

FORMAT FOR SCHEDULE OF GENERAL PROVIDENT FUND

Name of Office.....
Designation of D.D.O. (with place of posting).....
Deduction made from the salary of.....
Arrear for the period of.....
Test payable on.....

Account No.	Name (In block/capital letter)	Basic Pay	subscription for the month of Arrear Item	Amount of monthly subscription/ Arrear	Refund of withdrawal amount	Instalment No.	Total	Remarks
1	2	3	4	5	6	7	8	9

Signature & Designation of D.D.O.

For use in the Audit Office -

Voucher
Date of encashment.....

Certified that the amount of individual deduction and the total shown col. 8 have been checked by reference to the bill vide para 224 of the Audit manual.

For schedule attached with March pay bills certified that the rate for pay shown in column 8 have been verified with the amount actually drawn in the bill.

Account No.	Name (In block/capital letter)	Basic Pay	subscription for the month of Arrear Item	Amount of monthly subscription/ Arrear	Refund of withdrawal amount	Instalment No.	Total	Remarks
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Voucher
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Certified that the amount of individual deduction and the total shown col. 8 have been checked by reference to the bill vide para 224 of the Audit manual.

For schedule attached with March pay bills certified that the rate for pay shown in column 8 have been verified with the amount actually drawn in the bill.