

राजस्थान सरकार
वित्त विभाग
(सामान्य वित्तीय एवं लेखा नियम अनुभाग)

क्रमांक : प.1(2)वित्त/साविलेनि/2006

जयपुर, दिनांक : 14.09.2016

आदेश

विषय : सामान्य वित्तीय एवं लेखा नियमों के खण्ड-I के भाग-I में संशोधन

राज्यपाल महोदय सामान्य वित्तीय एवं लेखा नियमों के खण्ड-I के भाग-I में निम्न संशोधन करने के आदेश एतद्वारा प्रदान करते हैं:-

After the existing clause (vii) of sub-rule (1) of Rule 264, the following new clause (viii) and Payment Advice Number 1 to 4 shall be inserted as under:-

"(viii) Online payments made through payment advices/bills from PD accounts by the Head of the Office/Drawing and Disbursing Officer/ Administrator shall be drawn in following bill formats :-

- (a) Payment Advice-1 : PD Payment Advice (For Salary of Panchayati Raj employees).
- (b) Payment Advice-2 : PD Payment Advice (for RPF Pensioner's Claims).
- (c) Payment Advice-3 : PD Payment Advice (Other than Salary and RPF (Pensioner's claim)).
- (d) Payment Advice-4 : PD Adjustment Advice (For PD to PD Claims)."

आज्ञा से,

Encl.: PD Payment Advice Formats (4)

(रामावतार शर्मा)
शासन संयुक्त सचिव

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

1. निजी सचिव, राज्यपाल/मुख्यमंत्री/समस्त मंत्रीगण/राज्य मंत्रीगण ।
2. निजी सचिव, मुख्य सचिव/अति. मुख्य सचिव/समस्त प्रमुख शासन सचिव/समस्त शासन सचिव/समस्त विशिष्ट शासन सचिव ।
3. सचिव, राजस्थान विधान सभा, राजस्थान, जयपुर ।
4. सचिव, लोकायुक्त सचिवालय, राजस्थान, जयपुर ।
5. सचिव, राजस्थान लोक सेवा आयोग, अजमेर ।
6. समस्त उप शासन सचिव/सचिवालय के समस्त अनुभाग/विभाग ।
7. प्रधान महालेखाकार (सिविल लेखा परीक्षा) राजस्थान, जयपुर ।
8. महालेखाकार (प्राप्ति एवं वाणिज्यिक लेखा परीक्षा)/(ए एण्ड ई) राजस्थान, जयपुर ।
9. समस्त विभागाध्यक्ष/जिला कलक्टर/संभागीय आयुक्त ।
10. निदेशक, कोष एवं लेखा विभाग, राजस्थान, जयपुर ।
11. पंजीयक, राजस्थान उच्च न्यायालय, जोधपुर/जयपुर ।
12. समस्त कोषाधिकारी
13. कार्मिक एवं प्रशासनिक सुधार विभाग(कोडीफिकेशन) अतिरिक्त प्रति सहित ।
14. पंजीयक, राजस्थान सिविल सेवा अपील अधिकरण, जयपुर ।
15. विधि रचना संगठन को भेजकर लेख है कि इस आदेश/परिपत्र का हिन्दी अनुवाद करवाकर इस विभाग को अविलम्ब भिजवायें ताकि हिन्दी अनुवाद प्रेषित किया जा सके ।
16. अतिरिक्त निदेशक, वित्त विभाग को भेजकर लेख है कि वित्त (समन्वय) विभाग के आदेश संख्या प.17 (1) वित्त (समन्वय)/04 दिनांक 22.6.2004 के क्रम में इस परिपत्र को वित्त विभाग की वेबसाइट पर प्रकाशित करवाने की व्यवस्था करावें ।

(हरीश लड्ढा)
मुख्य लेखाधिकारी

Reference No.:

Government of Rajasthan
PD Payment Advice (For Salary of Panchayati Raj Employees)

Month/Year :

PD Account No. :	Name of PD Account :		
Advice/Bill No. :	Date :	DDO Code:	Name of Administrator(s) : (May be Multiple)
Budget Head: 0000-00-000-00-00 / NA / NA / NA	Office Id:	TAN No. :	

To,
The Treasury Officer, (Concerning Treasury)
Please Order to pay Rs..... as per PD PAYMENT ADVICE to the DDO/Employees concerned.

Signature of Clerk

Signature of Jr.ACC/AAO-I/II

Signature of Administrator(s)

Certificates :

1. Amount claimed in the bill/Advice has not earlier been drawn.
2. All the information, bank details, master data & data entry in this Advice has been checked and verified personally.
3. Certified that I have Personally Examined and satisfied myself about the genuineness of claim that the pay and allowance of the employee included in this pay bill are strictly in accordance with rules and that the said employee are entitled to such pay and allowance and also personally ensured observance of all formalities regarding necessary entries.
4. This Claim/Amount has been drawn for the specific purpose as per the sanction/approval obtained at the competent level.

Signature of Administrator(s)

S.No.	GPF/PRAN Date Of Birth PAN No. St. Ins. No. PayScale Grade Pay/DP	Name Designation EmployeeID BankA/C No. Aadhar No.	--{Pay Allowance}--	Gross Amount	--{Pay Deduction}--	Sum Of Deduction	Net Total
1.							
2.							

Gross Amount:

Deduction Amount :

Net Amount :

Amount in Words:

Signature of Administrator(s)

Allowances	Deduction	Treasury Voucher
Allowance Name	Payid Amount	No. Date :
Deduction Name	Payid Amount	<u>For Treasury Use</u>
<p>Gross Amount : Total Deduction :</p> <p>Net Amount : (In words) :</p>		<p>Pay Rs. : (In words) : (In Cash) : (In words) :</p> <p>By B.T. :Accounting: Non Accounting:</p> <p>Total Credit Rs.</p> <p>Auditor AAO-I/II Treasury Officer</p> <p align="center"><u>For Accountant General Office</u></p> <p>Admitted (RS.) Objected (RS.)</p> <p>Auditor Supdt. Gaz. officer</p>
<p>Disclaimer: All contents related to this bill are provided by Head of Office/DDO and he/she is solely responsible for it.</p> <p>Group Name : Print Date & Time :</p>		

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Reference No.

PAYMENT ADVICE-2

Government of Rajasthan				Month/Year :	
PD Payment Advice (For RPF Pensioner's Claims)					
PD Account No. : 472		Name of PD Account :		IFPMS Bill Reference No.:	
Advice/Bill No. :		Date :		DDO Code:	
Budget Head: 8342-00-120-02-00		Office Id:		Name of Administrator(s) : (May be Multiple)	
		TAN No. :			
<p>To,</p> <p>The Treasury Officer, (Concerning Treasury)</p> <p>Please Order to pay Rs.....as per PD PAYMENT ADVICE to the DDO/Pensioner concerned.</p>					
Signature of Clerk		Signature of Jr.ACC/AAO-I/II		Signature of Administrator(s)	
Certificates :					
<ol style="list-style-type: none"> 1. All the information, bank details in this advice has been checked and verified personally. 2. Certified that I have Personally Examined and satisfied myself about the genuineness of claim of Pensioners(s) included in this bill are strictly in accordance with rules and that the said of Pensioners(s) are entitled to such claim and also personally ensured observance of all formalities regarding necessary entries. 3. It is certified that I have personally examined & verified the master data of the said claim. 4. This Claim/Amount has been drawn for the specific purpose as per the sanction/approval obtained at the competent level.. 					
					Signature of Administrator(s)
S.No.	Name of Pensioner(s)/ Receiver <small>(Data should be fetched from IFPMS Portal)</small>	Name of Bank Name of Branch IFSC Code/MICR Code BankA/C.No. Aadhar No. <small>(All Data should be fetched from IFPMS Portal)</small>	PPO Number <small>(Data should be fetched from IFPMS Portal)</small>	Amount	
1.					
2.					
Payable Amount :					
Amount in words:					
					Signature of Administrator(s)
For Office Purpose			Treasury Voucher		
Sanction No. :		Sanction Date :		No. :	
Sanction Amount :				For Treasury Use	
For Accountant General Office					
Admitted (RS.)		Objected (RS.)		Pay Rs. :	
				(In words) :	
				(In Cash) :	
				(In words) :	
				By B.T. : Accounting: Non Accounting:	
				Total Credit Rs.	
Auditor		Supdt.		Auditor	
		Gaz. officer		AAO-I/II	
				Treasury Officer	
Disclaimer: All contents related to this bill are provided by Head of Office/DDO and he/she is solely responsible for it.					
Group Name :			Print Date & Time :		

Reference No. :

PAYMENT ADVICE-3

Government of Rajasthan				Month/Year :	
PD Payment Advice (Other than Salary and RPMF(Pensioner's Claims))					
PD Account No. : 472		Name of PD Account :			
Advice/Bill No. :	Date :	DDO Code:	Name of Administrator(s) : (May be Multiple)		
Budget Head: 8342-00-120-02-00		Office Id:	TAN No. :		
To, The Treasury Officer, (Concerning Treasury) Please Order to pay Rs..... as per PD PAYMENT ADVICE to the DDO/Beneficiary/Vendor concerned.					
Signature of Clerk		Signature of Jr.ACC/AAO-I/II		Signature of Administrator(s)	
Certificates :					
1. Amount claimed in the bill/advice has not earlier been drawn.					
2. All the information, bank details, master data & data entry in this advice has been checked and verified personally.					
3. Certified that I have Personally Examined and satisfied myself about the genuineness of the claim included in this bill are strictly in accordance with rules and that the said of Beneficiary/vendor are entitled to such claim and also personally ensured observance of all formalities regarding necessary entries.					
4. This Claim/Amount has been drawn for the specific purpose as per the sanction/approval obtained at the competent level.					
					Signature of Administrator(s)
S.No.	Name of Beneficiary/Vendor	Name of Bank /Name of Branch IFSC Code/MICR Code BankA/C.No. Aadhar No.	Bill/Invoice No. Bill/Invoice Date PAN Number TIN Number	Deduction/Recovery Amt Budget Head with Desc.	Gross Amt Net Amt
1.					
2.					
Gross Amount:		Deduction Amount :		Net Amount :	
Amount in Words:					
					Signature of Administrator(s)
<u>For Office Purpose</u>			<u>Treasury Voucher</u>		
Sanction No. :		Sanction Date :		No. Date :	
Sanction Amount :				<u>For Treasury Use</u>	
<u>For Accountant General Office</u>			Pay Rs. : (In words) : (In Cash) : (In words) :		
Admitted (RS.)		Objected (RS.)		By B.T. : Accounting: Non Accounting:	
				Total Credit Rs.	
Auditor	Supdt.	Gaz. officer		Auditor	AAO-I/II Treasury Officer
Disclaimer: All contents related to this bill are provided by Head of Office/DDO and he/she is solely responsible for it.					
Group Name :			Print Date & Time :		



Reference No. :

PAYMENT ADVICE-4

Government of Rajasthan						Month/Year :
PD Adjustment Advice(For PD to PD Claims)						
PD Account No. : --		Name of PD Account :				
Advice/Bill No. :		Date :	DDO Code:	Name of Administrator(s) : (May be Multiple)		
Budget Head:Office Id:TAN No. :						
To, The Treasury Officer, (Concerning Treasury) Please Order to pay Rs..... as per PD PAYMENT ADVICE to the DDO/Beneficiary/Vendor concerned.						
Signature of Clerk		Signature of Jr.ACC/AAO-I/II		Signature of Administrator(s)		
Certificates :						
1. Amount claimed in the bill/advice has not earlier been drawn.						
2. All the information, bank details, master data & data entry in this advice has been checked and verified personally.						
3. Certified that I have Personally Examined and satisfied myself about the genuineness of the claim included in this bill arestrictly in accordance with rules and that the said of Beneficiary/vendor are entitled to such claim also personally ensured observance of all formalities regarding necessary entries.						
4. This Claim/Amount has been drawn for the specific purpose as per the sanction/approval obtained at the competent level.						
						Signature of Administrator(s)
S.No.	Name/No. of PD A/C from which amount to be transferred	From Budget Head	Sanction No. & Date	Name/No. of PD A/C in which amount to be transferred	To Budget Head	Amount
1.						
2.						
Gross Amount:		Deduction Amount :		Net Amount :		
Amount in Words:						
						Signature of Administrator(s)
For Office Purpose				Treasury Voucher		
Sanction No. :		Sanction Date :		No.		Date :
Sanction Amount :				For Treasury Use		
For Accountant General Office				Pay Rs. :		
				(In words) :		
				(In Cash) :		
				(In words) :		
Admitted (RS.)		Objected (RS.)		By B.T. : Accounting :		Non Accounting:
				Total Credit Rs.		
Auditor		Supdt.		Auditor		Treasury Officer
		Gaz. officer		AAO-I/II		
Disclaimer: All contents related to this bill are provided by Head of Office/DDO and he/she is solely responsible for it.						
Group Name :			Print Date & Time :			

