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

क्रमांक : प.1(१)वित्त / साविलेनि / 2006

जयपूर, दिनांक : 14-09-2016

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

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

After the existing clause (vii) of sub-rule (1) of Rule 264, the following new clause (viii) and Payment Advice Number1 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:-

Payment Advice-1: PD Payment Advice (For Salary of Panchayati Raj

employees).

Payment Advice-2: PD Payment Advice (for RPMF Pensioner's Claims).

Payment Advice-3: PD Payment Advice (Other than Salary and RPMF (c) (Pensioner's claim)).

Payment Advice-4: PD Adjustment Advice (For PD to PD Claims)." (d)

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 समा, राजस्थान, जयपुर । 4. सचिव, लोकायुक्त सचिवालय, राजस्थान, जयपुर ।

सचिव, राजस्थान लोक सेवा आयोग, अजमेर ।

6. समस्त उप शासन सचिव/सचिवालय के समस्त अनुभाग/विभाग।

7. प्रधान महालेखाकार (सिविल लेखा परीक्षा) राजस्थान, जयपुर I

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, जोघपुर / जयपुर । 12. समस्त कोषाधिकारी

13. कार्मिक एवं प्रशासनिक सुधार विभाग(कोडींफिकेशन) अतिरिक्त प्रति सहित ।

14. पंजीयक, राजस्थान सिविल सेवा अपील अधिकरण, जयपूर ।

15. विधि रचना संगठन को भेजकर लेख है कि इस आदेश / परिपत्र का हिन्दी अनुवाद करवाकर इस विभाग को अविलम्ब भिजवायें ताकि हिन्दी अनवाद प्रेषित किया जा सके ।

16. अतिरिक्त निदेशक, विस्त विभाग को भेजकर लेख है कि विस्त (समन्वय) विभाग के आदेश संख्या प.17 (1) विस्त (समन्वय) / 04 दिनांक 22.6. 2004 के क्रम में इस परिपत्र को वित्त विभाग की वेबसाइट पर प्रकाशित करवाने की व्यवस्था करावें।

मख्य लेखाधिकारी

**GFRRules** 

(GFAR: 08/2016)

Reference i	VO.:	<u> </u>			<u> </u>					
			<u>G</u>	overnment	of Kaj	<u>astnan</u>	( D-: Employees)	Month/Year :	į	
			PD Payment	<u>Advice (For</u>	Salary (	of Panchay	<u>vati Raj Employees)</u>	Wonth rear .		
PD Account	No.:		of PD Account:		: :	. ( May be Mut	finle )			
Advice/Bill N	o.: Date:	Date: DDO Code: Name of Administrator			nnistrator(s	. ( May be Mui	upie )			
Budget Head	i: 0000-00-000-00-00 / l	NA / NA / NA Office	ld:	AN NO						
To, The Treasur Please Orde	y Officer, (Concerning er to pay Rs	Treasury) as per PD PAYME	NT ADVICE to the DDO	D/Employees con		Signa	iture of Jr.ACC/AAO-I/II	Signature of Admi	nistrator(s)	
2. Al 3. C	nount claimed in the bili I the information, bank of prtified that I have Perso	/Advice has not earlier to details, master data & de	ita entry in this Advice h isfied myself about the ich pay and allowance :	nas been checked genuineness of c	d and verifie daim that the	d personally. e pay and allow observance of	ance of the employee include all formalities regarding nece	ed in this pay bill arestrictly in ssary entries.	accordance with	
								Signature of Adm	inistrator(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 All	lowance}	Gross	Amount	{Pay Deduction}	Sum Of Deduction	Net Total	
1	Grade rayro						=:			
1.										
2.	<u> </u>			<u> </u>		Not Amo	uint :			
Gross Ar			Deduction Amount	;		Net Amount :				
Amount	in Words:							Signature of Adr	ninistrator(s)	
						<u> </u>				
Allowances Deduction  Allowance Name Payid Amount Deduction Name Payid Amount					No. Treasury Voucher  No. Date: For Treasury Use					
					Pay Rs. (In words (In Cash)	: ) : :				
					(În words)		Non Accountings	•		
					By B.T. :A Total Cred		Non Accounting:			
:						Auditor	AAO-I/II	Treasury Office	er	
Gross Amount : Total Deduction :						For Account	ant General Office			
Gross Amount: Total Deduction:			errynomeneolikideksistätätätätönennin	Admitted (R	RS.)	Objected (RS.)				
Net Amo	c) ·		<u> </u>	<del> </del>	<u> </u>	Auditor	Supdt.	Gaz. officer		
Disclaime		ed to this bill are prov	rided by Head of Offi	ce/DDO and he Print Date	e/she is so & Time :	ely responsib	ne for It.			

		Governn PD Payment Advic	nent of Rajast		ima)	Month/Voor :			
DD A	470	Name of PD Account:	e (FOI KPIVIF I	IFPMS Bill Ref	Month/Year:				
PD Account No. :	Date:	DDO Code:							
Budget Head: 834		Office Id:	1A	TAN No.:					
	sury Officer, (Concerning Treasuder to pay Rsas per PI		DDO/Pensioner	concerned.					
		Signature	of Clerk	Signature of Jr.	ACC/AAO-I/II	Signature of Administrator(s)			
Certified     Pension     It is certified	nformation, bank detailsin this advice has d that I have Personally Examined and so hers(s) are entitled to such claim and also tified that I have personally examined & v aim/Amount has been drawn for the spec	atisfied myself about the genuinenes o personally ensured observance of verified the master data of the said of	ss of claim of Pensior all formalities regard laim.	ing necessary entries.	bill arestrictly in accord	ance with rules and that the said of			
						Signature of Administrator(s)			
S.No.	Name of Pensioner(s)/ Receiver(Data should be fetched from IFPMS Portal)	Name of Bank Name of Branch IFSC Code/MICR Code BankA/C.No. Aadhar No. (All Data should be fetched from IFPMS	S Portal)		Number thed from IFPMS Portal)	Amount			
1.		(All Dutu should be Jetthen from it PMS	, ronung						
2.	•								
Payable Amou	ınt ·		<del></del>	l					
Amount in wo						Signature of Administrator(s)			
For Office Purpose					Treasury Vou	cher			
Sanction No. Sanction Amo		ion Date :	No.			Date :			
For Accountant General Office			Pay R (In wor	ds) : h) :					
Admitted (RS.) Ob		d (RS.)	_	is) : :Accounting: redit Rs.	Non Acc	counting:			
Auditor	Supdt.	Gaz. officer	Auditor		AAO-I/II	Treasury Officer			
Disclaimer: All	contents related to this bill are prov		d he/she is solely i	esponsible for it.					
Group Name:			Date & Time :						

**PAYMENT ADVICE-3** Reference No.: Government of Rajasthan PD Payment Advice (Other than Salary and RPMF(Pensioner's Claims)) Month/Year: Name of PD Account: PD Account No.: 472 Name of Administrator(s): ( May be Multiple ) Advice/Bill No.: Date: DDO Code: TAN No.: Office Id: Budget Head: 8342-00-120-02-00 To, The Treasury Officer, (Concerning Treasury) Please Order to pay Rs...... as per PD PAYMENT ADVICE to the DDO/Beneficiary/Vendor concerned. Signature of Administrator(s) Signature of Jr.ACC/AAO-I/II Signature of Clerk Certificates: 1. Amount claimed in the bill/advice has not earlier been drawn. All the information, bank details, master data & data entry in this advice has been checked and verified personally. 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 Beneficlary/vendor are entitled to such claim and also personally ensured observance of all formalities regarding necessary entries. This Claim/Amount has been drawn for the specific purpose as per the sanction/approval obtained at the competent level. Signature of Administrator(s) Gross Amt Deduction/Recovery Amt Bill/Invoice No. Name of Beneficiary/Vendor Name of Bank /Name of Branch S.No. **Budget Head with Desc.** Net Amt Bill/Invoice Date IFSC Code/MICR Code **PAN Number** BankA/C.No. **TIN Number** Aadhar No. 1. Net Amount: Deduction Amount: **Gross Amount:** Amount in Words: Signature of Administrator(s) For Office Purpose **Treasury Voucher** Sanction No.: Sanction Date: Date: No. Sanction Amount: For Treasury Use Pay Rs. (In words) : For Accountant General Office (In Cash) (In words) Objected (RS.) Admitted (RS.) Non Accounting: By B.T.: Accounting:

Total Credit Rs.

Auditor

Print Date & Time:

AAO-I/II

Treasury Officer

8

Gaz. officer

Disclaimer: All contents related to this bill are provided by Head of Office/DDO and he/she is solely responsible for it.

Auditor

Group Name:

Supdt.

PAYMENT ADVICE-4

Ketere	nce No.:						.,,,,,,,,	
-		DD Adiu	Government o stment Advice(				Month/Y	ear :
DD A	-t NIa			10110	to i D Giulina	<u> </u>		
PD Account No.: Name of PD Account:				Name of Administrator(s): ( May be Multiple )				
Advice/Bill No.: Date: DDO Code:				Name	Of Administrator	(3) . ( Way bo Wi	unipio /	<del>.</del>
	ad:Office Id:TAN No.:				·			
To,				•		•		
The Treast	ury Officer, (Concerning Treas der to pay Rs	ury)	AT ADVICE to the	<u>-</u> DDΩ/	Beneficiary/Ve	ndor concerned		
Please Of	der to pay Rs	as per i D i A i vici	T ABVIOL to an	0000	Dononolar yr 1 o.	1401 001100111041		
		ş	Signature of Cle	rk	Signature (	of Jr.ACC/AAO-	I/II Signature o	f Administrator(s
Certificates :	:							
1 Am	nount claimed in the hill/advice has not	earlier been drawn.			d a a a a lb a		•	
2. Ali	the information, bank details, master d rtified that I have Personally Examined	ata & data entry in this advice i	nas been checked at denuineness of the	olaim ind	u personany. duded in this bill are	estrictly in accordance	e with rules and that the said	of Beneficiary/vendor
are	entitled to such claim also personally:	ensured observance of all form	ralities regarding nec	essary e	ntries.			•
4. Thi	is Claim/Amount has been drawn for th	e specific purpose as per the s	sanction/approval obt	tained at	the competent leve	1.		
							Signaturo o	f Administrator(s
					101 - 51	2D A /C :		1
S.No.	Name/No. of PD A/C from	From Budget Head	Sanction No. & Date		-		To Budget Head	Amount
	which amount to be transferre	<u>d</u>			amount to be transferred			
1.								
2.			<u> </u>					<u> </u>
Gross Am	ount:	Deduction Amount	:		Net Amount	:		* .
Amount in	n Words:	•				•	Cianatura of	Administrator(s)
		<u>.                                  </u>		- <sub>1</sub>		<del></del>		Administrator(s)
	e Purpose	O 11 D 1	•			<u>Treasu</u>	ry Voucher	
Sanction No.: Sanction Date:				No. Date:				
Sanction .	Amount :					For Tre	easury Use	
				Pav	/ Rs. :		•	
For Accountant General Office  Admitted (RS.) Objected (RS.)				(In words) : (In Cash) :				
				(In words)				
Admitted (	(RS.)	bjected (NS.)	•	(111.44	•			
		•			By B.T. :	Accounting :	Non Acco	unting:
_	•	•	•	Total	Credit Rs.			
				6		AAO IBI	Tropourt	Officer
Auditor Supdt. Gaz. officer		Audit	Or .	AAO-I/II	Treasury (	/IIICEI		
	: All contents related to this bill ar			ne is sole	ly responsible fo	orit.		
Group Nan			Print Date & 7		-			

