशिष्ट शासन सचिव।

- 5. प्रधान महालेखाकार, राजस्थान, जयपुर ।
- समस्त विभागाध्यक्ष / जिला कलक्टर / संभागीय आयुक्त ।
- 7. निदेशक, कोष एवं लेखा विभाग, राजस्थान, जयपुर।
- मुख्य अभियंता एवं अतिरिक्त सचिव / मुख्य अभियंता, समस्त निर्माण विभाग राजस्थान।
- 9. वित्तीय सलाहकार, समस्त निर्माण विभाग राजस्थान।
- 10. समस्त कोषाधिकारी ।
- 11. कार्मिक एवं प्रशासनिक सुधार विभाग(कोडीफिकेशन) अतिरिक्त प्रति सहित ।
- 12. तकनीकी निदेशक, वित्त विभाग को भेजकर लेख है कि इस आदेश को वित्त विभाग की वेबसाइट पर प्रकाशित करवाने की व्यवस्था करावें।

प्रतिलिपि निम्नांकित को भी आवश्यक कार्यवाही एवं सूचनार्थ प्रेषित है :--

- 1. सचिव, राजस्थान विधान सभा, राजस्थान, जयपुर ।
- 2. पंजीयक, राजस्थान उच्च न्यायालय, जोधपुर/जयपुर ।
- 3. सचिव, राजस्थान लोक सेवा आयोग, अजमेर ।
- 4. सचिव, लोकायुक्त सचिवालय, राजस्थान, जयपुर ।
- 5. पंजीयक, राजस्थान सिविल सेवा अपील अधिकरण।

मख्य लेखाधिकार्र

### (GF&AR 05 / 2025)

GFAR	Government of Rajasthan					New Form No. GA 36 Rule 141(2)/150(1)	
Reference No.		St	lary Bill - Interest Subventio	n on Conveyance Advance (Outer	Sheet)	Month :	
Department Name :		855		Department Code :			
Detailed Pay Bill of Permanent/Te	mporary establishment	of: (Office Name)		Office ID :			
DDO Code :	7			Date Name of DDO :			
Bill No. :	Bill Date :		Demand No.:	Object Head :		*	
Budget Head: 0000-00-000-00-00	NP/P V/C	SF:	CA:	NA: TAN N	0. :		
The Treasuy Officer, (Concerning Please Order to pay Rs	as per claim c	ontained in this bill.	Sign of Clerk	Sign of Jr.Acc.	/AAO-I/II	Sign (With Seal)/e-Sig Digital Sign of DI	
3. The Amount of th	nis bill is within the li	mits of allotted budget	e of all formalities regarding for the Year (Current Finar	ncial Year.).		Sign (With Seal)/ e-Sig Digital Sign of DD	
Subventio	n	r	Deduction(s)		Treasury Voucher	· *	
Subvention Details         Pay II           Interest on Conveyance         (PayIII)		Deduction Name	Pay ID Amount	TV No.	For Treasury Use	TV Date :	
	, (ninouni)		. •	Pay Rs. : (In words) :	<u>roi ricusui y esc</u>		
		•	<i></i>	(In Cash) :			
× •				(In words) :			
				(In words) : By B.T. : Total Credit Rs.		• •	
				By B.T. :	ΑΑΟ-Ι/ΙΙ	TreasurySub Treasury Officer e-Sign	
Gross Amount :	Total Deduc	ion :		By B.T. : Total Credit Rs.	AAO-I/II <u>For Accountant General Offi</u>	Treasury Officer e-Sign	

GA 76 GFAR			Government of l	Kajasthan		,	New Form No. GA 3 Rule 141(2)/150(1)
Defe	N		01 011 1 1011				
Reference Departmen			Salary Bill - Interest Subv	ention on Conveyance Adv	ance (Inner Sheet)	Month :	
		y establishment of : (Office Name)		Office ID			
		y cataonamient or . (Office Name)					^
DDO Cod	e :		a.		ne of DDO :		
Bill No. :		Bill Date :	Demand No.:	Object He	ad :		
Budget He	ead: 0000-00-000-00-00 NP/P	V/C SF:	CA:	NA:	TAN No. :		
S.No.	Loan A/c No.	Name	Month for which Subvo	ention Amount is payable	Amount of Subvention		Remarks(s)
	Loan Amount	Designation					
	Loan type	Employee ID					
		Nominee Name(s)				33	
		Date of Death					
		(only where Payment is made to		94) 		3	
		Nominee)					
		Aadhar No.		х			
1.					· · · · · · · · · · · · · · · · · · ·		
2.			_		1	Total	
					·		
Total Amo	ount :						
Amount in	n words :						
			· · · · · · · · · · · · · · · · · · ·				
Certificat	es :				· · ·		
		ined and satisfied myself about the gen	uineness of claim that the Sui	byention Bill of the employe	ee(s) included in this bill are strictly in accordan	ce with rules and	that the said employee
are en	titled to such Subvention Amo	unt. It is further certified that I have per	sonally ensured observance of	of all formalities regarding ne	ecessary entries.		
2. Amou	int of Interest Subvention is giv	en according to Instruction issued by Fi	inance Department.	- •			
	quired information including B	ank Account Details in this bill has been	n checked and verified.				
3. All re	ertity that I have carefully exan	nined & verified the master data of the s	said claim.	· ·			
4. It is co				r			
4. It is co	int of interest Subvention inclu-	ded in this Bill is as per Bank Statement	t provided by concerned bank	с.			
4. It is co 5. Amou	int of interest Subvention inclu-	•	provided by concerned bark	~			
4. It is co 5. Amou	es (System generated/Scanned	•	provided by concerned balk	~	4		
<ol> <li>It is constructed</li> <li>Amout</li> <li>Enclosure</li> </ol>	int of interest Subvention inclu-	•		~			
<ol> <li>It is constructed</li> <li>Amout</li> <li>Enclosure</li> <li>1.</li> </ol>	int of interest Subvention inclu-	•	provided by concerned balk	~	Sig	gn (With Seal)/e-S	Sign/ Digital Sign of I
<ol> <li>It is ca</li> <li>Amou</li> <li>Enclosure</li> <li>1.</li> <li>2.</li> </ol>	int of interest Subvention inclues (System generated/Scanned	•			Sig Forwarded Date		Sign/ Digital Sign of I

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GA 76		Government of Ra	jasthan		New Form
GFAR					Rule 141(1
Reference No.		Salary Bill - Interest Subven	tion on House Building Advance (	Outer Sheet)	Month :
Department Name :			Department Code :		
Detailed Pay Bill of Permanent/Tempo	vrary establishment of : (Office Name	e)	Office ID :		
DDO Code :	e .		Date Name of DDC	):	
Bill No. :	Bill Date :	Demand No.:	Object Head :		
Budget Head: 0000-00-000-00 NP	/P V/C SF:	CA:	NA: TAN	1 No. :	
To The Treasuy Officer, (Concerning Tre Please Order to pay Rs	asury) as per claim contained in this bil	ll. Sign of Clerk	Sign of Jr.A	cc./AAO-I/II	Sign (With Digital
<ol> <li>It is further certified tha</li> <li>The Amount of this bill</li> </ol>	t I have personally ensured observ is within the limits of allotted bud	lget for the Year ( <i>Current Finan</i>	cial Year).		Sign (With S Digital S
Subvention	·	Deduction(s)		Treasury Vouch	
Subvention Details Pay ID	Amount Deduction N	ame Pay ID Amount		<u></u>	
Interest on HBA	ľ		TV No.	For Treasury Us	TV Date :
E Constant and a constant of the constant of t					_
	1		Pay Rs. : (In words) :		
1			(III words) .		
	÷.	· · ·	(In Cash) :	· • ·	
			(In words) :		÷
			By B.T. : Total Credit Rs.		
			Auditor	AAO-I/II	TreasurySub Treasury Officer e-Sigr
				For Accountant Gener	al Office
Gross Amount :	Total Deduction :		Admitted (RS.)		Objected (RS.)
	Total Deduction :	a yan da da manan manan kanan kan			00,0000 (100.)
Gross Amount : Net Amount : (In words) :	Total Deduction :		Admitted (KS.)		
Net Amount :	Total Deduction :			0	<b>a</b>
Net Amount : (In words) :		DDQ and he/she is salely responsibly	Auditor	Supdt.	Gaz. officer
Net Amount : (In words) : Disclaimer: All contents related to this Group Name :		DDO and he/she is solely responsible	Auditor	te :	Gaz. officer

Reference N			Salary Bill - Interest Subvention	on House Puilding	Advance (Inner Sheet)	Month :
Department			Salary Bin - Interest Subvention		nent Code :	Monta .
		ry establishment of : (Office Name)	)	· Office II		
DDO Code	:			Date Na	me of DDO :	2
Bill No. :	*	Bill Date :	Demand No.:	Object H	lead :	
Budget Hea	d: 0000-00-000-00 NP/P	V/C SF :	CA:	NA:	TAN No. :	,
S.No.	Loan A/c No.	Name	Month for which Subvention	Amount is payable	Amount of Subvention	Remarks(s)
0.110.	Loan Amount	Designation		intoune is phynolog		resinants(5)
	Loan type	Employee ID				
	Dourtype	Nominee Name(s)				
*		Date of Death				
		(only where Payment is made to				
2		Nominee)				
		Aadhar No.				
1.		Aadilai No.				
2.					Tota	al
Total Amou			×			
Amount in	words :					
		×				
Certificates					· ··· · · · · · · · · · · · · ·	
1. 0	Certified that I have personal	ly examined and satisfied myself abo	ut the genuineness of claim that the Se	bvention Bill of the	employee(s) included in this bill are strictly in accor	dance with rules and that the said
2.	employee(s) are entitled to su	on is given according to Instruction is	certified that I have personally ensured	observance of all for	malifies regarding necessary entries.	4
3.	All required information inclu	uding Bank Account Details in this b	ill has been checked and verified	,		>
4. 1	t is certify that I have careful	lly examined & verified the master da	ata of the said claim.			
5	Amount of interest Subventio	on included in this Bill is as per Bank	Statement provided by concerned ban	k.		
6.			2	×.	и	
Enclosuros	(System generated/Scanne	d)^:				
1.						
	_					With Seal)/e-Sign/ Digital Sign of DI
1. 2.		ill are provided by Head of Office/D	DO and he/she is solely responsible fo	rit.	Forwarded Date :	
1. 2. Disclaimer:					Print Date & Time :	
1. 2. Disclaimer: Group Nam	le :					
1. 2. Disclaimer: Group Nam	le :	d in the bill as per selection from dro	pdown menu according to the require	nents defined under re	elevant rules.	
1. 2. Disclaimer: Group Nam	le :	d in the bill as per selection from dro	pdown menu according to the require	nents defined under re	elevant rules.	

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