

Tender Document

Software Application For HRMS,
Preparation of Tour Program, KRA
management, KRA- employee etc
within the organization/entity



Principal Accountant General (Audit) Haryana

Plot No. 4 & 5, Sector-33B, Chandigarh-160020

www.aghry.nic.in

1. Fact Sheet

S. No	Particulars	Details
1	Tender ID	Comp Cell/126/2021-22/27 dated 05.08.2021
2	Tender date	05.08.2021
3	Selection Method	Tender will be awarded to the bidder with the highest score based on the Quality and Cost Based Selection (QCBS) Evaluation Method.
5	EMD	Earnest Money Deposit of Rs. 30,000/- only. Demand Draft in favour of PAO O/o the Accountant General (Audit) Punjab, Chandigarh from any of the nationalized scheduled commercial bank.
8	Nodal Officer for correspondence and Clarification.	Deputy Accountant General (Admn) E-mail: prasadks@cag.gov.in Tel: 0172-2610616
9	Pre bid Conference	12 th August 2021 at 11.00 AM at Computer Cell.
10	Issue of addendum/clarification (if any)	23 rd August 2021
11	Last date of bid submission	Proposals must be submitted no later than 25 th August 2021 by 11.00 AM to Deputy Accountant General (Admn)
12	Opening of Technical bid	25 th August 2021 at 03.00 PM
13	Opening of Financial bid	31 st August 2021 at 11.00 AM

2. Request for Proposal

Sealed quotations are invited through Limited Tender Enquiry (LTE) from eligible, reputed and qualified IT firm with sound technical and financial capabilities for development and implementation of application software comprising of six modules i.e. Human resource management, preparation of tour program, KRA Management, KRA- employee mapping, KRA assessment and reporting dashboards with multiple filter for the **office of the Principal Accountant General (Audit) Haryana, Chandigarh** as detailed out in the scope of work of this Request For Proposal (RFP) Document. This invitation to bid is open to all Bidders meeting the pre-qualification criteria as mentioned in this RFP Document.

3. Basic Information

- 3.1. **Office of the Pr. Accountant General (Audit) Haryana, Chandigarh** invites responses (“Proposals”) to this Request for proposal (RFP) from companies/ Agencies (“Bidders”) for development and implementation of application software comprising of six modules i.e. Human resource management, preparation of tour program, KRA Management, KRA-employee mapping, KRA assessment and reporting dashboards with multiple filter.
- 3.2. Proposals must be received not later than the time, date of venue mentioned in the fact sheet.
Proposals received after the deadline WILL NOT be considered.
- 3.3. Eligible bidders may download the RFP document from the official website of this office <https://cag.gov.in/ag/haryana/en> or <https://eprocure.gov.in/epublish/app>.
- 3.4. **Department** reserves the right to reject any or all the proposals in whole or in part, without assigning any reason.
- 3.5. Interested bidders are advised to study the RFP document carefully. Submission of response shall be deemed to have been done after careful study and examination of the RFP document will full understanding of its implications.

4. Scope of work

Scope of work includes six modules which are as follows:

4.1. Human Resource Management

❖ Admin Panel

❖ Employee Panel

❖ Module for Travelling Allowance (TA) Form which should be as follows:

- TA claim forms (**Annexure “A”**) are filled up by the claimant and the same is submitted to the respective wing.
- Respective wings after verifying the dates as per the tour programme of claimant and after the counter signature of group officer of respective wing the TA claims are sent to the Entitlement II section.
- On receipt of the claims the same are scrutinized with reference to TA rules. (list of checklist are attached- **Annexure B**) and the same are returned for its rectification to the claimant/ wing, if any type of discrepancy is found.
- On receipt of rectified claim the same are processed and calculation (in part B) are prepared with reference to TA rules. (copy attached as **Annexure- C**)
- The claims/calculation are then put up to AAO for checking.
- After checking of bills/calculation the same is put up to Sr. AO (Entt) (DDO)
- After signature of DDO the claims are put up to competent Authority {DAG (Administration)} for countersignature.
- On receipt of approval the of the claims from competent authority, e-payment and bills are prepared (usually claims of 10 person in one bills) in I BEMS (IAAD’s software) and after checking/ approval the print out of the bills are taken.
- Claims/calculation along with the attachment /supporting documents of claims in original and printout of Bills are sent to PAO office for its disbursement.
- Availability of budget in respective heads are also to be linked with software.

❖ Module for Medical Bill Form which should be as follows:

- Medical claim forms (**Annexure “D”**) are filled up by the claimant and the same is submitted to Entitlement section..
- On receipt of the claims the same are scrutinized with reference to Medical rules and the same are returned for its rectification to the claimant/ wing, if any type of discrepancy is found.
- On receipt of rectified claim the same are processed and reimbursable amount are calculated as per prevalent Medical rules.
- The claims/calculation are then put up to AAO for checking.
- After checking of bills/calculation the same is put up to Sr. AO (Entt) (DDO)
- After signature of DDO the claims are put up to competent Authority {DAG (Administration)} for countersignature.
- On receipt of approval the of the claims from competent authority, e-payment and bills are prepared (usually claims of 10 person in one bills) in I BEMS (IAAD’s software) and after checking/ approval the print out of the bills are taken.

- Claims/calculation along with the attachment / supporting documents of claims in original and printout of Bills are sent to PAO office for its disbursement.
- Availability of budget in respective heads are also to be linked with software.

❖ **Exemption in income tax/Addition of income as per Form given in Annexure “J” and submitted to Entt.-II.**

❖ **Newspaper Expense Form as per Annexure “H” to be filled and submitted to H.K. section.**

❖ **Module for Leave Travel Concession bill for the block Year Form which should be as follows:**

- LTC claim forms (**Annexure “E”**) are filled up by the claimant and the same is submitted to Entitlement section.
- On receipt of the claims the same are scrutinized with reference to LTC rules and the same are returned for its rectification to the claimant/ wing, if any type of discrepancy is found.
- On receipt of rectified claim the same are processed and reimbursable amount are calculated as per prevalent LTC rules. (In Part B of the form)
- The claims/calculation are then put up to AAO for checking.
- After checking of bills/calculation the same is put up to Sr. AO (Entt) (DDO)
- After signature of DDO the claims are put up to competent Authority {DAG (Administration)} for countersignature.
- On receipt of approval the of the claims from competent authority, e-payment and bills are prepared (usually claims of 10 person in one bills) in I BEMS (IAAD’s software) and after checking/ approval the print out of the bills are taken.
- Claims/calculation along with the attachment / supporting documents of claims in original and printout of Bills are sent to PAO office for its disbursement.
- Availability of budget in respective heads are also to be linked with software.
- ❖ **Transfer Travelling Expense Form ANNEXURE “F”.**
- Transfer TA claim forms (**Annexure F**) are filled up by the claimant and the same is submitted to Entitlement II section alongwith the last pay certificate and transfer and joining order..
- On receipt of the claims the same are scrutinized with reference to TA rules.
- The claims/calculation are then put up to AAO for checking.
- After checking of bills/calculation the same is put up to Sr. AO (Entt) (DDO)
- After signature of DDO the claims are put up to competent Authority {DAG (Administration)} for countersignature.
- On receipt of approval the of the claims from competent authority, e-payment and bills are prepared in I BEMS (IAAD’s software) and after checking/ approval the print out of the bills are taken.
- Claims/calculation along with the attachment / supporting documents of claims in original and printout of Bills are sent to PAO office for its disbursement.
- Availability of budget in respective heads are also to be linked with software.

❖ **Module for Re-Imbursement of Children Education Allowance Form which should be as follows:**

- The claimant submit his/her claim in the prescribed proforma (**Annexure-“G”**) for reimbursement of Children Education Allowance along with the supported document like Certificate signed by the school(Annexure-B), original fee receipt, report card etc.
- Some conditions under Children Education Allowance:
- Reimbursement of only two eldest surviving children can be claimed.
- In case of twins on second child birth the concerned claimant may apply for reimbursement of Children Education Allowance for more than two children.
- The reimbursement of only two classes prior to 1st class can be claimed irrespective of the nomenclature (e.g. Pre-Nursery, Nursery, L.K.G., U.K.G.).
- The reimbursement of Children Education Allowance can be claimed up to 12th class only or 20 years of age whichever is earlier.
- The reimbursement of Children Education Allowance is Rs. 2250 per month per child and reimbursement for hostel subsidy is Rs. 6750.
- On receipt of the claim the same is scrutinized with reference to Children Education Allowance rules.
- The dealing hand after checking the amount in the claim forwarded it to the Asst. Audit Officer.
- After verification of the claim of reimbursement at AAO level it is then forwarded to Sr. Audit Officer for approval.
- When the claim is approved by Sr. Audit officer, the dealing hand then prepare the bill in PFMS (online portal) for e-payment.
- The printout of the bill along with the original copies of supporting document are sent to PAO in physical form as well as in PFMS.

❖ **Module for Advance of travelling Allowance which should be as follows:**

- Advance for TA is filled up in the prescribed format (**Annexure H**)/ Application for Advance on TA is submitted to Entitlement section alongwith the approved tour programme.
- The claims/calculation are then put up to AAO for checking.
- Approval for Advance is obtained from the competent authority (DAG Admn) through Sr. AO (DDO)
- On approval from competent authority, e-payment and bills are prepared in I BEMS (IAAD's software) and after checking/ approval the print out of the bills are taken.
- Claims/calculation along with the attachment / supporting documents of claims in original and printout of Bills are sent to PAO office for its disbursement.
- Availability of budget in respective heads are also to be linked with software.

4.2. **Preparation of Tour program**

- Automatic policy validations on traveling allowance
- Calculation Provision of policy amendments in traveling allowance
- Traveling allowance form with policy admissibility
- Weekly diary in employee panel

4.3. **KRA Management**

- Add/edit/view/delete area of work
- Add/edit/view/delete item of work
- Add/edit/view/delete KRA unit of quantity

4.4. **KRA-Employee Mapping**

- One to many mapping of employees various KRA
- Mapping of viewing and reporting officer for each employee
- KRA Mapping from admin panel
- KRA Mapping from employee.

4.5. **KRA Assessment**

- Submission of the unit of work done by the employee.
- Review and comment by reporting officer
- Review and comment by reviewing officer.

4.6. **Reporting Dashboard with multiple filters**

5. **Deliverables**

5.1. User manual and Standard Operation Procedure (SOP)

5.2. Technical and design manual (with data backup process)

5.3. Error free source code

6. **Schedule and Timeline**

Sr. No.	Activity	Time Schedule
1.	Study of existing system and gathering of detailed requirements	T+2 Days
2.	Identification of technical platform and designing of screen layouts	T+2+15 Days
3.	Commissioning of the application	T+2+15+15 Days
4.	Training Schedule	T+2+15+15+10 Days
5.	Sign Off	T+60 Days

7. **Operation and Maintenance**

7.1. Warranty for one year from the date of commissioning

7.2. Support on training/demo as and when required during training period

7.3. All technical queries/complaints which may be indefinite shall be attended immediately during entire warranty/support period.

8. **Eligibility Criteria**

8.1. The registered bidder should be operating with an objective of offering of relevant IT solutions and services that are the subject matter of this tender.

- 8.2. The bidder shall be single point of contact with **office of the Principal Accountant General (Audit) Haryana, Chandigarh** and shall be solely responsible for the execution and delivery of the work. The bidders will submit a **prototype for the proposed solution** along with the bid.
- 8.3. The Bidder should be registered with appropriate tax authorities such as Income Tax and GST and should submit self-certified copies of valid certificates of registration with these authorities.
- 8.4. The bidder should submit certified copies of their company duly audited Balance Sheet for last three financial years.
- 8.5. The company/firm/agency should demonstrate capability to deliver by submitting a prototype along with Technical Bid.
- 8.6. Annual turnover of the company should not be less than 50 lakh per annum in the last financial year.
- 8.7. The bidder should not have been blacklisted by central/state government departments/undertakings.
- 8.8. The company/firm/agency should have undertaken and successfully completed similar nature of work in Central/State Government.
- 8.9. At any time before the submission of bids, **office of the Principal Accountant General (Audit) Haryana, Chandigarh** may amend the tender by issuing an addendum in writing or by standard electronics means. If the amendment is substantial, Bidder(s) shall be given reasonable time to make amendment or to submit revised bid and the deadline for submission of bids will be extended if required. **Office of the Principal Accountant General (Audit) Haryana, Chandigarh** has the right to cancel or modify the tender.
- 8.10. Even though bidders may satisfy the above requirements, they may be disqualified if the bidder has made misleading or false representation or facts or deliberately suppressed the information to be provided in the forms, statements and enclosures of this document. Record of poor performance such as abandoning work, not properly completing the contract or financial failures/weaknesses.

9. Procedure of submission of bid

- 9.1. Bid will be submitted in two sealed envelopes for Technical and Financial.
- 9.2. Both the envelopes will be super scribed as Tender ID: Comp Cell/126/2021-22/27 dated 05.08.2021.
- 9.2.1. **Submission of Technical bid**
- 9.2.1.1. Duly filled, signed and stamped the Technical Proposal as per Annex-1

- 9.2.1.2. Self-attested copies of PAN & GST registration
- 9.2.1.3. Copy of balance sheet for last three years.
- 9.2.1.4. Copies of government works of the similar nature (completion certificate)
- 9.2.1.5. A prototype of the solution proposed.

9.2.2.Submission of Financial bid

- 9.2.2.1. Financial bid should contain only Annex-2 (on the company's letterhead)

10. Evaluation Criteria

10.1.Evaluation of Technical Bid

- 10.1.1. Technical bid will be opened by the designated evaluation committee in the presence of the bidders or their authorized representatives.
- 10.1.2. Total number of the bids received will be announced before the opening of technical bid.
- 10.1.3. In the first stage, only technical bid will be opened and evaluated on Quality and Cost Based Selection, where 60% weightage will be given to the Technical and 40% weightage will be given to the financial bid. Out of 60% technical weightage, 40% will be awarded for suitability of prototype and 20% will be awarded for number of similar works completed.
- 10.1.4. Financial bid of the bidders, whose prototype is rejected, will not be opened.
- 10.1.5. Technical bids received will be measured as per norms fixed by the Department. Prescribed norms will be announced in the presence of the bidders or their authorized representatives before opening of bid.

10.2.Financial bid evaluation

- 10.2.1. The financial bid shall be binding upon the agency subject to the modifications resulting from contract negotiations, up to expiration of the validity period of the proposal i.e. 180 days after the opening of bid.
- 10.2.2. Formula for evaluation of financial bid – Lowest quote (L-1) amongst all bidders will be awarded full weightage of 40. Evaluation of other bidders with respective quotes L-2, L-3, L-4 and so on will be calculated as $(L1/L2)*40$.
- 10.2.3. **Department** reserves the right to accept or reject any or all the proposals without assigning any reason.

11. General Information

- 11.1. The tender is a “Two Bid” document. The technical bid should contain all the relevant information and desired enclosures in the prescribed format along with Earnest Money Deposit (EMD). The financial bid should contain only commercials. In case, any bidder encloses the financial bid within the technical bid, the same shall be rejected summarily.
- 11.2. Patent rights: The bidder shall indemnify purchaser (**O/o Principal Accountant General (Audit) Haryana, Chandigarh**) against all third party claims of infringement if patent, trademark or industrial design arising from the use of the services or any part thereof.
- 11.3. All information called for in the enclosed form should be furnished against the respective columns in the forms. If information furnished in a separate document, reference to the same should be given against respective columns in such cases. If any particular query is not applicable, it should be stated as “Not Applicable”. However, the bidders are cautioned that not giving complete information called for in the tender forms or not giving it in clear terms or making any change in the prescribed forms or deliberately suppressing the information may result in the bidder being summarily disqualified.
- 11.4. The Responses should be typed or hand written but there should not any overwriting or cutting. Corrections, if any, shall be made by neatly crossing out, initialing, dating and rewriting. The name and signature of bidder’s authorized person should appear on each page of the application. All pages of the tender document shall be numbered and submitted as a package along with forwarding letter on bidder’s letter head.
- 11.5. The bidder should enclose bid security (EMD) of Rs 30,000/- in favour of the **PAO O/o the Accountant General (A&E) Punjab, Chandigarh** in form of demand draft. The tenders without Earnest Money Deposit shall be summarily rejected. The successful bidder shall be required to deposit performance security in form of bank guarantee valid for 12 months, equal to ten percent (10% of contract value within 15 days from the date of the award of the work. The EMD of the unsuccessful bidders shall be returned without interest after award of work to the successful bidder. The EMD of the successful bidder shall be returned only after the signing of the agreement along with performance security. The EMD stands forfeited in case the bidder withdraws or amends his bid after submission of tender document.
- 11.6. Reference, information and certificates from the respective clients certifying technical, delivery and execution capability of the bidder should be signed and the contact numbers of all such clients should be mentioned.

- 11.7. The bidder is advised to attach any additional information, which they think is necessary in regard to their capabilities to establish that the bidder is capable in all respects to successfully complete the envisaged work. They are however, advised not to attach superfluous information.
- 11.8. Even though bidder may satisfy the qualifying criteria, they are liable for disqualification if they have a record of poor performance or not able to understand the scope of work etc.
- 11.9. Bidders may seek clarification regarding the project and/or the requirements for prequalification, in writing through mail within a reasonable time.
- 11.10. All disputes arising shall be subject to the jurisdiction of Chandigarh alone. The **Office of the Principal Accountant General (Audit) Haryana, Chandigarh** reserves right to award the work/ cancel the award without assigning any reason.
- 11.11. Bidders are neither allowed to join hands to participate in the tender nor allowed to submit multiple bids. Any such act will make the bid liable for rejection.

12. Payment

- 12.1. Payment will be made after successful completion of the work. A completion certificate in this regard will required to be obtained from the Computer section.
- 12.2. The invoice of the company shall be processed by the **Department** only after successful and satisfactory completion and implementation of the job.
- 12.3. **Department** may impose penalty on account of unsatisfactory completion of work or for non-completion of work or for delay in completion of work. **Department** will decide the amount of penalty and same shall be a binding on the company.
- 12.4. Deduction on account of tax i.e. TDS etc shall be made by the Department according to rules from amount payable to the **Company**.

13. Service Level Agreement and Penalty

- 13.1. Agency will carry out the work strictly as per the Schedule and timeline given in para 4 of the tender document.
- 13.2. Extension in any case, will not be allowed if delay is on the part of bidder. In case an event of delay arises, penalty as decided by the **Department**, may be imposed maximum to the tune of 10% of the contracted value.
- 13.3. Any delay for more than 10 days, may attract the termination of the contract and performance guarantee submitted by the bidder may be forfeited.
14. **Force Majeure:** Notwithstanding anything contained in the RFP, the agency shall not be liable for liquidated damages or termination for default, if and to the extent that, its delay in performance

or other failures to perform its obligations under the agreement is the result of an event of Force Majeure. For the purpose of this clause “Force Majeure” means an event beyond the control of the agency and not involving the agency’s fault or negligence and which was not foreseeable. Such events may include war or revolutions, fire, floods, epidemics and quarantine restrictions. The decision of the **Department** regarding Force Majeure shall be final and binding on the Agency. If a Force Majeure situation arises, the Agency shall promptly notify to the **Department** in writing of such conditions and the cause thereof. Unless otherwise directed by the **Department** in writing, the Agency shall continue to perform its obligation under the agreement as far as reasonably practical, and shall seek all reasonable alternative means for performance not prevented by the Force Majeure event.

15. **Legal Jurisdiction:** All legal disputes between the Agency and the **Department** shall be subject to jurisdiction of the courts in Chandigarh, Union Territory only.

Sd/-

Dy. Accountant General (Admn)

ANNEXURE-1 (Technical Bid)
(To be printed on the company's letter head)

Name of the Company/Firm	:
Address of the Company	:
Telephone No.	:
Name of the Contact Person	:
Designation of the Contact Person	:
Address of the Contact Person	:
Mobile Number	:
Email ID	:
Constitution of the company/firm	:
PAN Number (Please attach self attested photocopy)	:
GST Number (Please attach self attested photocopy)	:
Turnover	
2018-19 (Please attach copy of Balance sheet)	:
2019-20	:
2020-21	:
No. of similar government works executed successfully. (Attach copy of completion certificates)	:
Prototype submitted or not?	:

Signature and stamp of the Authorized Signatory.

ANNEXURE-2 (Financial Bid)
(To be printed on the company's letter head)

To

The Deputy Accountant General (Admin)
O/o the Principal Accountant General (Audit) Haryana,
Plot No. 4 & 5, Sector-33B,
Chandigarh.

Ref: **Tender ID : Comp Cell/126/2021-22/27** **dated 05.08.2021.**

Respected Madam,

In reference to the above noted Tender ID, we are giving our best competitive rates (inclusive all taxes) as under:

<u>P A R T I C U L A R S</u>	<u>A M O U N T</u>
Development & Integration of application as specified in the scope of work provided in the Tender document.	:

Signature & Stamp of the Authorized Signatory.

Covering Letter (to be printed on the bidder's letterhead)

Dt _____

To

The Deputy Accountant General (Admin)
O/o the Principal Accountant General (Audit) Haryana,
Plot No. 4 & 5, Sector-33B,
Chandigarh.

Ref: Tender ID : Comp Cell/126/2021-22/27 dated 05.08.2021.

Subject: Submission of proposal in response to the RFP for development software application

Respected Madam,

Having examined the RFP document, we the undersigned, herewith submit out proposal in response to your RFP No. **Comp Cell/126/2021-22/27 dated 05.08.2021** for development and implementation of application software comprising of six modules i.e. Human resource management, preparation of tour program, KRA Management, KRA- employee mapping, KRA assessment and reporting dashboards with multiple filter in full conformity with the said RFP document.

1. We have read the provisions of the RFP document and these are acceptable to us. We further declare that additional conditions, variations, deviations, if any found in our proposal shall not be given effect to.
2. We agree to abide by this proposal, consisting of this letter, the qualification criteria form, proposal form all other attachments for a period of 180 days from the date of opening of bid, and it shall remain binding upon us and may be accepted by you at any time before the expiration of that period.
3. We hereby declare that all the information and statements in this proposal are true and accept that any misrepresentation contained in may lead to our disqualification.
4. We would like to declare that we are not involved in any litigation that may have an impact of affecting or compromising the delivery of services as required under this RFP.
5. We hereby declare that our proposal is submitted in response to this RFP is made in good faith and the information contained is true and correct to the best our knowledge and belief.

Signature & Stamp of the Authorized Signatory.

दौरे के लिए यात्रा भत्ता बिल

TRAVELLING ALLOWANCE BILL FOR TOUR

टिप्पणी-इस बिल की दो प्रतियाँ वे एक संकाय के लिए और दूसरी कार्यालय के प्रति के रूप में, तैयार किया जानी चाहिये,
Note: This bill should be prepared in duplicate. One for payment and the other as office copy
भाग-क (सरकारी सेवक द्वारा भरा जाना चाहिए)

Part-A (To be filled up by Government Servant)

1. नाम :
2. पदनाम :
3. वेतन/ लेवल :
4. मुख्यालय :
5. की गई यात्रा/यात्राओं के ब्यौरे और प्रयोजन :-

LOCAL
ADDRESS

PERMANENT ADDRESS

ACCOUNT NO.

SALARY CODE

IA&AD CODE

MOBILE NO

IFSC CODE

Details and purpose of journey (s) pe

प्रस्थान/Departure		आगमन/Arrival		यात्रा की रीति और स्थान सुविधा का वर्ग Mode of travel and class of accommodat ion	सदत्त यात्री भाड़ा Fare Paid रु में	सड़क मील भत्ता के लिए दूरी कि. मी. में Distance in KMs for road mileage	विश्राम की अवधि Duration of halt		यात्रा का प्रयोजन Purpose of journey
तिथि एवं समय	से	तिथि एवं समय	तक				दिन	घंटा	

6. यात्रा की रीति
Mode of Journey:-

- (i) वायुयान/Air

(क) कार्यालय द्वारा व्यवस्थात विनिमय वाउचर

(a) Exchange voucher arranged by officer

(ख) टिकट/विनिमय वाउचर (b) Ticket Exchange Voucher arranged by

हां/नहीं
Yes/No

- (ii) रेल/ Rail

(क) क्या यात्रा मेल/एक्सप्रेस/सामान्य गाड़ी से की गई ?

(a) Whether travelled by mail/express/ordinary train?

(ख) क्या वापसी टिकट उपलब्ध था ? हां/नहीं

(b) Whether return tickets available?

Yes/No

(ग) यदि उपलब्ध था तो क्या वापसी टिकट खरीदा गया ?

यदि नहीं तो कारण बताएं

(c) If available, whether return tickets purchased?

If not state reasons

उपयोग में लाए वाहन का प्रकार अर्थात् सरकारी परिवहन द्वारा/टैक्सी द्वारा, किसी बस द्वारा या लोक वाहन में एक सीट लेकर/किसी अन्य सरकारी सेवक के साथ मिलकर गाड़ी में, निजी या किसी अन्य व्यक्ति

की कार में, यह विनिर्दिष्ट किया जाए।

Auto rickshaw/ rickshaw

Mode of conveyance used i.e. by Govt. transport/by taking a Taxi, a single seat in a bus or other public conveyance/by Sharing with another Govt. servant in a car belonging to him or to a third person to be specified.

7. विराम स्थल से निम्नलिखित कारण से अनुपस्थित रहने की तारीख
Dates of absence from place of halt on account of :-

(क) प्र अ व आ. अ.

(a) R.H. and C.L.

(ख) रविवारों और अवकाश दिनों को वस्तुतः शिविर में न रहना

(b) No being actually in camp on Sundays and Holidays.

8. वे तारीखें जिनको राज्य या राज्य निधि से वित्त पोषित किसी संगठन द्वारा मुफ्त भोजन और/आवास उपलब्ध किया गया:-

Dates on which free board and/or lodging provided by the State or any organization financed by State funds:-

(क) केवल भोजन

(a) Board only

(ख) केवल आवास

(b) Lodging only

(ग) भोजन और आवास

(c) Board and lodging

9. ऐसे मामलों में जिन में होटलों/अनुसूचित टैरिफ पर भोजन और/आवास का प्रबन्ध करने वाले अन्य स्थापनों में ठहरने के लिए उच्चतर दर पर दैनिक भत्ते का दावा किया जाता है, होटल रसीदें आदि के साथ प्रस्तुत की जानेवाली विशिष्टियां:-

Particulars to be furnished along with hotel receipts etc. in cases where higher rate of D.A. is claimed for stay in hotel/other establishments providing board and/or a lodging at scheduled tariffs:-

ठहरने की अवधि Period of Stay		होटल का नाम Name of Hotel	ठहरने की दैनिक दर Daily rate of lodging charged	कुल संदत्त रकम Total amount paid
से/From	तक/To		रु./Rs	रु./Rs

10. उन यात्रा/यात्राओं की विशेषियां जिनके लिए सरकारी सेवक ने उस वर्ग से जिसका वह हकदार है, उच्चतर वर्ग की स्थान/सुविधा का उपयोग किया है:-
Particulars of journey(s) for which higher class of accommodation than the one to which the Govt. servant is entitled was used:-

तारीख Date	स्थानों का नाम Name of Places		वाहन का प्रकार जिसका उपयोग किया गया है Mode of conveyance used	वह वर्ग जिस का हकदार है Class to which entitled	वह वर्ग जिससे यात्रा की Class by which travelled	उस वर्ग का यात्रा भाड़ा जिस का हकदार है Fare of the entitled class Rupees
	से/From	तक/To				

यदि उच्चतर वर्ग की स्थान सुविधा में की गई है यात्रा/यात्राएं सक्षम अधिकारी क अनुमोदन से की गई है तो मंजूरी की स. और तारीख लिखें।
If the journey (s) by higher class of accommodation had been performed with the approval of the competent authority No. and date of the sanction may be quoted.

11. रेल से जुड़े स्थानों के बीच सड़क से की गई यात्रा/यात्राओं के बारे:-

Details of journe(s) performed by road between places connected by rail:-

तारीख Date	स्थानों के नाम/Name of Places		सदत्त भाड़ा Fare paid Rupees
	से/From	तक/To	

12. लिए गए यात्रा मत्ता अग्रिम की रकम यदि कोई हो।
Amount of T.A. advance if any, drawn. -Nil-
प्रमाणित किया जाता है कि उपरोक्त जानकारी मेरे सर्वोत्तम ज्ञान और विश्वास के अनुसार सत्य है।
Certified that the information as given above is true to the best of my knowledge and belief.

सरकारी सेवक के हस्ताक्षर
Signature of the Govt. Servant
तारीख/Date.....

भाग - ख (बिल अनुभाग में भरा जाना है)
PART-B (To be filled in the Bill Section)

यात्रा भत्ते की शुद्ध हकदारी रु बनी है जिसके ब्यौरे नीचे दिए गए हैं :-
 The net entitlement of account of travelling allowance works out to Rs..... as detailed below:-

- (क) रेल/वायुयान/बस/स्टीमर यात्री भाड़ा रु.
 (a) Railways/Air/Bus/Steamer fare Rs.....
- (ख) कि.मी. के लिए सड़क मील भत्ता.....पैसे प्रति कि.मी. की दर से रु.
 (b) Road mileage for Kms @ Rs..... P/Kms
- (ग) दैनिक भत्ता
 (c) Daily allowance
- (i)दिन/day @ Rs..... रु. प्रतिदिन की दरसे/per day
- (ii)दिन/day @ Rs..... रु. प्रतिदिन की दर से/per day
- (iii)दिन/day @ Rs..... रु. प्रतिदिन की दर से/per day
- (घ) वास्तविक व्यय
 (d) Actual expenses
- रु/Rs.....
- रु/Rs.....
- रु/Rs.....
- रु/Rs.....

कुल राशि
 Gross amount Rs.....

- (ड) वाउचर सं.....तारीख.....रु के अनुसार लिए गए यात्रा भत्ता अग्रिम की रकम के यदि कोई हो तो घटा दें
 (e) Less amount of T.A. advance, if any, drawn vide Voucher No. date..... /Rs.

शुद्ध रकम
 Net amount Rs.....

व्ययमें विकलनीय है
 The Expenditure is debit able to

बिल लिपिक के आद्यक्षर
 Initial of Bill Clerk

आदान और सवितरक अधिकारी के हस्ताक्षर

Signature of D.D.O.

प्रतिहस्ताक्षरित
 Countersigned

नियंत्रक अधिकारी के हस्ताक्षर

Signature of Controlling Officer

Annexure —

(B)

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Litt-II/TA Bill/2020-21/TR No.

Dated:-

TA claim for the month ofis returned in original with the following objections:-

1. The claim is not countersigned by the DAG/SR DAG.
2. The claim does not tally with the verification done by the concerned wing/section.
3. There is no revenue stamp on Hotel receipt for more than Rs 5000/-.
4. The claim is not signed by the officer /official.
5. Home town Address may be mentioned on TA Bill.
6. Certificate of local journey from Chandigarh to Panchkula and back may be got countersigned by AO/Sr AO.
7. TA claim has not been preferred within 60days succeeding the date of completion of journey.
8. Bank Account No. and salary code may be mentioned on TA Bill.
9. Registration No. /GST No. /Service Tax no. may be mentioned on Hotel receipt.
10. Permission of PAG may be attached for stay at place other than duty point.
11. Grade pay as per 6th pay commission may be mentioned in TA Bill.
12. Permission under SR31a may be provided for travel by own vehicle.
13. Toll tax receipts/Fast tag receipts may be attached with the bill.

Sr. Audit Officer

No.19030/1/2017-E.IV
Government of India
Ministry of Finance
Department of Expenditure

New Delhi, the 13th July 2017

OFFICE MEMORANDUM

Subject: Travelling Allowance Rules - Implementation of the Seventh Central Pay Commission.

Consequent upon the decisions taken by the Government on the recommendations of the Seventh Central Pay Commission relating to Travelling Allowance entitlements to civilian employees of Central Government, President is pleased to decide the revision in the rates of Travelling Allowance as set out in the Annexure to this Office Memorandum.

2. The 'Pay Level' for determining the TA/DA entitlement is as indicated in Central Civil Service (Revised Pay) Rules 2016.

3. The term 'Pay in the Level' for the purpose of these orders refer to Basic Pay drawn in appropriate Pay level in the Pay Matrix as defined in Rule 3(8) of Central Civil Services (Revised Pay) Rules, 2016 and does not include Non-Practising Allowance (NPA), Military Service Pay (MSP) or any other type of pay like special pay, etc

4. However, if the Travelling Allowance entitlements in terms of the revised entitlements now prescribed result in a lowering of the existing entitlements in the case of any individual, groups or classes of employees, the entitlements, particularly in respect of mode of travel, class of accommodation, etc., shall not be lowered. They will instead continue to be governed by the earlier orders on the subject till such time as they become eligible, in the normal course, for the higher entitlements.

5. The claims submitted in respect of journey made on or after 1st July, 2017, may be regulated in accordance with these orders. In respect of journeys performed prior to 1st July, 2017, the claims may be regulated in accordance with the previous orders dated 23.09.2008.

6. It may be noted that no additional funds will be provided on account of revision in TA/DA entitlements. It may therefore be ensured that permission to official travel is given judiciously and restricted only to absolutely essential official requirements.

7. **These orders shall take effect from 01st July, 2017**

8. Separate orders will be issued by Ministry of Defence and Ministry of Railways in respect of Armed Forces personnel and Railway employees, respectively.

9. In so far as the persons serving in the Indian Audit & Accounts Department are concerned, these orders issue in consultation with the Comptroller & Auditor General of India

Hindi version is attached.



(Nirjala Dev)

Deputy Secretary to the Government of India

To,

All Ministries and Departments of the Govt. of India etc. as per standard distribution list.

Copy to: C&AG and U.P.S.C., etc. as per standard endorsement list.

Annexure to Ministry of Finance, Department of Expenditure
O.M.No.19030/1/2017-E.IV dated 10th July 2017.

In supersession of Department of Expenditure's O.M. No. 19030/3/2008-E.IV dated 23.09.2008, in respect of Travelling Allowance the following provisions will be applicable with effect from 01.07.2017 :

2. Entitlements for Journeys on Tour or Training

A.(i) Travel Entitlements within the Country

Pay Level in Pay Matrix	Travel entitlement
14 and above	Business/Club class by air or AC-I by train
12 and 13	Economy class by air or AC-I by train
6 to 11	Economy class by air or AC-II by train
5 and below	First Class/AC-III/AC Chair car by train

(ii) It has also been decided to allow the Government officials to travel by Premium Trains/Premium Tatkal Trains/Suvidha Trains, the reimbursement to Premium Tatkal Charges for booking of tickets and the reimbursement of Dynamic/Flexi-fare in Shatabdi/Rajdhani/Duronto Trains while on official tour/ training. Reimbursement of Tatkal Seva Charges which has fixed fare, will remain continue to be allowed. Travel entitlement for the journey in Premium/Premium Tatkal/Suvidha/ Shatabdi/Rajdhani/ Duronto Trains will be as under :-

Pay Level in Pay matrix	Travel Entitlements in Premium/Premium Tatkal/Suvidha/ Shatabdi/ Rajdhani/ Duronto Trains
12 and above	Executive/AC 1 st Class (In case of Premium/Premium Tatkal/Suvidha/Shatabdi/Rajdhani Trains as per available highest class)
6 to 11	AC 2 nd Class/Chair Car (In Shatabdi Trains)
5 & below	AC 3 rd Class/Chair Car

(iii) The revised Travel entitlements are subject to following:-

- In case of places not connected by rail, travel by AC bus for all those entitled to travel by AC II Tier and above by train and by Deluxe/ordinary bus for others is allowed.
- In case of road travel between places connected by rail, travel by any means of public transport is allowed provided the total fare does not exceed the train fare by the entitled class.
- All mileage points earned by Government employees on tickets purchased for official travel shall be utilized by the concerned department for other official travel by their officers. Any usage of these mileage points for purposes of private travel by an officer will attract departmental action. This is to ensure that the benefits out of official travel, which is funded by the Government, should accrue to the Government.
- In case of non-availability of seats in entitled class, Govt. servants may travel in the class below their entitled class.

B. International Travel Entitlement :

Pay Level in Pay Matrix	Travel entitlement
17 and above	First class
14 to 16	Business/Club class
13 and below	Economy class

C. Entitlement for journeys by Sea or by River Steamer

(i) For places other than A&N Group of Islands and Lakshadweep Group of Island :-

Pay Level in Pay Matrix	Travel entitlement
9 and above	Highest class
6 to 8	Lower class if there be two classes only on the steamer
4 and 5	If two classes only, the lower class. If three classes, the middle or second class. If there be four classes, the third class
3 and below	Lowest class

(ii) For travel between the mainland and the A&N Group of Islands and Lakshadweep Group of Island by ships operated by the Shipping Corporation of India Limited :-

Pay Level in Pay Matrix	Travel entitlement
9 and above	Deluxe class
6 to 8	First/ 'A' Cabin class
4 and 5	Second/ 'B' Cabin class
3 and below	Bunk class

D. Mileage Allowance for Journeys by Road :

(i) At places where specific rates have been prescribed :-

Pay Level in Pay Matrix	Entitlements
14 or above	Actual fare by any type of public bus including AC bus OR At prescribed rates of AC taxi when the journey is actually performed by AC taxi OR At prescribed rates for auto rickshaw for journeys by auto rickshaw, own car, scooter, motor cycle, moped, etc.
6 to 13	Same as above with the exception that journeys by AC taxi will not be permissible.
4 and 5	Actual fare by any type of public bus other than AC bus OR At prescribed rates for auto rickshaw for journeys by auto rickshaw, own car, scooter, motor cycle, moped, etc.
3 and below	Actual fare by ordinary public bus only OR At prescribed rates for auto rickshaw for journeys by autorickshaw, own scooter, motor cycle, moped, etc.

(ii) At places where no specific rates have been prescribed either by the Directorate of Transport of the concerned State or of the neighboring States:

For journeys performed in own car/taxi	Rs. 24/- per Km
For journeys performed by auto rickshaw, own scooter, etc	Rs. 12/- per Km

At places where no specific rates have been prescribed, the rate per km will further rise by 25 percent whenever DA increases by 50 percent.

E(i). Daily Allowance on Tour

Pay level in pay matrix	Entitlement
14 and above	Reimbursement for hotel accommodation/guest house of up to ₹7,500/- per day, Reimbursement of AC taxi charges as per actual expenditure commensurate with official engagements for travel within the city and Reimbursement of food bills not exceeding ₹1200/- per day.
12 and 13	Reimbursement for hotel accommodation/guest house of up to ₹4,500/- per day, Reimbursement of AC taxi charges of up to 50 km per day for travel within the city, Reimbursement of food bills not exceeding ₹1000/- per day.
9 to 11	Reimbursement for hotel accommodation/guest house of up to ₹2,250/- per day, Reimbursement of non-AC taxi charges of up to ₹338/- per day for travel within the city, Reimbursement of food bills not exceeding ₹900/- per day.
6 to 8	Reimbursement for hotel accommodation/guest house of up to ₹750 per day, Reimbursement of non-AC taxi charges of up to ₹225/- per day for travel within the city, Reimbursement of food bills not exceeding ₹800/- per day.
5 and below	Reimbursement for hotel accommodation/guest house of up to ₹450 per day, Reimbursement of non-AC taxi charges of up to ₹113/- per day for travel within the city, Reimbursement of food bills not exceeding ₹500/- per day.

(ii) **Reimbursement of Hotel charges** :- For levels 8 and below, the amount of claim (up to the ceiling) may be paid without production of vouchers against self-certified claim only. The self-certified claim should clearly indicate the period of stay, name of dwelling, etc. Additionally, for stay in Class 'X' cities, the ceiling for all employees up to Level 8 would be ₹1,000 per day, but it will only be in the form of reimbursement upon production of relevant vouchers. The ceiling for reimbursement of hotel charges will further rise by 25 percent whenever DA increases by 50 percent

(iii) **Reimbursement of Travelling charges** :- Similar to Reimbursement of staying accommodation charges, for levels 8 and below, the claim (up to the ceiling) may be paid without production of vouchers against self-certified claim only. The self-certified claim should clearly indicate the period of travel, vehicle number, etc. The ceiling for levels 11 and below will further rise by 25 percent whenever DA increases by 50 percent. For journeys on foot, an allowance of Rs.12/- per kilometer travelled on foot shall be payable additionally. This rate will further increase by 25% whenever DA increases by 50%.

(iv) **Reimbursement of Food charges** :- There will be no separate reimbursement of food bills. Instead, the lump sum amount payable will be as per Table E(i) above and, depending on the length of absence from headquarters, would be regulated as per Table (v) below. Since the concept of reimbursement has been done away with, no vouchers will be required. This methodology is in line with that followed by Indian Railways at present (with suitable enhancement of rates), i.e. Lump sum amount payable. The lump sum amount will increase by 25 percent whenever DA increase by 50 percent.

(v) Timing restrictions

Length of absence	Amount Payable
If absence from headquarters is <6 hours	30% of Lump sum amount
If absence from headquarters is between 6-12 hours	70% of Lump sum amount
If absence from headquarters is >12 hours	100% of Lump sum amount

Absence from Head Quarter will be reckoned from midnight to midnight and will be calculated on a per day basis.

(vi) In case of stay/journey on Government ships, boats etc. or journey to remote places on foot/mules etc. for scientific/data collection purposes in organization like FSI, Survey of India, GSI etc., daily allowance will be paid at rate equivalent to that provided for reimbursement of food bill. However, in this case, the amount will be sanctioned irrespective of the actual expenditure incurred on this account with the approval of the Head of Department/controlling officer.

Note : DA rates for foreign travel will be regulated as prescribed by Ministry of External Affairs.

3. T.A. on Transfer

TA on Transfer includes 4 components : - (i) Travel entitlement for self and family (ii) Composite Transfer and packing grant (CTG) (iii) Reimbursement of charges on transportation of personal effects (iv) Reimbursement of charges on transportation of conveyance.

(i) Travel Entitlements :

- (a) Travel entitlements as prescribed for tour in Para 2 above, except for International Travel, will be applicable in case of journeys on transfer. The general conditions of admissibility prescribed in S.R.114 will, however, continue to be applicable.
- (b) The provisions relating to small family norms as contained in para 4(A) of Annexure to M/o Finance O.M. F.No. 10/2/98-IC & F.No. 19030/2/97-EIV dt. 171, April 1998, shall continue to be applicable.

(ii) Composite Transfer and Packing Grant (CTG) :

- (a) The Composite Transfer Grant shall be paid at the rate of 80% of the last month's basic pay in case of transfer involving a change of station located at a distance of or more than 20 kms from each other. However, for transfer to and from the Island territories of Andaman, Nicobar & Lakshadweep, CTG shall be paid at the rate of 100% of last month's basic pay. Further, NPA and MSP shall not be included as part of basic pay while determining entitlement for CTG.
- (b) In cases of transfer to stations which are at a distance of less than 20 kms from the old station and of transfer within the same city, one third of the composite transfer grant will be admissible, provided a change of residence is actually involved.
- (c) In cases where the transfer of husband and wife takes place within six months, but after 60 days of the transfer of the spouse, fifty percent of the transfer grant on transfer shall be allowed to the spouse transferred later. No transfer grant shall be admissible to the spouse transferred later, in case both the transfers are ordered within 60 days. The existing provisions shall continue to be applicable in case of transfers after a period of six months or more. Other rules precluding transfer grant in case of transfer at own request or transfer other than in public interest, shall continue to apply unchanged in their case.

(iii) Transportation of Personal Effects

Level	By Train/Steamer	By Road
12 and above	6000 Kg by goods train/4 wheeler wagon/ 1 double container	Rs. 50/- per km
6 to 11	6000 Kg by goods train/4 wheeler wagon/ 1 single container	Rs. 50/- per km
5	3000 kg	Rs. 25/- per km
4 and below	1500 kg	Rs. 15/- per km

The rates will further rise by 25 percent whenever DA increases by 50 percent. The rates for transporting the entitled weight by Steamer will be equal to the prevailing rates prescribed by such transport in ships operated by Shipping Corporation of India. The claim for reimbursement shall be admissible subject to the production of actual receipts/ vouchers by the Govt. servant. Production of receipts/vouchers is mandatory in r/o transfer cases of North Eastern Region, Andaman & Nicobar Islands and Lakshadweep also.

Transportation of personal effects by road is as per kilometer basis only. The classification of cities /towns for the purpose of transportation of personal effects is done away with.

(iv) **Transportation of Conveyance.**

Level	Reimbursement
6 and above	1 motor car etc. or 1 motor cycle/scooter
5 and below	1 motorcycle/scooter/moped/bicycle

The general conditions of admissibility of TA on Transfer as prescribed in S.R. 116 will, however, continue to be applicable.

4 T.A. Entitlement of Retiring Employees

TA on Retirement includes 4 components : - (i) Travel entitlement for self and family (ii) Composite Transfer and packing grant (CTG) (iii) Reimbursement of charges on transportation of personal effects (iv) Reimbursement of charges on transportation of conveyance.

(i) **Travel Entitlements**

Travel entitlements as prescribed for tour/transfer in Para 2 above, except for International Travel, will be applicable in case of journeys on retirement. The general conditions of admissibility prescribed in S.R.147 will, however, continue to be applicable.

(ii) **Composite Transfer Grant(CTG)**

(a) The Composite Transfer Grant shall be paid at the rate of 80% of the last month's basic pay in case of those employees, who on retirement, settled down at places other than last station(s) of their duty located at a distance of or more than 20 km. However, in case of settlement to and from the Island territories of Andaman, Nicobar & Lakshadweep, CTG shall be paid at the rate of 100% of last month's basic pay. Further, NPA and MSP shall not be included as part of basic pay while determining entitlement for CTG. The transfer incidentals and road mileage for journeys between the residence and the railway station/bus stand, etc., at the old and new station, are already subsumed in the composite transfer grant and will not be separately admissible.

(b) As in the case of serving employees, Government servants who, on retirement, settle at the last station of duty itself or within a distance of less than 20 kms may be paid one third of the CTG subject to the condition that a change of residence is actually involved.

(iii) **Transportation of Personal Effects :-** Same as Para 3(iii) above.

(iv) **Transportation of Conveyance :-** Same as Para 3(iv) above.

The general conditions of admissibility of TA on Retirement as prescribed in S.R. 147 will, however, continue to be applicable.

ANNEXURE-D

* कार्यालय प्रधान महालेखाकार (लेखा परीक्षा) हरियाणा, चण्डीगढ़ (चिकित्सा दावे का सार)

- 1 सरकारी कर्मचारी का नाम, पदनाम और अनुभाग, जिसमें वह कार्य कर रहा है(रही है) और लिया गया वेतन
- 2 रोगी का नाम और सरकारी कर्मचारी से उसका संबंध
बच्चों के मामले में आयु लिखें। बच्चे की जन्म तिथि
क्या बच्चा नौकरी कर रहा है, क्या बच्चा अविवाहित है
- 3 आवासीय पत्ता और स्थान जहां रोगी बीमार हुआ
- 4 रोग का नाम व अवधि जिसमें चिकित्सा ली गई और
इलाज करवाया गया है जैसा कि प्रमाण पत्र ए या बी
में दर्शाया गया है।

1	परामर्श की फीस रुपये	दिनांक(1)	(2)	(3)
2	इंजेक्शन फीस रुपये	(1)	(2)	(3)
3	टैस्टों की राशि			
	अन्य राशि			

समीक्षा की तथा के लिये पारित किया गया नकद पर्ची का विवरण

प्रमाण (क) के अनुसार नुस्खे तथा खरीदी गई दवाइयां

विक्रेता के नाम तथा पूरा पता

बिल सं० एवं तिथि

अंग्रेजी के बड़े अक्षरों ही लिखें

राशि

सरकारी कर्मचारी द्वारा हस्ताक्षर की जाने वाली घोषणाएँ

मैं इसमें घोषित करता हूँ कि ऊपर दिए गए विवरण जहाँ तक मुझे पता है तथा विश्वास है सही है।

1. प्रमाणित किया जाता है कि मेरा पति/पत्नी - - - - - विभाग में नियुक्त है वह विभाग द्वारा दी जाने वाली चिकित्सा सुविधा का लाभ प्राप्त नहीं करता है।
2. प्रमाणित किया जाता है कि मेरा पति/पत्नी भी नौकरी नहीं करता /करती है।

सरकारी कर्मचारी के हस्ताक्षर

दिनांक

कमाक:- मूल रूप से प्रशासन - 2 अनुभाग को आगामी कार्यवाही हेतु भेजा जाता है।

व.ले.प. अ / स.ले.प. अ
अनुभाग

ध्यान दीजिए :- हर रोगी के लिए अलग फार्म भरा जाना चाहिए/N.B - Separate form should be used for each patient

1. सरकारी कर्मचारी का नाम और पद (साफ अक्षरों में)
Name and designation of the Government servant (in block letters)
2. किस कार्यालय में काम कर रहा है/Office in which employed
3. आधारमूल नियमों में वेतन की दी गई परिभाषा के अनुसार सरकारी कर्मचारी का वेतन, यदि अन्य कोई उपलब्धियां हो तो उन्हें अलग से दिखाया जाना चाहिए/Pay of the Government servant as defined in the Fundamental Rules and any other emoluments which should be shown separately
4. नौकरी का स्थान/Place of duty
5. निवास का वास्तविक पता/Actual residential address
6. रोगी का नाम और सरकारी कर्मचारी से उसका संबंध
Name of patient and his/her relationship to the Government servant
ध्यान दीजिए-यदि बीमार बच्चा हो तो उसकी उम्र भी लिखी जाए/N.B -In the case of children state age also
7. रोगी किस स्थान पर बीमार पड़ा/Place at which the patient fell ill.
8. दावे की रकम का ब्योरा/Details of the amount claimed

I. डाक्टरी परिचर्या/MEDICAL ATTENDANCE-

- (i) निम्नलिखित बातों का निर्देश करते हुए परामर्श की फीस/Fees for consultation indicating-
(क) जिस चिकित्सा अधिकारी से परामर्श लिया गया है, उसका नाम और पद तथा उस अस्पताल या औषधालय का नाम जिससे वह अधिकारी संबद्ध है।
(a) the name and designation of the medical officer consulted and the hospital of dispensary to which attached
- (ख) कितनी बार और किस किस तारीख को परामर्श लिया गया और हर परामर्श के लिये कितनी-कितनी फीस दी गई है।
(b) the number and dates of consultations and the fee paid for each consultation.
- (ग) कितनी सुइयां किन-किन तारीखा का लगी और हर सुई के लिए कितनी फीस देनी पड़ी।
(c) the number and dates of injections and the fee paid for each injection.
- (घ) क्या परामर्श और/या सुईयां अस्पताल में ली गई या चिकित्सा अधिकारी के परामर्श कक्ष में या रोगी के निवास स्थान पर।
(d) whether consultation and/or injection were held at the hospital, at the consulting room of the medical officer or at the residence of the patient.
- (ii) रोग का निदान करते समय किए गए विकृति-वैज्ञानिक, जीवाणु-वैज्ञानिक, विकिरण-वैज्ञानिक आदि ऐसे ही दूसरे परीक्षण का खर्च लिखित और निम्नलिखित बातें बतलाइए-
charges for pathological, bacteriological, radiological or other similar tests undertaken during diagnosis indicating-
(क) अस्पताल या प्रयोगशाला का नाम जहां परीक्षण हुए और
(a) the name of the hospital or laboratory where the tests were undertaken and
(ख) क्या ये परीक्षण प्राधिकृत-चिकित्सा परिचारक की सलाह पर हुए, यदि हां तो उसका प्रमाण-पत्र इसके साथ लगाए। (b) whether the tests were undertaken on the advice of the authorised medical attendant. If so, a certificate to that effect should be attached.
- (ग) बाजार से खरीदी गई दवाओं का मूल्य।
(d) costs of medicines purchased from the market

(दवाओं की सूची, नकद-पत्र और अत्यावश्यकता प्रमाण-पत्र साथ लगाएं)

(List of medicines, cash memos & the essentiality certificates should be attached)

II. अस्पताली इलाज/HOSPITAL TREATMENT-

- अस्पताल का नाम/Name of the hospital.
- अस्पताली इलाज के खर्च-निम्नलिखित खर्चों का अलग-अलग निर्देश कीजिए -
Charges for Hospital treatment indicating separately the charges for-
- (i) आवास का/Accommodation
(यह लिखें कि क्या आवास सरकारी कर्मचारी के वर्तमान वेतन या हैसियत के अनुरूप हो या यदि नहीं हो इस आशय का एक प्रमाण-पत्र दें कि जिस प्रकार के आवास के लिये सरकारी कर्मचारी हकदार था वह उपलब्ध नहीं था।)
(State whether it was according to the status, or pay of the Government servant and in cases where the accommodation is higher than the status of the Government servant a certificate should be attached to the effect that the accommodation to which he was entitled was not available)
- (ii) खुराक/Diet
- (iii) शल्यक्रिया या डाक्टरी इलाज या परिरोध
Surgical operation or medical treatment or confinement
- (iv) विकृति-वैज्ञानिक, जीवाणु-वैज्ञानिक, विकिरण-वैज्ञानिक या अन्य परीक्षण यह बातें भी बतलाई जाए/Pathological, bacteriological, radiological or other similar tests indicated--
(क) अस्पताल या प्रयोगशाला का नाम जिसमें परीक्षण हुए
(a) the name of the hospital or laboratory at which undertaken
- (ख) क्या ये परीक्षण कार्यभारी चिकित्सा अधिकारी की सलाह से अस्पताल में हुए? यदि हां तो इस आशय का प्रमाण-पत्र साथ लगाए।
(b) Whether undertaken on the advice of the medical officer in charge of the case at the hospital? If so, a certificate to that effect should be attached

(v) दवाएं/Medicines

(vi) विशेष दवाएं/Special medicines

(दवाओं की सूची नकद-पत्र और अत्यावश्यकता प्रमाण-पत्र भी लगाए)

(List of medicines, cash memos and the essentiality certificates should be attached)

(vii) साधारण उपचर्या/Ordinary nursing

(viii) विशेष उपचर्या यानी रोगी के लिये विशेष रूप से नर्स लगाई गई। यह लिखें कि जो और नर्स लगाई गई उनके लिए अस्पताल में इनके कार्यभारी चिकित्सा अधिकारी ने सलाह दी थी या सरकारी कर्मचारी चिकित्सा या रोगी की प्रार्थना पर नियुक्त की गई। पहले वाली स्थिति होने पर कार्यभारी चिकित्सा अधिकारी का प्रमाण-पत्र साथ में सकता जाना चाहिए जिस पर चिकित्सा अधीक्षक के प्रतिहस्ताक्षर भी हों।

Special nursing i.e. nurses specially engaged for the patient. State whether they were employed on the advice of the medical officer-in-charge of the case at the hospital or at the request of the Government servant or patient. In the former case, a certificate from the medical officer-in-charge of the case countersigned by the Medical Superintendent of the hospital should be attached.

(ix) एंबुलेंस खर्च (कहा से कहा तक यात्रा की गई यह लिखें)

Ambulance charges (State the journey-to and from undertaking)

(x) और दूसरे खर्च यानी बिजली की रोशनी, पंखा, हीटर, वातानुकूलन आदि के खर्च। यह भी लिखें कि ये सुविधाएं साधारणतः सभी रोगियों को दी जाती हैं और रोगी की विशेष इच्छा पर कोई चीज नहीं दी गई।/Any other charges e.g. charges for electric light, fan, heater, air-conditioning etc. State also whether the facilities normally provided to all patients and no choice was left to the patient.

टिप्पणियां - 1 यदि भारत मंत्री सेवा चिकित्सा परिचर्या नियमावली 1938 के नियम 3 [रूल 3 आफ दि सैक्रेटरी आफ स्टेट्स सर्विस (एम० ए०) रूल्स, 1938] के अनुसार या केन्द्रीय सेवा (चिकित्सा परिचर्या) नियमावली, 1944 के नियम 7 के [रूल 7 आफ दि सी० एस० (एम० ए०) रूल्स, 1944] के अनुसार यदि इलाज सरकारी कर्मचारी के निवास स्थान पर ही हुआ हो तो उसका विवरण दें और इन नियमों के अन्तर्गत अपेक्षित चिकित्सा परिचारक का प्रमाण-पत्र साथ लगाएं।

Notes —

If the treatment was received by the Government servant at his residence under rule 3 of the Secretary of States Service (M.A.) Rules, 1938 or rule 7 of the C.S. (M.A.) Rules, 1944 give particulars of such treatment and attach a certificate from the authorised medical attendants as required by these rules.

2. यदि इलाज सरकारी अस्पताल के अलावा किसी और जगह हुआ है तो उसका आवश्यक विवरण दें और प्राधिकृत चिकित्सा परिचारक का इस आशय का प्रमाण-पत्र दें कि अपेक्षित इलाज की व्यवस्था किसी निकटतम सरकारी अस्पताल में नहीं हो सकती थी।

If treatment was received at a hospital other than a Government Hospital necessary details and the certificate of the authorised medical attendant that the requisite treatment was not available in any nearest Government hospital should be furnished.

III. विशेषज्ञ से परामर्श/CONSULTATION WITH SPECIALIST—

प्राधिकृत-चिकित्सा-परिचारक के अतिरिक्त किसी और विशेषज्ञ या चिकित्सा अधिकारी का परामर्श तब तक लिया नहीं जायें जब तक कि फीस और नीचे लिखी बातें बतलाई जाएं/Fees paid to a specialist or a medical officer other than the authorised medical attendant indicating—

(क) उस विशेषज्ञ या चिकित्सा-अधिकारी का नाम जिसका परामर्श किया गया है और यह विशेषज्ञ या चिकित्सा-अधिकारी किस अस्पताल से संबंधित है।

(a) The name and designation of the specialist or medical officer consulted and the hospital to which attached

(ख) कितनी बार और किन-किन तारीखों का परामर्श लिया गया और हर परामर्श के लिये कितनी फीस दी गई है ?

(b) Number and dates of consultations and the fees charged for each consultation ?

(ग) क्या परामर्श विशेषज्ञ या चिकित्सा-अधिकारी के परामर्श कक्ष में लिया गया था, अस्पताल में अथवा रोगी के निवास पर ?

(c) Whether consultation was held at the hospital at the consulting room of the specialist or medical officer or at the residence of the patient ?

(घ) क्या विशेषज्ञ या चिकित्सा-अधिकारी की सलाह प्राधिकृत चिकित्सा-परिचारक की राय से ली गई थी और क्या प्राप्त के मुख्य प्रशासनिक-चिकित्सा अधिकारी की पूर्व स्वीकृति इसके लिये प्राप्त कर ली गई थी ? यदि हां तो इसके लिये प्रमाण-पत्र लगाएं।

(d) Whether the specialist or medical officer was consulted on the advice of the authorised medical attendant and the prior approval of the Chief Administrative Medical Officer of the State was obtained ? If so, a certificate to that effect should be attached

9. कुल कितनी धनराशि का दावा है/Total amount claimed रु०/Rs

10. को लिया गया अग्रिम धन घटाकर/Less advance taken on रु०/Rs

11. दावे की कुल रकम/Net amount claimed रु०/Rs

12. संलग्न पत्रों की सूची/List of enclosures—

इस घोषणा पर सरकारी कर्मचारी हस्ताक्षर करें/DECLARATION TO BE SIGNED BY THE GOVERNMENT SERVANT

मैं घोषित करता हूँ कि इस प्रार्थना-पत्र में दिया गया बयान मेरी जानकारी और विश्वास के अनुसार ठीक है और जिस व्यक्ति के ऊपर चिकित्सा व्यय किए गए हैं, वह पूर्णतः मेरे ऊपर आश्रित है।

I hereby declare that the statements in this application are true to the best of my knowledge and belief and that the person or whom medical expenses were incurred is wholly dependent upon me.

तारीख

Date

सरकारी कर्मचारी के हस्ताक्षर और कार्यालय जिसमें वह काम कर रहा है
Signature of the Government servant and office to which attached

मे नियुक्त श्रीमती/श्री/कुमारी
पत्नी/पुत्र/पुत्री श्री
Certificate granted to Mrs /Mr /Miss
wife/son/daughter of Mr
employed in the

को दिया गया प्रमाण-पत्र।

प्रमाण-पत्र 'क' CERTIFICATE 'A'

(उन रोगियों के मामले में भरा जाए जिन्हें इलाज के लिए अस्पताल में भर्ती न किया गया हो)
(To be completed in the case of patients who are not admitted to hospital for treatment)

मैं, डा० इनके द्वारा प्रमाणित करता हूँ :-
I, Dr hereby certify -

(क) कि मैंने अपने परामर्श कक्ष में/रोगी के निवास स्थान पर (तारीखें दी जाए)
को परामर्श के लिए रूप प्रभारित किए और प्राप्त किए।

(a) that I charged and received Rs for
consultations on at my consulting room/at the residence of the patient
(Dates to be given)

(ख) कि मैंने अपने परामर्श कक्ष में/रोगी के निवास स्थान पर (तारीखें दी जाए)
को अन्त पंशी/अधस्तवक इंजेक्शन देने के लिए रूप प्रभारित किए और प्राप्त किए।

(b) administering intra-muscular/sub-cutaneous injections on
..... at my consulting room/at the residence of the patient
(Dates to be given)

(ग) कि दिए गए इंजेक्शन राक्षमता या रोग निरोध के लिए थे/नहीं थे।

(c) that the injections administered were/were not for immunising or prophylactic purposes.

(घ) कि रोगी का इलाज अस्पताल में/मेरे परामर्श कक्ष में हुआ है और इस संबंध में
मेरे द्वारा नुस्खे में दी गई निम्नलिखित औषधें रोगी की हालत की ठीक करने/गंभीर रूप से खराब होने से रोकने के लिए अनिवार्य थी। ये
औषध अस्पताल में प्राइवेट रोगियों को देने के लिए स्टॉक

(अस्पताल का नाम)

नहीं की जाती और उनमें य पेटेंट (एकायत) योग शामिल नहीं है जिनके लिए समान चिकित्सा मान के सस्ते द्रव्य उपलब्ध है न ही ये योग
जो मूलतः खाद्य, श्रृंगार सामग्री अथवा निःसंक्रामक है।

(d) that the patient has been under treatment at hospital/my
consulting room and that the undermentioned medicines prescribed by me in this connection were essential for the recovery/preventions of serious
deterioration in the condition of the patient The medicines are not stocked in the (name of the hospital).....
..... for the supply to private patients and do not include proprietary
preparations for which cheaper substances of equal therapeutic value are available nor preparations which are primarily foods, toilets or disinfectants

क्रम सं० Sl. No	औषधि का नाम Name of the Medicines	कीमत Price		क्रम सं० Sl. No	औषधि का नाम Name of the Medicines	कीमत Price	
		रु० Rs	पै० P			रु० Rs	पै० P
1				6			
2				7			
3				8			
4				9			
5				10			

[कु० पृ० उ०/P.T.O.]

- (ड) कि रोगी.....से पीड़ित है/या और.....से तक मेरे इलाज में है/था।
- (e) that the patient is/was suffering from is/was under my treatment fromto.....
- (च) कि रोगी की जन्म पूर्व अथवा जन्मोत्तर चिकित्सा की गई है/थी।
- (f) that the patient is/was not given prenatal or post-natal treatment.
- (छ) कि जिन एक्सरे, प्रयोगशाला जांच आदि के लिए.....रुपए खर्च किए थे वे आवश्यक थे और वे मेरी सलाह से.....में किए गए थे।
(अस्पताल या प्रयोगशाला का नाम)
- (g) that X-ray, laboratory test, etc for which an expenditure of Rs..... was incurred were necessary and were undertaken on my advice at.....
(name of the hospital or laboratory)
- (ज) कि मैंने रोगी को विशेष परामर्श के लिए डा०.....के पास भेजा था और.....का (राज्य के मुख्य प्रशासनिक चिकित्सा अधिकारी का नाम) नियमों के अनुसार यथापेक्षित आवश्यक अनुमोदन प्राप्त कर लिया गया था।
- (h) that I referred the patient to Dr.....for specialist consultation and that the necessary approval of the.....
(name of the Chief Administrative Medical Officer) as required under the rules was obtained.
- (झ) कि रोगी को अस्पताल में रखना आवश्यक नहीं था/आवश्यक था।
- (i) that the patient did not require/required hospitalisation.

तारीख

Date

चिकित्सा अधिकारी के हस्ताक्षर और पदनाम तथा उस अस्पताल/
चिकित्सालय का नाम जिससे वह संबद्ध है।
Signature & Designation of the Medical Officer and
the Hospital/Dispensary to which attached.

विशेष ध्यान दें - जो प्रमाण-पत्र लागू न हों वे काट दिए जाने चाहिए। प्रमाण-पत्र (क) अनिवार्य है और चिकित्सा अधिकारी द्वारा उसे सभी मामलों में भरा जाना चाहिए।

V B -Certificates not applicable should be struck off Certificates to be compulsory and must be filled in by the Medical Officer in all cases

प्रमाण पत्र (ख)/CERTIFICATE 'B'

(उन रोगियों के मामले में भरा जाए जिन्हें इलाज के लिए अस्पताल में भर्ती किया गया हो)
(To be completed in the case of patients who are admitted to hospital for treatment)

..... में नियुक्त श्रीमती/श्री/कुमारी
पत्नी/पुत्र/पुत्री श्री को दिया गया प्रमाण-पत्र ।
Certificate granted to Mrs./Mr./Miss
wife/son/daughter of Mr.
employed in the

भाग 'क'/PART 'A'

(अस्पताल में रोगी के प्रभारी चिकित्सा अधिकारी द्वारा हस्ताक्षर किए जाए)
(To be signed by the Medical Officer-in-Charge of the case at the hospital)

मे, डा० इसके द्वारा प्रमाणित करता हूँ -

I, Dr. hereby certify:—

(क) कि रोगी को मेरे परामर्श के परामर्श में अस्पताल में भर्ती किया गया था ।

(चिकित्सा अधिकारी का नाम)

(a) That the patient was admitted to hospital on my advice of
(Name of Medical Officer)

(ख) कि रोगी इलाज के लिए में रहा है और कि इस संबंध में मेरे द्वारा नुस्खे में दी गई निम्नलिखित औषधें रोगी की हालत में सुधार लाने के लिए/गंभीर रूप से खराब होने से रोकने के लिए अनिवार्य थी, ये औषध अस्पताल में प्राइवेट रोगियों को

(अस्पताल का नाम)

देने के लिए स्टॉक नहीं की जाती और उसमें ये पेटेंट (एकायत) योग शामिल नहीं है जिनके लिए ममान चिकित्सा मान के सस्ते द्रव्य उपलब्ध हैं । न ही वे योग जो मूलतः खाद्य, श्रृंगार सामग्री अथवा निःसंक्रामक हैं ।

(b) That the patient has been under treatment at and that the undermentioned medicines prescribed by me in this connection were essential for the recovery/prevention of serious deterioration in the condition of the patient. The medicines are not stocked in the (Name of the Hospital)
..... for supply to private patients and do not include proprietary preparations for which cheaper substances of equal therapeutic value are available nor preparations which are primarily food toilets or disinfectants.

औषधों का नाम Name of Medicines		कीमत Price		औषधों का नाम Name of Medicines		कीमत Price	
1.				7.			
2.				8.			
3.				9.			
4.				10.			
5.				11.			
6.				12.			

(ग) कि दिए इंजेक्शन रोगप्रतिरक्षा या रोग-निरोध के लिए थे/नहीं थे ।

(c) That the injections administered were/were not for immunising or prophylactic purposes.

(घ) कि रोगी से पीड़ित है/था और से

..... तक मेरे इलाज में है/था ।

(d) That the patient is/was suffering from and is/was under my treatment

(ड) कि किन एवम् प्रयोगशाला जांच आदि के लिए रुपये खर्च किए थे वे आ थे और वे मेरी सलाह से में किए गए थे।

(अस्पताल या प्रयोगशाला का नाम)

(e) That the X-Ray, Laboratory test, etc., for which an expenditure of Rs. was incurred, were necessary and were undertaken on my advice at

(Name of the Hospital or Laboratory)

(च) कि मैंने रोगी को विशेष परामर्श के लिए डा. के पास भेजा था और का नियमों के अनुसार दयापेक्षित अव

(राज्य के मुख्य प्रशासनिक चिकित्सा अधिकारी का नाम)

अनुमोदन प्राप्त कर दिया गया था।

(f) That I referred the patient to Dr. for specialist consultation and that the necessary approval of the as

(Name of the Chief Administrative Medical Officer of the State)

required under the rules was obtained.

अस्पताल में रोगी के प्रभारी चिकित्सा अधिकारी के हस्ताक्षर और पदनाम

Signature and Designation of the Medical Officer-in-Charge of the case at the Hospital

भाग 'ख' / PART 'E'

मैं प्रमाणित करता हूँ कि रोगी इलाज के लिए अस्पताल में रहा है और कि विशेष परिचारिकाओं को किन सेवाओं के लिए रुपये खर्च किए गये थे, देखिए संलग्न बिल तथा रसीदें, वे रोगी की हालत को ठीक करने/गंभीर रूप से सुगम होने से रोकने के लिए अनिवार्य थी।

I certify that the patient has been under treatment at the hospital and that the services of the special nurses, for which an expenditure of Rs. was incurred vide bills and vouchers attached, were essential for the recovery/prevention of serious deterioration in the condition of the patient.

अस्पताल में रोगी के प्रभारी चिकित्सा अधिकारी के हस्ताक्षर
Signature of the Medical Officer-in-Charge of the case at the Hospital

प्रतिहस्ताक्षर/ COUNTERSIGNED

चिकित्सा अधीक्षक
Medical Superintendent

अस्पताल
Hospital

मैं प्रमाणित करता हूँ कि रोगी इलाज के लिए अस्पताल में रहा है और कि उसे जो सुविधाएं दी गईं वे रोगी के इलाज के लिए अनिवार्य न्यूनतम सुविधाएं थी।

I certify that the patient has been under treatment at the hospital and that the facilities provided were the which were essential for the patient's treatment.

स्थान

Place

चिकित्सा अधीक्षक
Medical Superintendent

तारीख

Date

अस्पताल
Hospital

विशेष ध्यान दें :—जो प्रमाण-पत्र लागू न हों वे काट दिए जाने चाहिए। प्रमाण पत्र 'ख' अनिवार्य है और यह सभी मामलों में चिकित्सा अधिकारी द्वारा भरा जाना चाहिए।

N.B.—Certificate not applicable should be struck off. Certificate 'B' is compulsory and must be filled in by the Medical Officer in all cases.

गैर सरकारी चिकित्सक द्वारा दिये जाने वाला आवश्यकता का फॉर्म

मैं प्रमाणित करता हू कि श्री/श्रीमति/कुमारी पुत्र/पुत्री/पति/पत्नी
जो कि कार्यालय प्रधान महालेखाकार (लेखा परीक्षा) हरियाणा, चण्डीगढ़ में सेवारत है।
..... से तक मेरे उपचारधीन में रह चुका है और
..... रोग से ग्रस्त है/था।

मेरे द्वारा लिखी गई निम्नलिखित औषधियां इस संबंध में रोगी के स्वास्थ्य होने के लिये
उसकी रोकथाम के लिये परस आवश्यक थी। इन औषधियों में बहुमूल्य दवाइयां अथवा मुख्यतः
टानिक, श्रगार वस्तु व रोगाणुओं से मुक्त सम्मिलित नहीं है।

मैं परामर्श के लिये मैने (तिथियां लिखिये) को
रुपये और रुपये टीकोए आई. एस./आई वी.व.एस आई के कारण
..... में को तिथियों को लगाये गये प्राप्त किये।

क्रमांक

औषधियां के नाम (साफ अक्षरों में)

मैंने रोगी के एक्सरे, ग्रयोगाशाला में प्रशिक्षण आदि के लिए भेजा है, जिस पर ---
..... तक का व्यय हुआ।

चिकित्सक के हस्ताक्षर
चिकित्सक की घो-
रति

T.R. 25 C

To

(Note: This bill should be prepared in duplicate – one for payment and the other as office copy)

PART - A (To be filled up by the Govt. Servant)

1. Name.....
2. Designation.....
3. Grade Pay.....
4. Headquarters.....
5. Nature and period of leave sanctioned from:

D.O.B :-

Salary Code No :-

Phone No. :-

Bank No. :-

Bank Name :-

6. Particulars of members of family in respect of whom the L.T.C. has been claimed.

Sr. No.	Name	Age	Relationship with the Govt. Servant
1.			
2.			
3.			
4.			
5.			

7. Details of journey(s) performed by Govt. servant and the members of his/her family.

[illegible]

8. Amount of Advance, if any, drawn Rs
 9. Particulars of journey(s) for which higher class of accommodation then the one to which Govt. Servant is entitled was used (Sanction number and date to be given).

Place from	Place to	Mode of Conveyance	Class to which entitled	Class by which actually traveled	No. of fares	Fare paid in Rs.

10. Particulars of journey(s) performed by road between places connected by rail.

Name of places			
From	To	Class to which entitled	Rail Fare in Rs.

Certified that the :-

- Information, as given is true to the best of my knowledge and belief, and
- That my husband/wife is not employed in Govt. service/that my husband/wife is employed in Govt. service and the concession has not been availed of by him/her separately or himself/herself or for any of the family members for concerned block of _____ years.

Date:

Signature of Government Servant

Part – B (To be filled in the Bill Section)

- The net entitlement on account of leave travel concession works out to Rs..... as detailed below:-
 - Railway/Air/Bus/Steamer Fare Rs.....
 - Less amount of advance drawn vide voucher No..... date..... Rs.....

41 Net Amount Rs.....
- Expenditure is debitable to

Initials of Bill Clerk

Signature of Drawing & Disbursing Officer

Countersigned

Signature of Controlling Officer

Certified that necessary entries have been made in service book of Shri/Smt./Miss.....

Signature of the Officer authorized to attest entries in the service book

OFFICE OF THE ACCOUNTANT GENERAL (AUDIT) HARYANA

Certificate to be given by the Government servant

1. I have not submitted any claim so far for Leave Concession in respect of myself or my family members in respect of the block years _____
2. I have already drawn TA for the LTC in respect of a journey performed by me/my wife with _____ children. This claim is in respect of the journey performed by my wife/myself with _____ children none of whom traveled with the party on the earlier occasion.
3. The journey has been performed by me/my wife with children to _____
4. That my husband/wife is not employed in government service.

OR

That my husband/wife is employed in government service and the concession has not been availed of by him/her separately for himself/herself of any of the family members for the concerned block years.

Signature of the Government Servant

Certificate to be given by the Controlling Officer

- (i) That Shri/Smt./Km. _____ has rendered continuous service for one year or more on the date of commencing the outward journey.
- (ii) That necessary entries as required under Para 3 of the Ministry of Home Affairs, O.M. No. 48/55-Ests. (A) Part-II October 1956 have been made in the Service Book of Shri./Smt./Km. _____

Signature and designation of the Controlling Officer

उप बिल संख्या.....

स्थानान्तरण के लिए यात्रा भत्ता

टिप्पणी :- यह बिल दो प्रतियों में एक संदाय के लिए और दूसरा कार्यालय प्रति के लिए तैयार किया जाना चाहिए

भाग क - (सरकारी सेवक द्वारा भरा जाना है)

1. नाम
2. पदनाम
3. स्थानान्तरण के समय वेतन
4. मुख्यालय
(क) पुराना (ख) नया
5. निवास का पता
(क) पुराना (ख) नया

6. स्थानान्तरण की तारीख को कुटुम्ब के सदस्यों को विशिष्टियां (अनुवि. 2 (8) के अनुसार):-

क्रम सं.	नाम	आयु	सरकारी सेवक से संबंध
1.			
2.			
3.			
4.			
5.			
6.			

7. सरकारी सेवक और उनके कुटुम्ब के सदस्यों द्वारा की गई यात्रा/यात्राओं के ब्यौरे:

प्रस्थान		आगमन		यात्रा की रीति और उपयोग में लाई गई स्थान सुविधा का वर्ग	यात्री भाड़ों की संख्या	संदत्त यात्री भाड़ा	सड़क द्वारा कि. मी. में दूरी
तारीख और समय	से	तारीख और समय	तक				
1	2	3	4	5	6	7	8

8. व्यक्तिगत चीज वस्तु का परिवहन प्रभार (धन-रसीदें सलग्न करें)

तारीख	रीति	स्थान		भार कि० ग्राम	दर		रकम		टिप्पणी
		से	तक		रु०	पै०	रु०	पै०	

जोड़ - - - - -

9 निजी वाहन का परिवहन प्रभार (धन रसीदें सलग्न करें)

(क.) परिवहन की रीति और किस स्थान को परिवहन किया गया

(ख) रकम

10 लिए गए अग्रिम की रकम, यदि कोई हो

11 उस यात्रा (उन यात्राओं) की विशिष्टियाँ जिसके लिए सरकारी सेवक ने उस वर्ग से जिसका वह हकदार है उच्चतर वर्ग

की स्थान सुविधा का उपयोग किया है :

तारीख	स्थानों का नाम		वाहन का प्रकार जिसका उपयोग किया गया है	यह वर्ग जिसका हकदार है	यह वर्ग जिसमें यात्रा ही है	उस वर्ग का यात्री भाड़ा जिसका हकदार है	
	से	तक				रु०	पै०

यदि उच्चतर वर्ग में की गई यात्रा सक्षम प्राधिकारी के अनुमोदन से की गई है तो मंजूरी की संख्या व ता. उद्धृत करें।

12 रेल से जुड़े स्थानों के बीच सड़क द्वारा की गई यात्रा /यात्राओं के ब्यौरे:-

तारीख	स्थान के नाम		सदत यात्री भाड़ा	
	से	तक	रु०	पै०

प्रमाणित किया जाता है कि ऊपर दी गई जानकारी मेरे सर्वोत्तम ज्ञान और विश्वास के अनुसार सत्य है।

सरकारी सेवक के हस्ताक्षर

तारीख-----

भाग ख - (बिल अनुभाग में भरा जाना है)

यात्रा भत्ता मटे जुड़ हकदारों ----- रु. बनी है जिसके ब्यौरे नीचे दिए गए हैं. -

(क.) रेल/वायुयान/बस/म्टीमर यात्री भाड़ा रु. ----- पै. -----

(ख) ----- कि.मी. के लिए सड़क मील भत्ता ----- पै. प्रति कि.मी. की दी से रु. ----- पै. -----

(ग.) स्थानान्तरण 1 अनुदान रु. ----- पै. -----

(घ.) स्थानान्तरण 1 अनुप्रासगिकी (----- दिनों के लिए दे. भ. ----- रु. प्रति दिन की दी से .

(च.) निजि चीज वस्तु का परिवहन रु. ----- पै. -----

(छ.) निजि वाहन का परिवहन रु. ----- पै. -----

कुल रकम :

(ज.) यात्रा म. ----- तारीख ----- के अनुसार लिए गए अग्रिम (अग्रिमों) की रकम यदि हो तो घटा दे।

2 व्यय ----- में विवक्षणीय है -----

बिल निर्माता के हस्ताक्षर

आदान और सबितरक अधिकारी के हस्ताक्षर

प्रतिहस्ताक्षरित

नियंत्रक अधिकारी के हस्ताक्षर

RE-IMBURSEMENT OF CHILDREN EDUCATION ALLOWANCE

Certified that the Child/Children mentioned below in respect of reimbursement of C.E.A. is claimed for period _____ is/are wholly dependent on me

Name of Child/Children	Date of Birth	School in which studying	Class			Amt paid	Passed for
				1.			
				2.			
				3.			
				4.			
				5.			
				6.			
				7.			
				8.			
				Claim of 1st Child			
				1.			
				2.			
				3.			
				4.			
				5.			
				6.			
				7.			
				8.			
				Claim of 2 nd Child			
TOTAL PASSED AMOUNT							

Certified that Tuition Fees indicated against each Child/Children had actually been paid by me as per bill obtained from institution which is attached please.

Certified that:

1. My wife/husband is a Central/State Govt. servant and he/she will not claim reimbursement of Tuition in respect of above mentioned Children.
2. My wife/husband is not employed anywhere.
3. My wife/husband is employed anywhere and he/she is not entitled for reimbursement of Education Allowance.

Certified that I have not claimed C.E.A. for not more than two years of my Child/Children prior to this irrespective of the nomenclature of the class.

Certified that the Child/Children mentioned above has/have not been studying in the same class for more than two years.

Certified that I or my wife/husband has not claimed earlier for C.E.A. and will not claim C.E.A. after receipt of payment in r/o Children mentioned above.

Certified that the claim is for my two eldest surviving Children only.

In the event of any change in the particulars given above which affects my eligibility for reimbursement of C.E.A. I undertake to note the same properly and also to refund excess payment if any made.

Signature of Govt. Servant

Name (in block letters)

Designation

(186)

Annexure -- I

BONAFIDE CERTIFICATE FROM THE HEAD OF INSTITUTION/SCHOOL

This is to certify that master/baby/Mr./Miss Roll no
Admission No son of sri/smt is a
bonafide student of this school and studied in class during the ~~year~~ Acad
year and as per school records his/her date of birth is
in words

** During the year Master/Baby/Mr./Miss had resided in the
residential complex (Hostel) of the school and paid an amount of Rs
toward boarding and lodging in the residential complex.

This Institution/School is affiliated recognized
by and the affiliation/recognition Number
is

Dated:

Place:

Signature Head of the
Institution/School
(with stamp and seal)

** (Strike out which is not applicable)

Indian Audit and Accounts Department**O/o Principal Accountant General (Audit) Haryana Chandigarh-160020**

[Statement to be furnished on half-yearly basis by the Government Officer to Administration]

Name of the Applicant :

Designation :

Section :

Pay Level & Basic Pay (Rs.) :

*Salary Code & Pay Code :

*Bank Acc. No. With IFSC Code :

*Mobile No. :

(* Mark is Mandatory)

I certify that I have spent Rs. :towards purchase of
Newspaper(s) for the of :

(Only one option is to be ticked)

- i) Jan. to June, 20
- ii) July to December 20

I further declare that:

- i) The Newspaper(s) in respect of which reimbursement is claimed, is/are purchased by me.
- ii) The amount for which reimbursement is being claimed has actually been paid by me and has not/will not be claimed by any other source.

Dated.....

Signature:

Full name of Applicant:

ANNEXURE - I

APPLICATION FOR ADVANCE OF T.A. ON TOUR

1. Name :
2. Designation :
3. Whether Permanent/Temporary :
4. Office/Section in which working :
5. Pay + Grade Pay :
6. Place to be visited and period of halt at each station :
7. Purpose of tour :
8. Has the tour programme been approved by competent authority :
9. Duration of journey (in days) :
10. Rail/Road fare by the entitled class/classes by which the Government servant proposes to travel for both outward and inward journey :
11. Daily allowances entitled :-
 - (a) For Journey Period :Rs.
 - (b) For the holts :Rs.

TOTAL:
12. Total R.A. + D.A. (10 + 11) :
13. Amount of advance required :
14. Whether any earlier advance is outstanding. :
If so, the date on which TA bill was submitted.

I declare that the particulars furnished above are correct.

Station :-

Signature of the Government Servant

Date :-

**OFFICE OF THE PR. ACCOUNTANT GENERAL (AUDIT) HARYANA,
SECTOR 33-B, CHANDIGARH**

Declaration form for Exemption in Income Tax/Addition of Income from other sources

Financial Year 2021-22 (Assessment year 2022-23)

Name of the Govt. Servant	
Designation	
Date of Birth	
PAN Number	

1.	Is Govt. Servant residing in rented house and wish to claim benefit of HRA? If yes, then provide the following information:- (i) Monthly rent paid to the landlord & period for which monthly rent will be paid. (ii) Name of the landlord. (iii) Address of the landlord. (iv) PAN Number of the landlord. Note:- Copy of Permanent Account No. of landlord should be furnished.	Yes / No
2.	Is Govt. Servant had taken Home Loan and wish to claim benefit of Home Loan Interest/Principal in Income Tax? If yes, then provide the following information:- Complete Address of the property for which Home Loan had been taken. Name of the owner/co-owner/joint owner (as per registered deed). Name of the borrower/co-borrower (as per Bank certificate). Name & Address of the Branch from which Home Loan had been taken. Whether possession obtained?	Yes / No
	Interest paid/claimed during the F.Y. 2021-22 (%age of claim)	
	Principal paid/claimed during the F.Y. 2021-22(%age of claim)	
<p>It is certified -</p> <p>(i) that as per registered deed, I am a owner/co-owner/joint owner of the said property.</p> <p>(ii) that I am a borrower/co-borrower in the Home loan taken for the said property.</p> <p>(iii) that I am paying _____ percent EMI of the said housing loan.</p> <p>(iv) that in respect of said property my wife/husband will not claim any benefit of interest or principal in Income Tax, so please give me benefit of Interest and Principal as mentioned above.</p> <p>(v) that the construction of said house is 100 % (hundred percent) complete in all respects.</p> <p>(vi) that I have got the possession of the said property in the year _____</p>		
(Signature of the Govt. Servant)		

3.	Rental Income/Savings Interest Income/Fixed Deposit Income or any other Income.	
4.	Amount of Honorarium/Cash Award received from other sources, if any.	
5.	Any other Information relating to Income Tax (Investment in PPF/LIC/NSC/Tax Saver/Tuition Fee/Sukanya S nridhi Yojana/Others) (Pl. submit self attested copies of documents)	

It is certified:-

- (i) that the above information is true to my knowledge and belief and nothing has been concealed thereon.
- (ii) that I will invest/deposit proposed money on savings investments before end of the financial year 2021-22 (i.e. before 31-03-2022) as mentioned in the declaration form and will be liable to provide proof of that to office.
- (iii) that in case of false/misleading/incomplete information furnished by me, appropriate action may be taken against me by this office authorities and also by Income Tax Authorities.
- (iv) that in case of any change, I will inform the office immediately.
- (v) that while filing the income tax return for the financial year 2021-22, I will submit correct data to income tax.

Date:-

Signature of Govt. Servant
Mobile No.-