A Committee of the Committee of

T. N. T. C. FORM 71	Τ.	. N. I	$\mathbf{E}_{\mathbf{v}}(\mathbf{C}_{\mathbf{v}})$	. FORN	A 77•.	٩
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AND CARROLL OF CONTROL AND

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113-1-23

Assistant Treasury Officer.

				T. N.T.	C. Form 78.		D	
			E.	See S. R. 776	(4) under T.	R. 16]	Perioa	of claim
		Payab	le at the Dist	rict Treasury			r.	
		Schedule o	f pension pa	id by money	order for			
P.P.O. No.	Namo		Amount.	Rate of pension.	Cost of M.O. form.	M.O. commis- sion.	Net amount.	Date o acknow- ledgment by the pensioner.
CI.	(2	)	(3)	(4)	(5)	(6)	<i>(7)</i>	(8)
that includ	ded and filed them he following cases	in my office.						payments schedule in
0000 4444			i iocorpt in	ave not beca	a retained	and the Po	stal Depart	ment authorities have
SI. N	·•		ame of Pen		patined	P.P.O.	stal Depart	ment authorities have
SI. N (1)	√o.				a retained		stal Depart	
(I) In the	vo. he following cases have been remitte	Note the money of d back into the	(2) rder were re reasury.	sioner etained und	elevered for	P.P.O. No. (3) the reaso	ns noted a	Amount send by Money order. (4) gainst cach and the
(I) In the	vo. he following cases have been remitte	N the money o	iame of Pen (2) rder were re	sioner etained und	elovered for send by	P.P.O. No. (3)	ns noted a	Amount send by Money order. (4)

### T. N. T. C. FORM 79.

### [See Subsidiary Rule 79 (a) under T. R. 16.]

### CALL FOR THE PERSONAL APPEARANCE OF THE PENSIONERS.

No.	Office of the
	Dated the
Please note that, in accordance of Pensioners, it will be necessary in presenting the next pension bill.	with the prescribed Rules for the identification for you to attend personally at this office when
	Signature :
	Designation:
	Reverse of the form
	Address
	To
	**************************************
	Pin.

# TNTE PERM 80

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#### T.N.T.C. Form 81.

(See Instruction 64 under T. R. 16.)

#### REGISTER OF PENSION PAYMENT, ORDER

District Treasury. Sub-Treasury.

- 1. Pension payment order Number
- 2 Name of Pensioner and Post from which retired.
- 3. Residential address of Pensioner.
- 4. Monthly amount of pension (T. I. if any, should be shown separately)
- 5. Head of Account to which pension is debitable.
- 6. Accountant-General's letter Number and date forwarding the PPO and the date from which pension is authorised.
- 7. Remarks (Special Conditions, Cossation, if any, and other important particulars may be noted in this column).

### T N. T. C. FORM 81-A.

### [See S.R. 90 (c) un er T.R. 16.

### HEIRSHIP CERTIFICATE.

i do lifeby carrify that the following person/per husband of who was a Governployed as	rament pensioner and was last
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Department/Office, died the

anti-t

Signature :

Designation

### T. N. T. C. FOR M 82,

### (See Instruction 2 under T. R. 30.)

### WEEKLY CASH BALANCE REPORT.

Cash balance report of the	ENING OF THE	$Thurs_{DAY^{\bullet}}$	thef	
Particulars.	Total currency and Bank Notes,	Total amount of small coins.	Totai.	
(1)	(2)	. (3)	(4)	
	RS.	Rs.	R €*	
Sub-Treasury balances (excluding Sub-Treasuries which transact their cash busines through the Bank).	s			
Total		- <u></u>		
A. Expected Deposits of treasury surplus into the currency chests during the coming weeks by Sub-Treasuries which do not transact their cash business through the Bank.				
B. Expected withdrawals from currency chests to recoup the treasury balance during the coming week by sub-treasuries which do not transact their cash business through the Bank.		·	· - u	٠.
station :				
Cated 19 .		Treasury	fficer	
~ — · · · · · · · · · · · · · · · · · ·		•		

<sup>\*</sup> If Thursday, a holiday the last previous working day should be entered

### T.N.T.C. Potm 83.

e 1,70

• -	ary Rule 10 (c) under T. R. 30.1	TTT↓NOF*
	TION OF DESPATCH OF REM  Dated the	· In William
No	Estate and	04-72
· To		
	notes	
Sir, Thave to intimate that a remittance of	coin noted below wi	Il be despatched from this office v
1	incurrent coin	. a
	and to request you to make	e arrangements for receiving it on arriva
train		
fithe Steamer. A report of the A stable of the fit	TERRES AND THE STATE OF THE STA	
1. Date of despatch	•	
train No. 2. By————————————————————————————————————	leaving	
steamer		
tation at version of version of the hou	rs on . V V	
3. Date of arrival at		on,
4. Probable time of arrival at		
5. Number of boxes in the consignment.		
<ol><li>Value of consignment.</li></ol>		AND THE STATE OF T
7. Nature of consignment (that is, notes or consignment)	urrent or uncurrent silver, nickel, t	ronze or copper coms).
8. Remittance accompanied by shroff named	<u>f</u>	,
かみくまといれる様を放射に対すって「ジャダ」	Control of the second s	ed to Currency Office.
mi≥s9-ttance packed in	patent boxes to be delivered to	the Agent or Manager a:
100 to 10	disposed on at the	e receiving office.

Contract the property of the

the state of the state of

Remitting Officer.

### T.N.T.C. Form No. 84.

(See Subsidiary Rule 13 under T. R. 30.)

### INVOICE OF REMITTANCE OF COINS/NOTES.

boxes. boxes. Kilo. Crams. boxes. of coins. Indies. ss.  Total  Treasury.  The	Number of boxes.	O1	mber the		eight of h bex.	Address and Mark on boxes,		enomination s or descript of coins.		Number of notes.	Value.
Treasury.  The	ouxes.			Kilo.	Cans.						
The Treasury Officer the Treasury Officer.	うまやかあるませつ	1							Common We	<b>A</b> 500	124
Total  Treasury.  The		. Ja			17 1 <del>71</del> 44 4 4	137 37 38	<b>31</b> 15 A 1925	ų &. 158		* \$	
The	*** - # # # # # # # # # # # # # # # # #	*******	· 1. •					- y' -*	400 - 126 K	jan ander	1 1
The			Argran San	71		44. B*	n en angle. Namen	1 af 1			1
The	t.		-1 -1	1. j. j.	\$ 100 mg	्र विहेत्य इ.स.	1.4 1.6	me, Fi	r sty: <b>Te</b> tr	. بني. ما	. <del> </del>
Beauty of from the Treesury Officer hoxes of marks and weights defailed above said to ou			Treasu	ry	****			··········			
nates to the value of Rs: and coins to the value of Rs	The	wad from	he Trasci	rev Office	verter verter	16 - 67 8 6	hoxes of	marks and v	veights det	ailed abov	ve said to oo:
The boxes are in good condition.		ived from t	he Treasu	ry Offic	er	a a a a a a a a a a a a a a a Tanan a a a a a a a a a a a a a a a a a	. boxes ci	marks and v	veights deta	anicd above the value	re said to do;

### T.H.T.C. Form 85.

### [See Subsidiary Rule 15 (ii) under T. R. 30.]

# INVOICE OF REMITTANCE OF UNCURBENT COIN TO THE MINT.

Treasury (	inder cyatec o	f an escort consisti	ng of		ched per rail, manded by.	steamer	or via		
Number of boxes.	Mark or number on each box.	Weight of each box.		Number of coins of each kind in each box.	Rate at which received at treasury.	Value.	Total.	Remarks and reference order, etc.	
The	*******	.19 .			O fficer	in-c arge (	f the trea	sury.	
	<b>10</b> 94 10		said to conta	in treasure valu	ed at Rs	*******	•••••	******	310
* === · · · · · · · · · · · · · · · · ·		9.				Command	ng the es	cors.	

T.R.T.C. Form 86.

#### [See Instruction 17 (a) under T. R. 30.]

# CERTIFICATE TO BE FURNISHED BY THE REMITTING TREASURY ASSISTANT CASHIER ACCOMPANYING A REMITTANCE.

ce mad itting o	ame of Assistant	Particular of column and temitta	nce.	imber of boxes.	Destination of remittance.	ate and hour of discharge from the remitting office,	gnature of Assistant	ate and hour of arrival at the receiving office.	umber of days employed in examination*.	ite and hour of dischaige from the receiving office.	ecommendation of the receiving officer regarding the grant of daily allowance for halts in excess of 10 dayst.	der of the competent authority,	yence made to Assistant fo the receiving office.
₹	2)	(g. Descrip notes	(a)	(s) Number	@ Destina	(2) Date an	Signature	(6) Date al	(10) exami	Date an the re	Recommodificer (12)	order o	Advence receivis

In the case of notes the number of pieces of each denomination should be furnished.

EFull reasons should be given for the recommendation on the reverse of the certificate.

Remitting Officer.

peccivin : ()facer.

In the on /

Date #

giation y

Date :

<sup>†</sup>The number of days for which the examination has been in abeyance owing to the absence of the accompanyi na cashier or other causes should be mentioned.

T.N.T.C. Form 87.

(See Instruction 37 under T. R. 30.)

# INDENT FOR RESERVE BANK OF INDIA DRAFT FORMS AND OTHER CONNECTED FORMS REQUIRED FOR USE OF THE TREASURY AT

Description of form,		Issued in the past twelve months.		after othe	defac rwise f in th	d returned execut or disposed le past nonths.		Balance in storé.	X	Last num		14.4 1	Indented	for
(1)		(2)			. (:	3)		(4)		(5)			(6)	-
	* -			:			rect.	: ;		, ,	: :			
		*** ***				. ?				ej.		•		r.
¥ *}			•			e A Te		•	et .		÷ .	· -		:

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### T. N. T. C. Form 88, (See Subsidiary Rule 4 (a) under T. R. 32.)

ACQUITTANCE ROLL OF PERMANENT AND TEMPORARY ESTABLISHMENT OF THE......

(E-A-A-A-MANAGAN-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A		mp aid and			OUTSIDE DE	DUCTIONS.		
(1) cm Number.	E Designation.	Dated Signature (with stamp where necessary. Unpaid items to be noted as such and attested.)	Dues of Co-operative society.	House building Society.  Repartoli Savings Scheme.	6 Court attachments	(a) Benevolent fund.	Miscellaneous.	P. Remarks.
	Total Rs.		Tot	al unpaid:	Rupeces .	•		,
Passed for Rs		nent bill c	(Rupees,		11 15.	ken in respect	per acquittance he of each amount the person enti	paid in

7.N T C. Form 89.

(5cc Subsidiary Rule 5 under T. R. 32.)

PERMANENT ADVANCE DISBURSEMENT REGISTER.

	·	Cher	203.					Receipts,	
Date,	Monthly serial number,	Description and department,	TunoEV Rs. P,	Mode of recoupment.	Date of recoupment from the	Date.	Total Deduc Closi Add as	Serial number of frem of charge recouped.	Remerks.

-

T.N.T.C. FORM 90.

[See Instruction 6 (2) in Chapter II. Part III]

### AMOISTER OF TENDERS OF SOVEREIGNS AND HALF-SOVEREIGNS UNDER SECTION 59 OF THE RESERVE BANK OF INDIA ACT, 1934 (INDIA ACT II OF 1934)

				TREAS	GIVE				
tender.			Number of coins accepted.						
B Reginter number of	S Name of tendarer.	Address of tenderer.	(\$-\$) \$Overeigns.	G. Half sovereigns.	S Total weight.	Karount paid.	(S Remarks,	010	
				Register number of tender.  Name of tenderer.  Address of tenderer.  \$overeigns.	Name of tenderer.  Address of tenderer.  Sovereigns.  Half sovereigns.	Name of tenderer.  Address of tenderer.  Sovereigns.  Total weight.	Register number of tender.  Name of tenderer.  Sovereigns.  Half sovereigns.  Total weight.	(2) Name of tenderer number of tenderer.  (3) (a.5) Name of tenderer.  (4) Address of tenderer.  (5) Half sovereigns.  (6) Total weight.  (8) Remarks.	

一部の内部とも、

TNTC Form 91

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をいっては、こうには、100 数字の異なる。例が名、数字ののできないできない。数字の表質のできて、表に異なるない。 100 mm (100 mm) という (100 mm) という (100 mm) 京 はなればし 计数子分级 医子宫 医神经学性原来的分别 Mark THE

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I.N.T.C. Form. 92.

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T N I C, FOFM 93,

Deleted

### T. M. T. G. FORM 9:

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# T.N.T.C. FORM 95

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age of

T.N.T.C. FORM 96
(Instruction 41 in Chapter II—Part III)

Ten	One	50 ∰	₹25	20	10	5	3	2	1	Remarks
Rupec	Ru ec.	Paise.	Paiso	Paise.	Pais <del>e</del> .	Paise,	Pais <b>c,</b>	Paise.	Pajsa,	
(1)	(2)	(3)	(4)	(5)	· <b>(6)</b>	(7)	(8)	(9)	(10)	(11)

# 322

### T.N.T.C. FORM 97.

### [See P aragraph 5(b) n Appendix 10.]

### ADVICE OF CURRENCY CHEST TRANSACTIONS AT SUB-TREASURIES.

Amount

Name of chest Nature of transaction.

Purpose.\*

Notes. Silver

Total valte.

Remar <

With drawal Doposit

SUB-TREASURY

Dated

19

Sub-treasury Officer

\* This should specify whether the transactions relate to Pay Office, Remittance, Exchange, or Treasury.

TNTC FORM 98

Delezad

# INSURANCE PREMIUM RECEIPT REGISTER.

Name and Designation: Account No.

Stock No.

Amount of Premium:

Due date :

Policy No.

Initials of the Drawing and Disbursing Officer.

Details of Payment.

Due date of Payment.

Date of Payment.

Amount paid.

Disbursing Officr in token of inspection and

Appellion of the State of the State of

stamping of the receipt with "No abatement of Income Tax"

Dated initial of the

Stamp.

(3)

**(4)** 

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· 1986年 - 1987年 - 19874 - 1987年 - 19874 - 19874 - 19874 - 19874 - 19874 - 19874 - 19874 - 19874 - 198

323

# 324

#### T. N. T. C. FO.

### [See SUBSIDIARY RULE 2 ( ) UNDER T. R. 16

# SLIP TO ACCOMPANY CLAIMS FOR MONEY OF DISBURSING OFFICERS ON TREASURES (TO BE RETURNED IN ORIGINAL BY THE TREASURY OFFICER).

Major d	*********************				
Minor Head	***************************************				
Sub-Head	.,.,				
etailed Head of Account					
,	<u> </u>				
Γο	(To be filled in the Treasury)				
The Treasury Officer	Returned with Treasury.				
******	Voucher Number and date as noted on the reverse side.				
Please furnish the Treasury Voucher Number and date of the bill sent herewith for encashment.	Signature Treasury Officer   Sub-Treasury ●fficer.				
Signature	. То				
Drawing Officer	The				
(Particulars of the bill are noted on the reverse)	***************************************				

Bill Parficulars.				Amount paid Rs			
	NT 4# .1=im	Amount	of the bill.	TV. No			
Number.	Nature of claim	Gross.	Net.	Date			
_		RS, P.	RS. P.	Signature of			
				Tressury Accountant.			
<u>-</u>		7					
				1			
			1				
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		•		·			
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			·	- 1			

ligature of Accountant.

#### T. N. T. C. FORM 190-A.

### 1 See Subsidiary Rule 2 (c) under T. R. 16.)

# REGISTER OF TREASURY VOUCHER SLIPS RETURNED TO THE DRAWING OFFICERS BY THE TREASURY.

Name of the Drawing Officer

Designation of the Drawing Officer.

	Treasury Voucher		Amount of	the bill.
Seria'. Number.	number, with Sub Account number Month and Year.	Description of the Bill.	Gross Rs. P.	Net Rs. P.
(1)	. (2)	(3)	(4)	(5)

Full Signature of the messenger receiving the Treasury Voucher Slip.

Treasury's letter number and date with which forwarded to the Drawing Officer.

T.N.T.C. FORM 101.

[See Instructions 40 (2) under T. R. 16.]
STOCK REGISTER OF......CHEQUE BOOKS.

			Re	ceipts.			1	ssues.				3	alance		Sury	
	Grom/To Whom Received/ Issued.	Number of books.	Number of cheque leaves.	Ser numb Che	rial er of eque ves.		umber of cheque leaves,	S num cl le	erial abor of neque aves.	•	Number of books.	Number of cheque leaves.	num Ch	rial iber of eque aves.	Dated Initial of the Treasus	Remarks,
-1 	(2)	(3)	(4)	(5a)	(5b)	·6		(8a)	(3b)	ı	(9)	(10)	(114)	(11b)	(12).	(13)

### T. N. T. C. FOR vi 102;

### [Sec UBSIDIARY RULE 2 (a) UNDER T. R. 10.]

### RECEIPT FOR CASH CHEQUE.

No	Date 1
the sum of Rupees	dated19
Cheque of	
_	Signature
•	Designation.
[see SR.2 (Q) (d) 19 (1X)	er, Madras/Madurai
Please pay bill No	dated the for to whose attested
	Signature of the Drawing Officer/ Disbursing Officer/Endorseer
Specimen signature	•
******	
Attested:	
Signa ure of the Drawing/Disbursin Endorseer	g Officer/
Received payments	
Signature of the person	n receiving payment:

4 unpassed on 5	2 Token redeemed by Bank/ Sub-Treasury. 3 Token redeemed at Tre Sub-Treasury by return	1 Opening balance	1.4.6.4.6.5.4.6.6.6.6.6.6.6.6.6.6.6.6.6.6	Token number.	
Total issues. Balance	급용	:		Ist 2nd 3rd 4th	YOKEN
	ently f	•		4th 5th 6th 7th 8th 9th 10th 11th 12th 13th 14th 15th 16th 17th 18th 19th 20th 21st 22nd 23rd 2/th 25th 26th 27th 28th 28th 30th	TOKEN ACCOUNT FOR THE MONTH OF

T.N.T.C. form 104-A. (See instruction >3-B under T. R. 16-)

: 1st

T.N.T.C. FORM 104-B.

### (See Instruction 33-B Under T. R. 16.)

### REGISTER SHOWING THE TOKENS LOST OR WRITTEN OFF FROM ACCOUNTS AT THE......

	e o				s of	,—,,	Initials of		
namber.	number and dale	. om Lost.	nt remitted.	n number and date.	once to the orders petent authority in whee off ordered.	Junior Assistant,	untant,	)/TO/8TO.	LKs•
(i)	Token Issu	3) By ₩ ho	Anount	G Chalan	Refere Con Write	() Token	(9 Accou	© APAC	(10) Remark

330

### T. N. T. C. FORM 104-C.

[See Instruction 33 (B) under T. R. 16.]

(See Instruct	ion 33 (B) under	1. K. 10.]	
ENQUIRY REGARDING TO	KEN NUMBER	RS OF OUTSTANDING	BILLS.
For the month of		19	
Will you please note on the re Pay and Accounts Office/Treasur section on the after-noon of the bills (whether passed or unpassed) have not been handed over to ce the token Junior Assistant or cash	y/Sub-Treasury instant and remor ) which remain wash section/actua	which may be outstanding turn this memo without far ning? The list should in ith the section at present ar alty sent to the Bank or refu	in your il by the clude all
Date 1	•	Signature :	•
To (1)	. 1.	Accountant	

The Accountan

### T. N. T. C. Form 104-D.

## REPORT OF THE LOSS OF TOKENS.

(See instruction 33-B under T. R. 16)

·		District Treasury
	Office of the —-	Sub-Treasury.
То		Date:
The Branch Manager,		
State Bank of India,	•	
Sir		
The token bearing numberreported as lost by the party concern may please be stopped i mmediately.	ed. Payment relati	ng to the concerned bill
2. Please acknowledge receipt of t	his letter.	
		Treasury Officer,
	Signature of —	Sub-Treasury Offices

### T. N. T. C. Form 104-E.

(See instruction 33-B under T. R. 16)

LETTER OF AUTHORITY FOR	MAKING PAY	MENT AT THE BANK,
,	Office of the -	···
, in the second		Sub-Treasury.
To		•
The Branch Manager, State Bank of India,		
***************************************		
Sir,		
The token bearing numberreported as lost. The cost of the token of the Government accounts. Paymer after proper identification of the claiman which has been endorsed to the party.	has been remitted at on the bill may	by the party, to the credit
	Cionatura e	Treasury Officer.
	Signature (	of Sub-Treasury Officer.
Copy to	or information.	
Payment may be obtained from the letter to the Bank		dia after surrendering this

T. N. T. C. Ferm 105.

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# r.N.T.C. FORM 105-A. Instruction 3 under T. R. 31.)

GURTHER REMARKS ON THE TREASURY OFFICER'S REPLIES TO THE OBJECTION STATEMENT ON THE AUDIT OF THE FIRST/SECOND LIST OFFAYMENTS OF

Fér ......19

Number of Item in Objection Statement.	Youcher Number.	Amount Objected to,	Further Objection.	Roplies by the Theasuty Officer.
of efemont.	1-2 1			

335

REGISTER SHOWING ALL RETRENCHMENTS ORDERED BY THE ACCOUNTANT-GENERAL.

(1)	Number and date of Accountant-Ge	eneral'				
9	Name and designation.	From whom the recovery is to be effected.				
<b>£</b>	Nature of overpayment.	_ <del>_</del> _				
(5)	Amount of overpayment to be recovered.					
9	Number of instalments in which the re- is to be effected and due date for instalment.	covery r each				
Э	Initials of the Sub-Treasury Officer/Tre Officer/Assistant Pay and Accounts C	easury Micer.				
œ	Date of recovery.					
9	Amount recovered.	Details of recovery				
(10)	Head of account voucher number and net amount of the bill in which the recovery is effected/chalan number and date of remittance.	ecovery.				
	Initials of the Sub-Treasury Officer/Tre Officer/Assistant Payand Accounts O	asury fficer.				

# T.N.T.C. Form 107.

# (See Subsidiry Rule 30 under T. R. 16.)

Payable at .....

Bill for advances for Replacing Missing Boundary Marks.

Drawing Office	he }	_			Voucher No.				
Diaming Oile	T f	-		Mouth/Year:					
u <u></u>	- <del></del> -				Sub Account:				
Head of A∝oun	ıt		••		·	•			
Major Head	٠.				8550 Civil Advances,				
Minor Head	٠.				(b) Revenue Advances.				
Sub Head			AA Advances for survey oper						
Detailed Head				٠.	(i) Cost of Survey marks.	-			
						mount . P.			
(i) Collectors	١	••	• •	• •	<u> </u>				
(ii) Survey Off	Бсегѕ	• •	٠.		1				
• • • • • • • • • • • • • • • • • • • •	) 1	being	the ad	ivance	(Rupees				
• • • • • • • • • • • • • • • • • • • •	) 1	being	the ad	ivance	e for replacing missing bound				
Details of credi	) 1	being	the ad	ivance	e for replacing missing bound ned on the reverse.				
Details of credi	) 1	being silable	the ad are fi	ivance urnist	e for replacing missing bound ned on the reverse.  Signature:				
Details of credi	) 1	being silable	the ad are fi	ivance urnist	e for replacing missing bound ned on the reverse.  Signature:  Designation:				

 (Rupees	 	

Treesury Officer/Sub Treesury Offices. For use in the Bank.

# T.N.T.C. FORM 108.

# (Instructions 10(b) and 12 under T. R. 30.)

				(Instructions	10(b) and 12 under T. R. 30-)
	4 534	ACR C	F REC	FIPT/DESPA	TCH OF FOREIGN/LOCAL REMITTANCES.
	ADI	FICE C	7		TREASURY
					Date
mberlest from its ti	tor		110:	ienia i omeni ∧	reign/Local remittance of Rsas particularised pins depot this day.
2. The amount	has thi	s day	been ci	edited/debited	in the Treasury/Small coin depot account in the month of
************					Treasury Officer
The Currency O Reserve Bank Issue Depar Madras.	of India tment,	a,			Amount.
		1000			
NOTES					
Home		• •	••	••	
For <del>c</del> ign	••	• •	••	• •	
GOLD -					
Sovereigns		••	• •	• •	
Half Sovereign	18 ··	••	••	••	
SILVER—					
Whole Rupee			••	**	
Half Rupec	• •	••	••	••	
Hour anna pie	ces (25	P)	••		

50 P 25 P

COPPER OR BRONZE OR NICKEL-

:

Cotal

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	T.N.T.C. FORM 109.	T.N.T.C. FORM 109.	T.N.T.C. FORM 109.
_	(Art. 131—Resource Manual.	(Art. 131-Resource Manual.)	(Art. [131—Resource Manual.)
ដុ	District Treasury	District Treasury	District Treasury
	TREASURY REMITTANCE RECEIPT	FOR THE POLICE ESCORT.	FOR THE TREASURY OFFICER CONCERNED.
96	No. Dated19 .	No. Dated19 .	No. Dated19 .
	ORIGINAL.	DUPLICATE.	TRIPLICATE.
	Preliminary receipt.	Preliminary receipt.	Preliminary receipt.
	RECEIVED from the Police Escort Officer	RECEIVED from the Police Escort Officerbagsboxes of marks and weights detailed in the invoice said to contain notes and coins to the value of Rsas per Officer's Invoice No, dated	RECEIVED from the Police Escort Officer
	Rs. P. Notes Coins	Rs. P, Notes Coins	Rs. P. Notes Coins
	Total	Total	Total
	TREASURYLOFFICER.	TREASURY OFFICER.	TREASURY OFFICER.
	To	То	То
	The		The Treasury Officer,
	************************	!	<b>током всерентном с</b> ител — Этенфарт

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T. N. T. C. Form 111

# [Subajgjary Rule 57 (b) under T. R. 16.]

	<b>5</b> 44
Consecutive number.	H H
🔁 Date.	EAS
☑ In whose favour.	OF ORU
🔁 Particulars.	TREASURY ON THE STATE BANK OF IN
G Amount.	PAYM E BAN
Initials of the Treasury  Officer/Sub-Treasury  Officer.	ENT ISSUI
Date of Discharge by the Bank.	
Initials of the Treasury  Officer/Sub-Treasury  Officer.	Y THE
Remarks.	1 :

Rs. P.

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T. M. T. C.:FORM 112.

REGISTER FOR WATCHING THE RECOVERY AND REMITTANCE OF MONEYS DUE TO CO-OPERATIVE SOCIETIES (See Subsidiary Rule 33-A under T. R. 16.)

T. N. T. C. FORM 113.

ت 	Name of the Co-operative Society.		
(2)	Name and Desi gnation of Employe from whom dues have to be recovered.		
(3)	Date of receipt of copy of agreement from the society.		
<b>€</b>	Number and date of receipt of Demand from the Society.	Receipt.	
(5)	Amount of demand.	apt.	
(f)	Date of recovery.		
(7)	Amount recovered (Particulars of Token number, Voucher number, m nth, Gross and Net amount, etc., from which the a ount was recovered).		
(8)	Date of remittance.	_	
(°)	Amount of remittance.	į	
(10)	Chalan number and date of remittence or dated signature of the authorised representative of the Society or Number and date of Bank Draft and Date of remittance to the Society.	Pa	
Œ	Number and rate of the official Printed receipt of the Society.	Payments.	
(12)	Remarks (Here enter the reasons for the difference, if any between the Amounts in Columns (5) and (7).		
13)	Daied Initials of the Disbursing Officer.		

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T. N. J. C. FORM 113-A

# T.N.T.O. FORM 114.

### (See Subsidiary Rule 33-A under T. R. 16.)

FORM OF REMITTANCE OF RECOVERIES EFFECTED FROM THE GOVERNMENT SERVANTS ON ACCOUNT OF DUES TO A CO-OPERATIVE SOCIETY.

		**
		- * *
	•	
16 of the ) I noted belo I remit here	Tamil I w for th ewith th	ial Code, Volume 1 Nadu Treasury Code
ished below	y :—	
		Date of recover;;
(2)		(3)
RS-	P.	
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amount rec	overed.	
minount 100		
umount ro		
amount ix		
amount To		
unioune roc		
anount ro		ı rsfaithfu l
	16 of the 1 noted belof 1 remit here ished belov Amourecove (2)	16 of the Tamil 1 1 noted below for the I remit herewith the ished below:  Amount recovered.  (2)  RS. P.

Disbursing Officer.

# F.N.T.C. FORM 115

[See Note (2) be low Subsidiary Ruie 2 (r) under T. R. 16.]

# REGISTER OF NON-PAYMENT CERTIFICATE ISSUED FOR LOST BILLS AND CHEQUES.

1 Serial Number	
2 Nature of the bill/cheque book number	
3 Head of account/cheque number and date.	
4 Amount Rs	
5 Designation of the Drawing Officer	
6 Date of drawal of the bill/cheque	
7 Name of the payee	
8 Bill number or token number with date	
9 Number and date of the reference of the authority reporting the loss of bill/cheque.	÷
10 Date of issue of non-payment certificate with current number and date of the reference of the Treasury Officer/Sub-Treasury Officer Pay and Accounts Officer.	
11 Datedi nitials of the Treasury Officer/Sub- Treasury Officer/Assistant Pay and Accounts Officer.	
12 Date of passing of the duplicate bill/cheque.	
13 Dated initials of Treasury Officer/Sub- Treasury Officer/Assistant Pay and Acounts Officer.	1 <b>:</b>
14 Remarks.	.4.5

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T.J.T.C. FORM 116

(3	Soils) number.									
8	Name and designation of defendant.									
9	Name of the Court and Court's order number and date.									
3	Suit number.									
ြ	Name of Plaintiff.									
9	Amount to be recovered.									
9	Number of instalments in which to be recovered and the amount of each instalment.									
3	Dated initials of the Drawing Officer/ Treasury Officer,									
9	Date.									
9	Amount,									
3	Dated initials of the Drawing Officer/ Treasury Officer.									
( <u>E</u>	Date of remittance.									
(£3)	Mode of remittance.									
(14)	Date of acknowledgment by the Court.									
3	Dated initials of the Drawing Officer/ Treasury Officer.									
ड़	Remarks.									

# J)

# T.N.T.C. Form No. 117. (See S.R. 26B under T. R. 16)

# SIMPLE RECEIPT.

Form for drawal of amount lost due of misappropriation, Defalcation, Embezzlement, etc.

	· · · · · · · · · · · · · · · · · · ·				
	No				
	850. Civil Advance-ac. Other Advances-				
Ap. Redrawal of amount lost throu					
·	embezzlement, misappropriation, etc.				
(Rs	only) being the amount				
·	dated				
	•				
(copy enclosed).					
Signar	ture:				
Stamp	o of Office:				
For use in Treasury.					
SUB-TREASU	JRY OFFICER.				
	(copy enclosed). Signa Stamp For use in Treasury.				

Form No. T.N.T.C. 118

REGISTER OF CHEQUE FORM ISSUED TO THE CHEQUE SECTION, DISTRICT TREASURY.

-	Ope	ning B	ala <b>nc</b> e.		Receipt	s.		Total.		Numb use	er of i	Forms lly,	Forms Sl. No. cance- cance-					rihe Treasury
Date.	Num ber	From	То	Num ber	From	То	Num ber	From	То	Num ber	From	То			`	From	To	Initials of Assistant Officer.
											:							
•	Here in the Shading																	
																	;	
								-									i	
															į			

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T. N. T. C. Form No. 119.

Note Book showing the Distribution of Cheques forms Among Cheque writers.

Name of the cheque writer. bl	Number of ank cheques given for writing.	Eque writers.	Number of cheques returned.	Unitals of che-	Initials of the Accoudtant,
,	<del></del>		Written	: :	
			From To From To		
	!		From To		
	1	,	From To		
j		1	From To		
ļ			From To		
		ļ	Total ————		
	<b>I</b> 		Spoilt		
			From To		
}	_	ļ	From To		
•			Total		
	ļ	-	Unused		
			From To		
• .			From To		
			Total		

FORM NO M.T.C. 120.

Acknowledge utat.

Received by Cheque Rs. (

Dated the

) from the

in the payment of Bill Number 19, on account of

Station:

Date:

Signature,

Name of the messonger to whom payment is to be made.

Signature of Thumb-impression of messenger.

(To be taken by the Treasury Officer)

FORM No. 121.

Register of Cheques Delivered: Treasury Pay Department.

Date	Serial Number	Number of	To whom paid	Teken Number		Amount	
		Cheques			charge	Rs.	P.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	
	···	<del></del>	FORM No. M.T.C	. 121-A.			
		Numb	er of Undelivered	Cheques.			
Balance	of previous day			]	Date:		
Number	of Cheques signed to	day (as per Cheq	ue Book)	<del></del>			
			7	Total			
Number Chequ	of Cheques delivered es Delivered).	l today (as per R	egister of			•	
Balance i	in hand to be deposit	ed in Safe :					
			1	Total			
			S	Superintendent			

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Office	of +ba		

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# T.N.T.C. Caps 122,

# LAST PAY CERTIFICATE. (See instruction under T.R. 23)

LAST PAY CERTIFICATE OF Thiru/Thirumathi/Selvi								of th	e				
2. He,She has been paid up	olo at	ıd fər-	<b></b>	<b></b>			at the	follov	ving R	ates :			
Particulars.												Rate.	
Pav													
Special Pay					••	••					••		
D.A.					••						••		
A.D.A.					••	••							
H.R.A.							••						
C.C.A.						• •							
								G	ross			-	
ite of Deductions:													
G.P.F. Account Number: G.P.F. Subscription: P.L.I. Number:												F.B.F. .P.F.	Rs Rs.
3. He/She made over charg	e ia	this o	fice on	the l	Voon (	)f							
4. Recoveries are to be made	e fron	the e	molani	onts et	of i	the Go	vern me	ent Ser	vants a	s detai	led in ti	he Annex	ure.
5. He/She is entitled to dra	<b>130</b> - 1	<b>1</b> 2											4,

# DETAILS OF RECOVERIES

Amount of Advance Rs. Nature of Advance

Amount so for recovered Balance to be recovered Rs.

Recovery to be com-menced from:

Details of Income Tax recovered.

Month and Year.

Amount Recovered.

Signature:

Designation:

Date and Number.
Reference to Serial Number of Bill Register.
(3) Particulars of the Bill.
E Cheque Number.
⊕ Amount.
To whom issued,
☐ To whom issued.
② Initials of the Drawing Officer. Date ofnashment.
© Initials of the Drawing Officer.
Progressive total of assignment
Balan ce in Assignment.
Remarks.

T.N.T.C. Form 123.

REGISTER OF CHEQUES ISSUED.

(See Exception (B) below SR 4 ( ) under 7R 32)

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