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मध्यप्रदेश राजपत्र

(असाधारण)

प्राधिकार से प्रकाशित

क्रमांक 39]

भोपाल, सोमवार, दिनांक 9 फरवरी 2026-माघ 20, शक 1947

वित्त विभाग

मंत्रालय, वल्लभ भवन, भोपाल

भोपाल, दिनांक 09 फरवरी 2026

क्रमांक एफ-02/05/2020/ई-चार, भारत के संविधान के अनुच्छेद 283 के खण्ड (2) द्वारा प्रदत्त शक्तियों को प्रयोग में लाते हुए, मध्यप्रदेश के राज्यपाल, एतद्वारा, मध्यप्रदेश कोषालय नियम, 2020 में निम्नलिखित संशोधन करते हैं, अर्थात्:-

संशोधन

उक्त नियमों में,-

1. भाग-एक में, नियम 2 के उप-नियम (1) में, खण्ड (यच) के पश्चात्, निम्नलिखित खण्ड अंतःस्थापित किया जाए, अर्थात्:-
“(यचक) “हस्ताक्षर” से अभिप्रेत है, “हस्तलिखित हस्ताक्षर”, “ई-हस्ताक्षर”, “डिजिटल हस्ताक्षर” या अन्य प्रविधि से किए गए हस्ताक्षर, जो तत्समय प्रवृत्त भारतीय विधि में यथा परिभाषित हों”।
2. भाग-दो में,-
 - (1) समस्त नियमों में जहाँ कहीं भी शब्द “फार्म” आया हो के स्थान पर, शब्द “प्ररूप” स्थापित किया जाए।
 - (2) सहायक नियम 6 में, शब्द एवं अंक “एम.पी.टी.सी. 1-ए” के स्थान पर, शब्द एवं अंक “एम.पी.टी.सी. 1” स्थापित किया जाए।
 - (3) सहायक नियम 10 के अन्त में, निम्नलिखित वाक्यांश जोड़ा जाए, अर्थात्:-
“खजांची द्वारा प्रतिभूति की राशि सावधि जमा रसीद, राष्ट्रीय बचत पत्र, किसान विकास पत्र अथवा वित्त विभाग द्वारा यथा निर्धारित प्रपत्र में भी जमा की जा सकेगी। ऐसे प्रपत्र के द्वारा प्रतिभूति की राशि जमा की स्थिति में कोषालय अधिकारी द्वारा संबंधित बैंक/संस्था को प्रतिभूति के संबंध में सूचित किया जाएगा और अवगत कराया जाएगा, कि कोषालय अधिकारी अनापत्ति के उपरांत ही ऐसे प्रपत्र के विरुद्ध आहरण जो स्वीकृत किया जाए”।

- (4) सहायक नियम 27 के उप-नियम (2) एवं उप-नियम (5) के खण्ड (क) में, शब्द एवं अंक "एम.पी.टी.सी. 78-ए" के स्थान पर, शब्द एवं अंक "एम.पी.टी.सी. 40" स्थापित किया जाए।
- (5) सहायक नियम 39 के उप-नियम (1) में, शब्द "एम.पी.टी.सी. 5" के स्थान पर, शब्द एवं अंक "एम.पी.टी.सी. 3" स्थापित किया जाए।
- (6) सहायक नियम 39 के उप-नियम (6) की टिप्पणी-4 में, शब्द एवं अंक "एम.पी.टी.सी. 17" के स्थान पर, शब्द एवं अंक "एम.पी.टी.सी. 6" स्थापित किया जाए।
- (7) सहायक नियम 43 के उप-नियम (1), सहायक नियम 44 एवं 46 में, टिप्पणी एवं परिशिष्ट-9 के बिन्दु 2(8) में, शब्द एवं अंक "एम.पी.टी.सी. 6" के स्थान पर, शब्द एवं अंक "एम.पी.टी.सी. 4" स्थापित किए जाएं।
- (8) सहायक नियम 44, 46, 155 की टिप्पणी में, सहायक नियम 183 की टिप्पणी 3 में, सहायक नियम 196 एवं 289 में, शब्द एवं अंक "एम.पी.टी.सी." के पूर्व, शब्द "प्ररूप" जोड़े जाएं।
- (9) सहायक नियम 53 में, शब्द एवं अंक "एम.पी.टी.सी. 7" के स्थान पर, शब्द एवं अंक "एम.पी.टी.सी. 5" स्थापित किया जाए।
- (10) सहायक नियम 53 में, शब्द "तथा भू-राजस्व तथा उपकर के लिए चालन (प्ररूप एम.पी.टी.सी. 8)" का लोप किया जाए।
- (11) सहायक नियम 109 के उप-नियम (3) के प्रारंभ में, निम्नलिखित वाक्य जोड़ा जाए, अर्थात:-
"नियमित स्थापना के वेतन देयक प्ररूप एम.पी.टी.सी. 9 पर तैयार किए जाएंगे।"
- (12) सहायक नियम 116 में, शब्द एवं अंक "एम.पी.टी.सी. 17-ए" के स्थान पर, शब्द एवं अंक "एम.पी.टी.सी. 7" स्थापित किया जाए।
- (13) सहायक नियम 125 के उप-नियम (3) में, शब्द एवं अंक "एम.पी.टी.सी. 18" के स्थान पर, शब्द एवं अंक "एम.पी.टी.सी. 8" स्थापित किया जाए।
- (14) सहायक नियम 129 में, शब्द एवं अंक "एम.पी.टी.सी. 24-ए" के स्थान पर, शब्द एवं अंक "एम.पी.टी.सी. 10" स्थापित किया जाए।
- (15) सहायक नियम 130 में, शब्द "शासकीय सेवकों के" के स्थान पर, शब्द "समस्त" स्थापित किया जाए।
- (16) सहायक नियम 130 के उप-नियम (1) में, शब्द एवं अंक "एम.पी.टी.सी. 28" के स्थान पर, शब्द एवं अंक "एम.पी.टी.सी. 12" स्थापित किया जाए।
- (17) सहायक नियम 130 के उप-नियम (3) में, शब्द "शासकीय सेवक" के स्थान पर, शब्द "यात्रा भत्ता का दावाकर्ता" स्थापित किया जाए।
- (18) सहायक नियम 130 की टिप्पणी में, शब्द तथा अंक "मंत्रियों के यात्रा भत्ता देयक प्ररूप एम.पी.टी.सी. 23 में आहरित किए जाएंगे" का लोप किया जाए।

- (19) सहायक नियम 131 में, शब्द "यात्रा भत्ता देयकों एक पंजी" के स्थान पर, शब्द "यात्रा भत्ता देयकों की एक पंजी" स्थापित किया जाए एवं शब्द एवं अंक "एम.पी.टी.सी. 23" का लोप किया जाए।
- (20) सहायक नियम 136 एवं 394 के उप-नियम (1) में, शब्द एवं अंक "एम.पी.टी.सी. 76 ए" के स्थान पर, शब्द तथा अंक "एम.पी.टी.सी. 37" स्थापित किए जाएं।
- (21) सहायक नियम 138 में, शब्द एवं अंक "पत्रक एम.पी.टी.सी. 26 में" का लोप किया जाए।
- (22) सहायक नियम 151 के उप-नियम(1), सहायक नियम 334 की टिप्पणी 2 में एवं सहायक नियम 382 में, शब्द एवं अंक "एम.पी.टी.सी. 76" के स्थान पर, शब्द तथा अंक "एम.पी.टी.सी. 36" स्थापित किए जाएं।
- (23) सहायक नियम 155 में, शब्द एवं अंक "एम.पी.टी.सी. 26-बी" के स्थान पर, शब्द तथा अंक "एम.पी.टी.सी. 11" स्थापित किया जाए।
- (24) सहायक नियम 165 में, शब्द एवं अंक "एम.पी.टी.सी. 32" के स्थान पर, शब्द तथा अंक "एम.पी.टी.सी. 13" स्थापित किया जाए।
- (25) सहायक नियम 173 में, शब्द एवं अंक "एम.पी.टी.सी. 34" के स्थान पर, शब्द तथा अंक "एम.पी.टी.सी. 14" स्थापित किया जाए।
- (26) सहायक नियम 183 की टिप्पणी 2 में, शब्द एवं अंक "एम.पी.टी.सी. 40" के स्थान पर, शब्द तथा अंक "एम.पी.टी.सी. 15" स्थापित किया जाए।
- (27) सहायक नियम 183 की टिप्पणी 3 में एवं सहायक नियम 277 में, शब्द एवं अंक "एम.पी.टी.सी. 24" के स्थान पर, शब्द तथा अंक "एम.पी.टी.सी. 9" स्थापित किए जाएं।
- (28) सहायक नियम 192 में, शब्द एवं अंक "प्ररूप एम.पी.टी.सी. 20" के स्थान पर, शब्द "मध्यप्रदेश पेंशन नियमों में प्रावधानित प्ररूप" स्थापित किया जाए।
- (29) सहायक नियम 196 में, शब्द एवं अंक "एम.पी.टी.सी. 42-ए" के स्थान पर, शब्द तथा अंक "एम.पी.टी.सी. 17" स्थापित किया जाए।
- (30) सहायक नियम 204 में, शब्द "पुनर्विवाह की सूचना यथाशीघ्र बैंक या पेंशन प्राधिकृतकर्ता अधिकारी को दी जाए" के स्थान पर, वाक्य "पुनर्विवाह की सूचना

यथाशीघ्र बैंक या पेंशन प्राधिकृतकर्ता अधिकारी को प्ररूप एम.पी.टी.सी. 16 पर दी जाए" स्थापित किया जाए।

- (31) सहायक नियम 205 के अंत में, निम्नलिखित वाक्य को जोड़ा जाए, अर्थात:-
"इस संबंध में सूचना प्ररूप एम.पी.टी.सी. 16 पर दी जाएगी।"
- (32) सहायक नियम 224 के उप-नियम (2), सहायक नियम 225 के उप-नियम(1) एवं सहायक नियम 231 में, शब्द तथा अंक "एम.पी.टी.सी. 44" के स्थान पर, शब्द तथा अंक "एम.पी.टी.सी. 18" स्थापित किए जाएं।
- (33) सहायक नियम 232, 337 एवं 338 में, शब्द तथा अंक "एम.पी.टी.सी. 45" के स्थान पर, शब्द तथा अंक "एम.पी.टी.सी. 19" स्थापित किए जाएं।
- (34) सहायक नियम 238 में, शब्द तथा अंक "एम.पी.टी.सी. 46" के स्थान पर, शब्द तथा अंक "एम.पी.टी.सी. 20" स्थापित किया जाए।
- (35) सहायक नियम 239 में, शब्द तथा अंक "एम.पी.टी.सी. 47" के स्थान पर, शब्द तथा अंक "एम.पी.टी.सी. 21" स्थापित किया जाए।
- (36) सहायक नियम 246 के उप-नियम (2) में, पैरा "छूट हेतु विक्रेताओं की पावती जो उन्हें अदा किया गया है, मुद्रांक विक्रय इत्यादि की पंजी प्ररूप एम.पी.टी.सी.48 के अंतिम कॉलम में ली जानी चाहिए तथा उप कोषालयों पर अदा की गई छूट के प्रकरण में पावतियां उप-कोषालय मुद्रांक विक्रय अनुसूची पर ली जाना चाहिए। जब विक्रेता कोषालय में व्यक्तिशः उपस्थित होने में असमर्थ हो, क्रय पर देय छूट मुद्रांक विक्रेताओं के एजेंट या सेवक को देय छूट की राशि हेतु मुद्रांक विक्रेता द्वारा हस्ताक्षरित पावती प्रस्तुत करने पर अदा किया जा सकता है। यह पावती सामान्यतः मुद्रांक विक्रेता द्वारा भेजे गए चालान पर पृष्ठांकित होना चाहिए जिसे इस प्रयोजन हेतु चालान की पूर्ति के साथ उपलब्ध की जाना चाहिए। रुपये 20 से अधिक समस्त राशि की पावतियां चाहे पंजी में या पृथक से दी गई हों, मुद्रांकित होना चाहिए" के स्थान पर, पैरा "विक्रीत स्टाम्पों का लेखा प्ररूप एम.पी.टी.सी. 22 पर रखा जाएगा" स्थापित किया जाए।
- (37) सहायक नियम 246 के उप-नियम (3) में, शब्द तथा अंक "एम.पी.टी.सी. 49" के स्थान पर, शब्द तथा अंक "एम.पी.टी.सी. 23" स्थापित किया जाए, साथ ही शब्द "तथा उपर्युक्त पंजी के समस्त कालमों के केवल मासिक योग बताये जायें" का लोप किया जाए।

- (38) सहायक नियम 262 के उप-नियम(1) में, शब्द एवं अंक "एम.पी.टी.सी. 53" के स्थान पर, शब्द तथा अंक "एम.पी.टी.सी. 24" स्थापित किया जाए।
- (39) सहायक नियम 273 में, वाक्यांश "जहाँ देयक के आहरण के समय व्यय का विवरण देना सम्भव नहीं हो, तब प्ररूप एम.पी.टी.सी. 36 शीर्ष "कोषालय पर भुगतान योग्य नहीं" पर तैयार देयक में लगाये जाने चाहिये, जिसके साथ आवश्यक उप-प्रमाणक संलग्न होंगे। विस्तृत देयक एवं उप-प्रमाणकों के महालेखाकार को भेजने में एक माह से अधिक की देरी कभी नहीं होना चाहिए।" का लोप किया जाए।
- (40) सहायक नियम 289 में, शब्द तथा अंक "एम.पी.टी.सी. 55" के स्थान पर, शब्द तथा अंक "एम.पी.टी.सी. 25" स्थापित किया जाए।
- (41) सहायक नियम 289 की टिप्पणी में, शब्द तथा अंक "एम.पी.टी.सी. 56" के स्थान पर, शब्द तथा अंक "एम.पी.टी.सी. 26" स्थापित किया जाए।
- (42) सहायक नियम 294 में, शब्द तथा अंक "एम.पी.टी.सी. 58" के स्थान पर, शब्द तथा अंक "एम.पी.टी.सी. 27" स्थापित किया जाए।
- (43) सहायक नियम 305 में, शब्द तथा अंक "एम.पी.टी.सी. 59, 60 तथा 62" के स्थान पर, शब्द तथा अंक "एम.पी.टी.सी. 28" स्थापित किया जाए।
- (44) सहायक नियम 308 के उप-नियम (1) में, शब्द तथा अंक "एम.पी.टी.सी. 63" के स्थान पर, शब्द तथा अंक "एम.पी.टी.सी. 29" स्थापित किया जाए।
- (45) सहायक नियम 323 की टिप्पणी 1 में एवं सहायक नियम 348 में, शब्द तथा अंक "एम.पी.टी.सी. 64" के स्थान पर, शब्द तथा अंक "एम.पी.टी.सी. 30" स्थापित किया जाए।
- (46) सहायक नियम 326 के उप-नियम(2) एवं सहायक नियम 348 में, शब्द तथा अंक "एम.पी.टी.सी. 65" के स्थान पर, शब्द तथा अंक "एम.पी.टी.सी. 30" स्थापित किया जाए।
- (47) सहायक नियम 327 एवं उसकी टिप्पणी 2 में, शब्द तथा अंक "एम.पी.टी.सी. 66" के स्थान पर, शब्द तथा अंक "एम.पी.टी.सी. 31" स्थापित किए जाएं।
- (48) सहायक नियम 331, 386 एवं 388 में, शब्द तथा अंक "एम.पी.टी.सी. 69" के स्थान पर, शब्द तथा अंक "एम.पी.टी.सी. 32" स्थापित किए जाएं।

- (49) सहायक नियम 332 में, शब्द तथा अंक "एम.पी.टी.सी. 70" के स्थान पर, शब्द तथा अंक "एम.पी.टी.सी. 33" स्थापित किए जाएं।
- (50) सहायक नियम 334 में, शब्द तथा अंक "एम.पी.टी.सी. 71" के स्थान पर, शब्द तथा अंक "एम.पी.टी.सी. 34" स्थापित किए जाएं।
- (51) सहायक नियम 346 एवं 356 में, शब्द तथा अंक "एम.पी.टी.सी. 72" के स्थान पर, शब्द तथा अंक "एम.पी.टी.सी. 35" स्थापित किए जाएं।
- (52) सहायक नियम 346 एवं 357 में, शब्द तथा अंक "एम.पी.टी.सी. 73" के स्थान पर, शब्द तथा अंक "एम.पी.टी.सी. 35" स्थापित किए जाएं।
- (53) सहायक नियम 347, 353, 357 एवं 358 में, शब्द तथा अंक "एम.पी.टी.सी. 75" के स्थान पर, शब्द तथा अंक "एम.पी.टी.सी. 32" स्थापित किए जाएं। सहायक नियम 347 में, शब्द "प्रारूप" के स्थान पर, शब्द "प्ररूप" स्थापित किया जाए।
- (54) सहायक नियम 387 के उप-नियम (2) में, शब्द तथा अंक "एम.पी.टी.सी. 77" के स्थान पर, शब्द तथा अंक "एम.पी.टी.सी. 38" स्थापित किए जाएं।
- (55) सहायक नियम 387 के उप-नियम (2) में, शब्द तथा अंक "एम.पी.टी.सी. 78" के स्थान पर, शब्द तथा अंक "एम.पी.टी.सी. 39" स्थापित किए जाएं।
- (56) सहायक नियम 394 के उप-नियम (2) के अंत में, पूर्ण विराम के पश्चात्, शब्द तथा अंक "उक्त अग्रिम भुगतानों एवं उनकी वापसी की जानकारी प्ररूप एम.पी.टी.सी. 41 में संधारित की जाएगी।" जोड़े जाएं।
- (57) सहायक नियम 311 के बिंदु "4. विशेष निक्षेप खाता" का लोप किया जाए एवं बिंदु 5 के नीचे, टिप्पणी में शब्द "एवं दाण्डिक न्यायालयों के" को विलोपित किया जाए।
- (58) सहायक नियम 313 में, शब्द "निक्षेप प्राप्तियों की तरह" के पश्चात्, शब्द "सायबर कोषालय के माध्यम से ऑनलाइन" अंतःस्थापित किए जाएं।
- (59) सहायक नियम 318 के उप-नियम एक में, शब्द "जमा हेतु" के पश्चात्, शब्द "ऑनलाइन अथवा" अंतःस्थापित किए जाएं।
- (60) सहायक नियम 318 के उप-नियम (2) के स्थान पर, निम्नलिखित उप-नियम स्थापित किया जाए, अर्थात्:-

“(2) अर्द्धशासकीय संस्थाओं की निधियां कोषालय के द्वारा व्यक्तिगत निक्षेप खाता खोला जाकर उनमें प्राप्त की जा सकेंगी। इन पर व्यक्तिगत निक्षेप खातों के संचालन संबंधी समस्त नियम एवं प्रक्रियाएँ यथावत लागू होंगी।”।

(61) सहायक नियम 319 के उप-नियम (1) के स्थान पर, निम्नलिखित उप-नियम स्थापित किया जाए, अर्थात्:-

“(1) व्यक्तिगत निक्षेप खाते, जिनका स्रोत संचित निधि है, में पाँच वर्ष तक कोई वित्तीय संव्यवहार नहीं होता है, तो उनकी वित्त विभाग द्वारा बंद किए जाने हेतु समीक्षा की जाएगी। वित्त विभाग द्वारा बंद किए जाने जाने का निर्णय लिए जाने के उपरांत ऐसे खातों को बंद की जाने की कार्यवाही की जाएगी, अन्यथा खाते बंद नहीं होंगे, किंतु एक वर्ष तक पुनः असंचालित होने पर वित्त विभाग द्वारा ऐसे खातों को बंद किए जाने के संबंध में पुनः समीक्षा की जाएगी। ऐसे खाते, जिनके संबंध में वित्त विभाग द्वारा बंद किए जाने का निर्णय लिया गया है, संचित निधि के सुसंगत सेवा शीर्ष में ऋण विकलन द्वारा बंद किया जाना चाहिये। यदि आवश्यक हो तो ऐसे व्यक्तिगत निक्षेप लेखे वित्त विभाग की अनुमति उपरांत फिर से सामान्य रीति से खोले जा सकते हैं।”।

(62) सहायक नियम 319 के उप-नियम (2) के स्थान पर, निम्नलिखित उप-नियम स्थापित किया जाए, अर्थात्:-

“(2) व्यक्तिगत निक्षेप खाते, जिनका स्रोत संचित निधि से भिन्न है, व्यपगत नहीं होंगे।”।

(63) सहायक नियम 320 के शीर्षक में तथा सहायक नियम 320 में, शब्द “व्यक्तिगत जमा खातों” के स्थान पर, शब्द “व्यक्तिगत निक्षेप खातों” स्थापित किए जाएं।

(64) सहायक नियम 321 के उप-नियम (1) के स्थान पर, निम्नलिखित उप-नियम स्थापित किया जाए, अर्थात्:-

“(1) कैदियों से संबंधित जेल अधिकारियों द्वारा संधारित खाते तथा भू-अर्जन के भुगतान के लिए एवं वित्त विभाग द्वारा विशेष आदेश द्वारा छूट प्रदत्त पी.डी. खाते, भले ही उसमें राशि संचित निधि से आहरित कर जमा की गई हो, 5 वर्ष उपरांत बंद नहीं होंगे।”।

(65) सहायक नियम 321 के उप-नियम (4) का लोप किया जाए।

- (66) सहायक नियम 321 के उप-नियम (5) के प्रारंभिक पैराग्राफ के स्थान पर, निम्नलिखित पैराग्राफ स्थापित किया जाए, अर्थात्:-

"राज्य शासन द्वारा राज्य की संस्थानों एवं स्थानीय निकायों को अनुदान एवं अन्य वित्तीय सहायता प्रदाय की जाती है, ऐसे संस्थानों का नजदीकी कोषालय में व्यक्तिगत निक्षेप खाता खोला जाएगा तथा राज्य शासन द्वारा भुगतान की जाने वाली राशि इन खातों में अंतरित की जायें। उक्त व्यक्तिगत निक्षेप खातों में संस्थाओं की अप्रयुक्त अधिशेष राशि जमा की जा सकती है। उक्त व्यक्तिगत निक्षेप खातों पर ब्याज देय होगा अथवा नहीं, के संबंध में वित्त विभाग द्वारा निर्णय लिया जाएगा। ब्याज देय होने पर ब्याज की दर एवं गणना की प्रविधि वित्त विभाग द्वारा निर्धारित की जाएगी।"

- (67) सहायक नियम 321 के उप-नियम (5) के खण्ड (ख) का लोप किया जाए।

- (68) सहायक नियम 321 के उप-नियम (5) के खण्ड (ग) के स्थान पर, निम्नलिखित खण्ड स्थापित किया जाए, अर्थात्:-

"(ग) कोई भी बैंक खाता वित्त विभाग की स्वीकृति के बिना नहीं खोला जाएगा। प्रत्येक आहरण अधिकारी का उत्तरदायित्व होगा कि पदनाम से खोले गए केवल उन्हीं बैंक खातों में राशि का ट्रांसफर प्रस्तावित किया जाए, जिनमें वित्त विभाग की स्वीकृति प्रदान की गई हो। यदि कार्यालय प्रमुख अथवा आहरण एवं संवितरण अधिकारी द्वारा वित्त विभाग की स्वीकृति के बिना बैंक खाता संचालित पाया जाता है, तो ऐसी स्थिति में बैंक खाते की राशि तुरंत विभाग के सुसंगत लेखा शीर्ष में जमा की जाकर बंद किया जाना चाहिये, तथा इसकी सूचना विभागाध्यक्ष तथा वित्त विभाग को तुरंत दी जाए। वित्त विभाग की स्वीकृति के बिना बैंक खाते में राशि रखी हुई पाई जाने पर संबंधित अधिकारी की जिम्मेदारी निर्धारित की जाएगी।"

- (69) सहायक नियम 322 का लोप किया जाए तथा इस प्रकार विलोपित सहायक नियम 322 के नीचे अनुभाग III के शीर्षक में, शब्द "राजस्व जमा" के स्थान पर, शब्द "राजस्व निक्षेप" स्थापित किए जाएं।

- (70) सहायक नियम 330 का लोप किया जाए।

- (71) सहायक नियम 336 के स्थान पर निम्नलिखित सहायक नियम स्थापित किया जाए, अर्थात्:-

"सहायक नियम 336. निक्षेप, जिनके विस्तृत लेखा कोषालयों में रखा जाता है अथवा नहीं रखा जा सकता है, तथा जिन्हें सहायक नियम 334 के

अधीन शासन को जमा किया गया है, को आहरण एवं संवितरण अधिकारी के द्वारा देयक प्रस्तुत करने पर वित्त विभाग के अनुमोदन उपरांत वापस किया जा सकेगा। कोषालय अधिकारी, ऐसे प्रकरणों में वापसी अधिकृत करने के पूर्व सुनिश्चित करेगा कि मद वास्तव में प्राप्त हुई थी तथा उसके अभिलेखों में प्रविष्ट है, शासन को व्यपगत के समान जमा में लाई गई थी तथा पूर्व में चुकता नहीं की गई है।

टिप्पणी – तथापि वापस की गई व्यपगत निक्षेप की राशि को रोकड़ पुस्तक में प्राप्ति की वापसी के समान भारित करना चाहिए न कि निक्षेपों के नामे कर। निक्षेप की वापसी प्राप्ति को जिला पंजी में अभिलिखित किया जाए, जिससे दुबारा भुगतान न हो सके।”।

(72) सहायक नियम 353 में, शब्द "या उप-कोषालय" का लोप किया जाए।

(73) सहायक नियम 368 के अंत में, पूर्ण विराम के पश्चात्, निम्नलिखित वाक्य जोड़े जाएं, अर्थात्:- "स्थानीय निधियों के द्वारा व्यक्तिगत निक्षेप खाते समीपस्थ कोषालय में खोले जाकर वहां राशि सायबर कोषालय के माध्यम से ऑनलाइन जमा की जा सकेगी। इन पर ब्याज दिया जाना है अथवा नहीं, का निर्णय वित्त विभाग द्वारा लिया जाएगा। स्थानीय निधियों के द्वारा खोले गए व्यक्तिगत निक्षेप खाते व्यपगत नहीं होंगे।”।

(74) सहायक नियम 373 से 377 का लोप किया जाए।

(75) सहायक नियम 27 के उप-नियम (1) में, शब्द तथा अंक "सहायक नियमों 19, 39 (7), 73 (3) एवं 89" के स्थान पर, शब्द तथा अंक "सहायक नियमों 19, 39 (6), 73 (4) तथा 89" स्थापित किए जाएं;

(76) सहायक नियम 82 में, अंतिम पंक्ति में, शब्द "सहायक नियम 150 (1) के अनुसार न भुगतान प्रमाण पत्र जारी करे।" के स्थान पर, शब्द समूह "निम्नानुसार 'न भुगतान प्रमाण पत्र' जारी किया जाए :-

“प्रमाणित किया जाता है कि धनादेश क्रमांक दिनांक
र..... के लिए (आहरण अधिकारी) द्वारा सूचित किया गया है, वह
.....के पक्ष में इस बैंक पर भुगतान हेतु जारी किया गया था, का भुगतान

नहीं किया गया है, तथा इसके पश्चात् यदि प्रस्तुत किया जाता है, तो भुगतान नहीं किया जाएगा।" स्थापित किए जाएं।"

- (77) सहायक नियम 122 के उप-नियम (2) में, शब्द तथा अंक "सहायक नियम 12 और सहायक नियम 132 एवं 133 में दिये गए प्रावधानों की शर्त के अध्यधीन हैं" के स्थान पर, शब्द तथा अंक "नियम 13 और सहायक नियम 132 से 135 में दिये गए प्रावधानों की शर्तों के अध्यधीन हैं" स्थापित किए जाएं।
- (78) सहायक नियम 174 में, शब्द "उप-प्रमाणकों अथवा स्वीकृतियों" के स्थान पर, शब्द "उप-प्रमाणकों तथा स्वीकृतियों" स्थापित किए जाएं।
- (79) सहायक नियम 261 में शब्द तथा अंक "सहायक नियम 44" के स्थान पर, शब्द तथा अंक "सहायक नियम 42" स्थापित किए जाएं।
- (80) सहायक नियम 328 के उप-नियम (1) में, टिप्पणी में, शब्द तथा अंक "सहायक नियम 62" के स्थान पर, शब्द तथा अंक "सहायक नियम 47" स्थापित किए जाएं।
- (81) सहायक नियम 360 में, शब्द तथा अंक "परिशिष्ट 25 की कंडिका 23" के स्थान पर, शब्द "भू-अर्जन अधिनियम में उल्लिखित सुसंगत विधि" स्थापित किए जाएं।
- (82) सहायक नियम 92 के ऊपर शीर्षक में, "उन व्यक्तियों को भुगतान जो व्यक्ति शासकीय रोजगार में नहीं हैं " का लोप किया जाए।
- (83) सहायक नियम 308 के उप-नियम (2) में, प्रथम वाक्य के अन्त में पूर्ण विराम के पश्चात्, निम्नलिखित वाक्य अंतःस्थापित किया जाए, अर्थात्:-
"अभिदाता के द्वारा ऑनलाइन आवेदन करने हेतु सक्षम नहीं होने के सम्बन्ध में लिखित में अवगत कराये जाने अथवा उसकी मृत्यु की स्थिति में ऑनलाइन आवेदन कार्यालय प्रमुख अथवा उसके द्वारा निर्दिष्ट कर्मचारी द्वारा किया जा सकेगा।"

3. परिशिष्ट 13 के अंत में संलग्न 'प्रपत्र - अ' को यथावत रखते हुए, शेष परिशिष्ट 13 के स्थान पर, निम्नलिखित परिशिष्ट स्थापित किया जाए, अर्थात्:-

“परिशिष्ट -13**(सहायक नियम 320 देखें)****कोषालयों में व्यक्तिगत निक्षेप खातों के संधारण संबंधी प्रक्रिया**

(एक) मध्यप्रदेश कोषालय संहिता भाग दो के सहायक नियम 318 से 321 में व्यक्तिगत निक्षेप खातों के संधारण संबंधी प्रावधान उल्लिखित हैं। अतः इस संबंध में निम्नलिखित निर्देशों का पालन सुनिश्चित किया जाए-

- (1) वित्त विभाग की पूर्व अनुमति के अभाव में संचित निधि के स्रोत का कोई भी नया व्यक्तिगत निक्षेप खाता नहीं खोला जाएगा। किसी संस्था या कार्यालय के द्वारा उसके सक्षम प्राधिकारी की स्वीकृति उपरांत समेकित/संचित निधि से भिन्न स्रोत से पोषित खाते बिना वित्त विभाग की स्वीकृति के जिले कोषालय में खोले जा सकेंगे। सक्षम प्राधिकारी से तात्पर्य है किसी कार्यालय या संस्था का वह प्राधिकारी, जो कार्यालय या संस्था की धनराशि के संचालन हेतु सक्षम है।
- (2) ऐसे व्यक्तिगत निक्षेप खाते, जो शासन की समेकित/संचित निधि को विकलित कर खोले जाते हैं, उनमें 5 वर्ष तक कोई वित्तीय संव्यवहार नहीं होने पर वित्त विभाग द्वारा समीक्षा की जाएगी। समीक्षा उपरांत वित्त विभाग द्वारा व्यक्तिगत निक्षेप खातों को निरंतर रखने अथवा बंद किए जाने के संबंध में निर्देश जारी किए जाएंगे। यदि बंद किए गए इन व्यक्तिगत निक्षेप खातों के संचालन की आवश्यकता हो तो पुनः नया खाता खोलने के लिए वित्त विभाग की सहमति के लिए प्रस्ताव भेजा जाएगा।
- (3) संचित निधि से भिन्न स्रोत के व्यक्तिगत निक्षेप खाते व्यपगत नहीं होंगे।

(दो) कोषालयों में व्यक्तिगत निक्षेप खाते खोलने, राशि जमा करने और राशि आहरण की प्रक्रिया

1 नवीन खाता खोलने की प्रक्रिया:-

- (1) संचित निधि के स्रोत के नवीन व्यक्तिगत निक्षेप खाता खोलने के लिए विभागाध्यक्ष की अनुशंसा पर प्रशासकीय विभाग द्वारा वित्त विभाग को प्रस्ताव प्रेषित किए जाएंगे। प्रस्ताव के साथ निर्धारित प्ररूप (प्ररूप-अ) में समस्त विवरण दर्ज किए जाएंगे।
- (2) राज्य की संचित निधि और संचित निधि से भिन्न दोनों स्रोतों से पोषित एक ही व्यक्तिगत निक्षेप खाते का संचालन वित्त विभाग की स्वीकृति उपरांत अनुमत्य होगा, यद्यपि दोनों के स्रोत के आधार पर खाता पृथक-पृथक व्यवहृत एवं लेखांकित होगा।
- (3) केवल संचित निधि से भिन्न स्रोत से पोषित व्यक्तिगत निक्षेप खाता कोषालय की स्वीकृति उपरांत संचालित होगा।

- (4) राज्य की संचित निधि से पोषित (खोले जाने वाले) खाते में एक से अधिक बजट लाइनों/योजना शीर्षों/उद्देश्यों के लिए एक ही व्यक्तिगत निक्षेप खाता खोला जा सकेगा। संचित निधि से खोले जाने वाले व्यक्तिगत निक्षेप खातों की स्वीकृति के प्रस्ताव में उन बजट लाइनों/योजना शीर्षों/ उद्देश्यों का विवरण दर्ज किया जाएगा, जिनसे राशि आहरित कर प्रस्तावित व्यक्तिगत निक्षेप खाते में जमा की जाएगी।
- (5) संचित निधि से भिन्न स्रोत से खोले जाने वाले व्यक्तिगत निक्षेप खातों के प्रस्ताव में उद्देश्यों का स्पष्ट उल्लेख किया जाएगा।
- (6) खाता खोलने की स्वीकृति आदेश में सभी बजट लाइनों/योजना शीर्षों/उद्देश्यों का विवरण अभिलिखित किया जाएगा।
- (7) संचित निधि अथवा दोनों स्रोतों (संचित निधि एवं संचित निधि से भिन्न) से पोषित व्यक्तिगत निक्षेप खाते के संचालन का स्वीकृति आदेश वित्त विभाग के अनुमोदन उपरांत प्रशासकीय विभाग द्वारा जारी किया जाएगा। संचित निधि से भिन्न स्रोत से पोषित खाते का स्वीकृति आदेश कोषालय के अनुमोदन उपरांत संबंधित कार्यालय/संस्था के द्वारा जारी किया जाएगा। स्वीकृति आदेश के आधार पर संबंधित जिले के कोषालय में कोषालयीन कम्प्यूटर प्रणाली में निक्षेप खाता स्वतः पंजीकृत हो जाएगा। उक्त व्यवस्था कोषालयीन कम्प्यूटर प्रणाली में विकसित नहीं होने तक कोषालय अधिकारी द्वारा वित्त विभाग की स्वीकृति के आधार पर व्यक्तिगत निक्षेप खाते का विवरण अंकित कर कोषालयीन कम्प्यूटर प्रणाली में पंजीकृत किया जाएगा। एक ही प्रशासक के एक से अधिक खाते होने पर प्रत्येक खाता संबंधित खाता प्रशासक के लॉगिन में पृथक-पृथक दर्शित होगा।
- (8) यदि पूर्व से खाता प्रशासक के पास कर्मचारी कोड नहीं हैं, तो संबंधित जिले के कोषालय अधिकारी द्वारा निक्षेप खाता प्रशासक को कोषालयीन कम्प्यूटर प्रणाली में यथावश्यक यूजर आई.डी. प्रदान किए जाएंगे, जिनके द्वारा इन्ट्रानेट/इंटरनेट के माध्यम से खाते को संचालित किया जा सकेगा।
- (9) यदि व्यक्तिगत निक्षेप खाता प्रशासक को कोषालयीन कम्प्यूटर प्रणाली में पूर्व से डीडीओ कोड आवंटित नहीं है, तो ऐसी स्थिति में व्यक्तिगत निक्षेप खाते के संचालन के उद्देश्य से विशिष्ट डीडीओ कोड उपलब्ध कराया

जाएगा, जिसमें केवल व्यक्तिगत निक्षेप खातों के संचालन के लिए आवश्यक सुविधायें उपलब्ध रहेंगी। ऐसे डीडीओ कोड के पंजीकरण के दौरान प्रशासक के हस्ताक्षर/ई-हस्ताक्षर/डिजिटल हस्ताक्षर कोषालयीन कम्प्यूटर प्रणाली में पंजीकृत किए जाएंगे। खाता प्रशासक द्वारा देयकों का अनुमोदन ई-हस्ताक्षर/डिजिटल हस्ताक्षर के माध्यम से किया जाएगा।

2 वर्तमान में संचालित व्यक्तिगत निक्षेप खातों के लिए:-

- (1) कोषालय अधिकारी द्वारा सभी व्यक्तिगत निक्षेप खातों का परीक्षण किया जाएगा, एवं नियमानुसार बंद किए जाने योग्य खातों में जमा राशि को सुसंगत सेवा शीर्ष से ऋण विकलन करते हुए, बंद किया जाएगा।
- (2) सभी प्रशासक एवं कोषालय अधिकारियों द्वारा यह परीक्षण किया जाएगा कि संचित निधि से पोषित व्यक्तिगत निक्षेप खाता खोलने की स्वीकृति वित्त विभाग द्वारा दी गई थी अथवा नहीं। वित्त विभाग की स्वीकृति कोषालय में उपलब्ध न होने पर स्वीकृति उपलब्ध कराने का दायित्व प्रशासक का होगा।
- (3) वित्त विभाग की अनुमति से खोले गए संचित निधि से पोषित व्यक्तिगत निक्षेप खाते में जिस बजट लाइनों/योजना शीर्षों/उद्देश्यों के लिए खाते की स्वीकृति दी गई थी, उससे संबंधित राशियां ही जमा रखी जाएगी। स्वीकृति में दर्ज बजट लाइनों/योजना शीर्षों/उद्देश्यों से भिन्न जमा की गई राशियों के प्रस्ताव अनुमोदन हेतु वित्त विभाग को कोषालय कम्प्यूटर प्रणाली के द्वारा प्रेषित किए जाएंगे।
- (4) यदि पूर्व में अनियमित रूप से जमा की गई राशि व्यक्ति निक्षेप खाते में ही रखी जाना अत्यन्त आवश्यक है तो प्रशासक द्वारा इस हेतु प्रशासकीय विभाग के माध्यम से राशि के उपयोग की स्वीकृति वित्त विभाग से प्राप्त कर खाते में जमा राशि का उपयोग किया जाएगा।

3. खाते में जमा की प्रक्रिया:-

- (1) संचित निधि से खोले गए व्यक्तिगत निक्षेप खातों में केवल पुस्तक अन्तरण द्वारा देयक के माध्यम से राशि जमा की जाएगी।
- (2) संचित निधि से भिन्न निधियों से खोले गए खातों में सायबर कोषालय के माध्यम से ऑनलाइन राशि जमा की जाएगी। आयुक्त कोष एवं लेखा की अनुमति के उपरांत कोषालय से सम्बद्ध एजेन्सी बैंक शाखा/शाखाओं में

चालान से राशि जमा की जा सकेगी। चालान फार्म में व्यक्तिगत निक्षेप खाता क्रमांक एवं उद्देश्य का उल्लेख आवश्यक होगा।

4. राशि के आहरण के लिए निम्नानुसार प्रक्रिया अपनाई जाएगी

- (1) खाते से आहरण ई-चैक द्वारा किया जाएगा। भौतिक चैक से आहरण केवल आयुक्त कोष एवं लेखा के अनुमोदन से किया जा सकेगा।
- (2) निक्षेप खातों के संचालन के लिए प्रदत्त यूजर क्रेडेंशियल की सुरक्षा के लिए राज्य की आई.टी. पॉलिसी के आधार पर पासवर्ड समय-समय पर बदलने एवं उसे गोपनीय रखने का दायित्व संबंधित उपयोगकर्ता का होगा।
- (3) एक से अधिक बजट लाइन/योजना/उद्देश्य के लिए खोले गए खाते में प्रत्येक बजट लाइन/योजना/उद्देश्य से संबंधित जमा राशि के लिए पृथक-पृथक जमा/आहरण का चयन करने तथा उसका पृथक अंत शेष रखने की सुविधा उपलब्ध होगी।
- (4) जिस बजट लाइन/योजना/उद्देश्य से संबंधित राशि का आहरण करना है, प्रशासक द्वारा उस बजट लाइन/योजना/उद्देश्य का चयन किया जाएगा तथा "वेण्डर मास्टर" से वेण्डर/हितग्राही का चयन किया जाएगा। नवीन हितग्राही के प्रकरण में हितग्राही का विवरण यथा नाम, खाता क्रमांक, बैंक का नाम, आई.एफ.एस.सी. कोड आदि अंकित कर वेण्डर बनाया जाएगा। बैंक विवरण का सत्यापन करने के लिए प्रशासक द्वारा हितग्राही के बैंक खाते का निरस्त किया गया चेक, बैंक स्टेटमेंट अथवा बैंक पासबुक का प्रमाण पत्र के रूप में उपयोग किया जाएगा एवं कोषालयीन कम्प्यूटर प्रणाली में खाता धारक के सत्यापन किए जाने की सुविधा होने पर बैंक खाते का सत्यापन कोषालय कम्प्यूटर प्रणाली द्वारा किया जाएगा। पुस्तक अन्तरण द्वारा किए जाने वाले भुगतान के लिए, प्रशासक पुस्तक अन्तरण (बी.टी.) विकल्प का चयन करेगा तथा लेखा शीर्ष जिसमें राशि पुस्तक अन्तरण द्वारा जमा की जानी है, अंकित करेगा।
- (5) भुगतान की जाने वाली राशि का स्वीकृति आदेश कोषालय कम्प्यूटर प्रणाली के माध्यम से जनरेट होगा। इस स्वीकृति के विरुद्ध देयक अनुमोदन होने पर ई-चैक/चैक जनरेट होगा। व्यक्तिगत निक्षेप खाते से भुगतान के लिए ई-चैक तैयार करने के लिए व्यक्तिगत निक्षेप खाते में पर्याप्त राशि होना आवश्यक है।

- (6) प्रशासक द्वारा कोषालय को भुगतान हेतु भेजे जाने वाले ई-चेक्स का चयन कर "एडवाइज" जनरेट की जाएगी (अर्थात् प्रशासक को यह सुविधा होगी कि वह जनरेट किए गए ई-चेक में से समस्त या कुछ चेकों का एडवाइज जनरेशन हेतु चयन कर सकें।) जनरेटेड एडवाइज को अनुमोदित करते ही चयनित किए गए समस्त ई-चेक कोषालय अधिकारी की कार्यसूची में भुगतान हेतु चले जाएंगे।
- (7) व्यक्तिगत निक्षेप खातों से भुगतान हेतु कोषालय अधिकारी के स्तर से ई-फाइल प्रत्येक 30 मिनट अथवा वित्त विभाग द्वारा निर्धारित समयावधि में स्वतः जनरेट होगी।
- (8) ई-भुगतान असफल होने की दशा में बैंक द्वारा ई-भुगतान के एवज में हितग्राही/हितग्राहियों के पक्ष में जारी राशि संबंधित व्यक्तिगत निक्षेप खाता प्रशासक को पुनर्भुगतान हेतु उपलब्ध होगी। प्रशासक के लॉगित में इसका अभिलेख उपलब्ध रहेगा।

5. व्यक्तिगत निक्षेप खातों के संधारण एवं लेखा प्रेषण के संबंध में निम्नानुसार कार्यवाही की जाए:-

- (1) प्रत्येक वित्तीय वर्ष की समाप्ति पर संबंधित व्यक्तिगत निक्षेप खाते के प्रशासक से यह प्रमाण पत्र 15 अप्रैल तक लिया जाकर महालेखाकार को भेजा जाएगा कि उनके अभिलेख के अनुसार व्यक्तिगत खाते का अंतिम शेष, कोषालय के खाते के अनुसार अंतिम शेष तथा महालेखाकार के अभिलेखों में अंतिम शेष बराबर हैं, यदि इसमें अंतर दृष्टिगोचर हो तो अंतर की राशि का तत्काल समाधान किया जाएगा। व्यक्तिगत निक्षेप खाता प्रशासक कोषालयीन कम्प्यूटर प्रणाली में प्रत्येक माह प्रमाणित करेगा कि उसके अनुसार व्यक्तिगत निक्षेप खाते में दर्शित हो रहे प्राप्ति, भुगतान एवं अवशेष की राशियाँ सही हैं।
- (2) इस संबंध में पूरी सावधानी बरती जाए कि व्यक्तिगत निक्षेप खाते का बैलेंस सही है तथा खाते में दर्शाये गए बैलेंस से अधिक राशि आहरित नहीं की जा रही है।
- (3) व्यक्तिगत निक्षेप खाते से संबंधित धन-ऋण ज्ञापन प्रत्येक माह तैयार कर महालेखाकार म.प्र. को भेजे जाएंगे।

6. लेखांकन

समस्त प्राप्तियों तथा भुगतानों के विवरण कोषालयीन कम्प्यूटर प्रणाली में उपलब्ध रहेंगे।

7. रिपोर्ट:-

खातों में आहरण, जमा एवं अंत शेष का विवरण संबंधी रिपोर्ट प्रशासक को कोषालय कम्प्यूटर सिस्टम पर उपलब्ध कराई जाएगी।

(तीन) राज्य शासन के उपक्रमों, संस्थाओं द्वारा उनके बैंक खातों में जमा राशि को व्यक्तिगत निक्षेप खातों में जमा किया जा सकेगा। यदि ऐसी जमा राशियों पर ब्याज दिया जाना हो, तो इसका निर्णय वित्त विभाग स्तर से किया जाएगा।

4. मध्यप्रदेश कोषालय संहिता, जिल्द 2 के समस्त प्ररूपों का लोप किया जाए एवं मध्यप्रदेश कोषालय संहिता, 2020 में परिशिष्ट 14 के पश्चात्, निम्नलिखित तालिका जोड़ी जाए एवं उसके पश्चात् प्ररूप प्रतिस्थापित किए जाएं, अर्थात्:-

"Madhya Pradesh Treasury Code, 2020**MPTC Forms - Index**

Form No.	Rules/Subsidiary Rules	Subject
(1)	(2)	(3)
1	SR-5, 6	Certificate of Transfer of Charge
2	SR -10	Model Form of Treasurer's Security Bond
3	SR-39(1)	Cash Book
4	SR-43(1), 44, Note below 46 and Point 2 (8) of Appendix 9	Receipt Form
5	SR-53	Form of Challan
6	Note – 4 below SR-39(6)	Bill Register
7	SR-116	Register of Attachment of Pay etc
8	SR-125(3)	Form of Bond of Indemnity for drawing arrears of pay and allowances or pensions of deceased Government servants or pensioners
9	SR- 109(3), Note 3 below 183, 277	Establishment Pay Bill
10	SR-129	Medical Charges Reimbursement Bill
11	SR-155	Establishment Pay Bill – For Uses of Daily Wages, Permanent Worker, Contractual Worker etc.
12	SR-130(1)	Travelling Allowance Bill
13	SR-165	Register of Contingent Charges
14	SR-173	Fully Vouched Contingent Bill

15	Note 2 below SR-183	Pension/Family Pension/Gratuity/ Commutation Authority Bill
16	SR-204, 205	Certificate regarding employment / Remarriage of Pensioner / Family Pensioner
17	SR-196	Form of Application for Family Pension
18	SR-224(2), 225(1), 231	Bill for Refund of Revenue
19	SR-232, 337, 338	Application for Refund of Lapsed Deposits
20	SR-238	Grant in Aid
21	SR-239	Scholarship Bill
22	SR-246(2)	Stamp Issue Stock Register Report of the Treasury.....dated.....
23	SR-246(3)	Schedule of Stamps Sold and Discount Paid Summary Report for the Month of Year...
24	SR-262(1)	Statement of Transaction on Government Account at Reserve/State Bank of India
25	SR-289	Treasury Remittance Book
26	Note below SR-289	Register Schedule of Works Department Receipts during the month
27	SR-294	Register of Forest Cash Remittance/Consolidated Fiscal Receipt.
28	SR-305	Schedule of General/ Departmental/ Other Provident Fund Deduction
29	SR-308(1)	Bill for withdrawing Final Payments/Part-final/Advances withdrawals from General/Departmental/Other Provident Fund
30	Note -1 below SR-323, 326(2) and 348	Register of Receipts/Repayments of Revenue/Civil Court/Criminal Court Deposit
31	SR-327 & Note-2 below SR- 327	Deposit Repayment Order
32	SR-331, 347, 353, 357, 358, 386 and 388	Plus-Minus Memorandum
33	SR-332	Clearance Register
34	SR-334	Register of lapsed/refund of lapsed deposit of Revenue/Civil Court/Criminal Court Deposit
35	SR-346, 356 and 357	Deposit Account Passbook
36	SR -151(1), Note 2 below SR 334 and SR 382	Form of Simple Receipts
37	SR -136 and 394(1)	Advance Bill of the Establishment
38	SR-387(2)	Register of Recoveries/Payment of Advances to cultivators
39	SR-387(2)	Register of Receipts 0049- Interest Central/State
40	SR-27 (2) and 27 (5) (A)	Requisition for Correction of Accounts already submitted
41	SR 394(2)	Schedule of Recoveries of Transfer/Other Advances for the Month.....Year.....".

FORM M.P.T.C.-1

(See Subsidiary Rule 5 and 6 of MPTC - 2020)

Certificate of Transfer of Charge

Certified that we have in the fore/afternoon of this day respectively made over and received charge of the office of the in pursuance of order dated

Memo of the balances for which responsibility is accepted by the Officer receiving charge.

*Treasury Balance

Permanent Advance

Others

The figures shall be filled in by the relieving government servant in his own handwriting after verification.

Relieved Government Servant

Relieving Government Servant

Signature

Signature

(Name in Block Letter)

(Name in Block Letter)

Designation

Designation

Employee Code

Employee Code

Date

Date

Forwarded to

1. Secretary, Government of Madhya Pradesh, ... Department, Bhopal
2. Accountant General, Madhya Pradesh, Gwalior
3. Commissioner Treasuries & Accounts, MP Bhopal
4. Collector District.....
5. Treasury Officer District.....
6.

**System generated report to be attached after verification from physical record and any mismatch should be mentioned*

FORM M.P.T.C.- 2**[See Subsidiary Rule-10]****Model form of Treasurer's Security Bond**

Know All Person by these presents that..... (Principal), (1st Surety)..... of and (2nd Surety) of are held and firmly bound unto the Governor of Madhya Pradesh in the sum of ₹.....*..... to be paid to the said Governor his successors or assigns or his or their certain attorney or attorneys for which payment well and truly to be made, we bind ourselves, our heirs, executors, administrators and representatives jointly and every two of us bind ourselves, heirs, executors, administrators and representatives jointly and each of us binds himself, his heirs executors, administrator and representatives severally, firmly, by these presents sealed with out seals dated this..... day of....., 20....., and each of us the said..... both hereby for himself, his heirs, executors, administrators and representatives covenant with the said Governor his successors and assigns that if any suit shall be brought touching the subject-matter of this obligation or the condition hereunder written in any Court subject to the High Court of Judicature at..... other than the said High Court in its Ordinary Original Jurisdiction the same shall and may at that instance of the said Governor be removed into, tried and determined by the said High Court in its extraordinary Original Jurisdiction.

WHEREAS the above bounden..... was on the day of... 20....., appointed to and now holds and exercise the office of Treasurer at.....; AND WHEREAS by virtue of such office the said..... has amongst other duties the care, charge and oversight of and responsibility for the safe and proper storing and keeping in the place appointed for the custody thereof, respectively, of all moneys, specie, bullion, coin, jewels, Government currency notes, stamps and Government securities of whatever description, gold, silver, copper, lead, goods, stores, chattels or effects stored and used at, received into or dispatched from the Treasury of or paid, deposited or brought into the said Treasury by any person or persons whomsoever and for any purpose or purposes whatsoever AND WHEREAS the said as such Treasurer as aforesaid is also responsible that all such moneys, specie, bullion, coin, jewels, currency notes, bank notes, stamps and Government securities of whatsoever description, gold, silver, copper, nickel, bronze, lead, goods, stores, chattels of effects (hereinafter together only called "the said property") are and is of full measure and good quality when received into the said Treasury and until he has duly accounted therefor and for every part thereof in manner hereinafter referred to: AND WHEREAS the said..... is bound from time to time whenever called upon so to do to show to his superior officers that the said property and every part thereof save so much thereof as he has duly accounted for is at all time intact in the places aforesaid, and is also bound to attend for the purpose of discharging his duties aforesaid at such time and place as his superior officer may appoint AND WHEREAS the said..... is further bound to keep true and faithful accounts of the said property and of his dealings under written orders of his superior officers therewith respectively in

*All amounts should be written in words as well as in figures

the form and manner that may from time to time be prescribed under the authority of Government and also to prepare and submit such returns and such accounts as he may from time to time be called upon to prepare and submit; AND WHEREAS the bulk of the said property remains as well in the care, charge and custody of the Treasury Officer for the time being at as of the said..... but as between himself and the said Governor he, the said..... is alone responsible and answerable therefor and for every part thereof; AND WHEREAS the responsibility of the said..... for the said property and every part thereof does not cease until the same has been duly used under the written orders aforesaid and accounted for or been duly dispatched from the said Treasury and delivered over to and a full and complete discharge therefor obtained from such person and at such places as the Collector of or other, the person exercising his functions for the time being under the sanction of the Government..... may direct; AND WHEREAS the said in consideration of his said appointment has delivered to and deposited with and endorsed over to..... as such collector as aforesaid Government securities to the extent of ₹.....*.....according to the market value thereof at the date of this bond, their face-value being ₹.....*..... of which the numbers, amounts and other particulars are set forth and specified in the Schedule hereunder written for the purpose of in part securing and indemnifying the said Governor, his successors and assigns against all loss and damage which he or they might or may in any way suffer by reason of the said property or any part or parts thereof being in any way consumed, wasted, embezzled, stolen, misspent, lost, misapplied or otherwise dishonestly, negligently or by, or through oversight or to violence made away or parted with by himself the said..... or any person acting for him in his said office during his absence or otherwise or by any sub-treasuries, servants, clerks, cash keepers, potdars, mazdoors or other person serving under him the said....., or any person acting for his in said office as aforesaid or any other person or persons whomsoever whether in the service of Government or otherwise; AND WHEREAS the said..... has agreed that in the event of the said Government Securities depreciating and as often as such depreciation may occur he will on receipt of a requisition from such Collector as aforesaid forthwith deliver to and deposit with and endorse over to such Collector such additional Government Securities as may be necessary so that the total value of the Government Securities in the aggregate deposited by him at the Market Price prevailing at the date of requisition may not be less than ₹.....*.....; AND WHEREAS the said hereby acknowledges that he is bound by all the conditions, rules and regulations of the Government of Madhya Pradesh for the time being in force and such departmental rules and orders as may from time to time be issued by authority and may be in force and especially with reference to his relations and dealings with and the rights of his subordinates and his own subordination to his superior officers, and that it is his duty to keep himself-acquainted at all times with the contents of such rules and such departmental rules and orders as aforesaid and all or any alteration made from time to time therein; AND WHEREAS the said (Principal)..... and the said (1st Surety) (2nd Surety) as his the said sureties in that behalf have entered into the above bond in the penal sum of ₹.....*..... conditioned for the due performance by him the said and of any person acting for him in his said office

*All amounts should be written in words as well as in figures

during his absence or otherwise of the duties of the said office aforesaid and of other, the duties appertaining thereto or which may lawfully be required of him or them and the indemnity of the said Governor and his servants against loss from or by reason of the acts or defaults of the said..... and of all and every person and persons aforesaid: -

Now the condition of the above written bond is such that if the said..... and every person acting for him in his said office as aforesaid has whilst they respectively have held or exercised the duties of the said office of Treasurer as aforesaid always duly performed and fulfilled the said duties of the said office and other, the duties aforesaid, and if he the said..... and every person acting for him in his said office as aforesaid shall whilst they respectively shall hold or exercise the duties of the said office always duly performed and fulfill all and every the duties thereof aforesaid and perform observe all and every the conditions, rules and regulations of the Government of Madhya Pradesh and the said departmental rules and orders, and further if the said..... and..... do and shall indemnify and save harmless the said Governor, his successors and assigns and all and every person or persons who from time to time has or have held or shall hold or exercise the said office of Collector and all other servants of the said Governor..... from and against all and every loss and damage which during the time the said..... or any person acting for him during his said office as aforesaid has held, executed and enjoyed the said office has happened or been sustained or shall or may at any time or times hereafter happened to or be sustained by that said Governor, his successors or assigns or the said Collector for the time being or any such servant as aforesaid by, from, or through the means of the neglect, failure, misconduct, disobedience, omission or insolvency of the said..... or of any person acting for him in his said office as aforesaid or of any of the sub-treasurers, servants clerks, cash-keeper, potdars, mazdoors or other persons nominated, accepted by or serving under him the said..... or any person acting for him in his said office as aforesaid or of any other person or person whomsoever or by, from or through the consuming, wasting embezzling, stealing, mispending, losing, misapplying or otherwise dishonestly or negligently or through oversight or violence making away or parting with the said property or any part or parts thereof by any person or persons whomsoever whilst he or the said..... or any person acting for him in his said office as aforesaid has held or executed the duties of the said office or shall hold or execute the duties of the said office.

THEN this obligation shall be void and of no effect. Otherwise the same shall be and remain in full force and virtue.

PROVIDED ALWAYS and it is hereby agreed and declared that neither of them the said..... and..... shall be at liberty to terminate their suretyship except upon giving to the Collector for the time being, of the Government of Madhya Pradesh six calendar months' notice in writing of his or their intention so to do and the liability under this bond. In the event of any such notice being given of the surety by whom it shall be given, shall be thereby determined in respect only of acts and omissions happenings after the expiration of the said period of six months. PROVIDED ALWAYS and it is hereby declared and agreed by the said.....and.....and..... with the said Governor that the Government promissory notes for ₹.....*..... so deposited as aforesaid or such other Government security or securities as the Collector for the time being of the Government of Madhya Pradesh may consent from time to time to accept and receive and shall accordingly receive in addition to or in lieu or exchange for the same and the interest thereof, respectively, shall be and remain with the said Collector for the time being or, the Government of Madhya Pradesh as and for part and additional security (over and above the above written bond) to the said Governor, his successors and assigns for the indemnity and other purposes aforesaid with full power to the said Governor his successors or assigns or his or their officers and servants duly authorized in that behalf from time to time as occasion shall require to sell and dispose of the said Government securities or any part thereof and to apply the proceeds thereof together with any interest receivable or received in respect of such Government securities in and towards the indemnity as aforesaid of the said Governor, his successors and assigns as the case may require but nevertheless the interest of the said Government securities may in the meantime be paid over as the same shall be realised by the said Collector for the time being or the Government of Madhya Pradesh if they shall think fit to the said.....

PROVIDED ALWAYS and it is hereby expressly agreed and declared by between the said.....and.....and.....and the Governor that it shall be lawful for the said..... with the consent of the said Collector or of other the person exercising his functions for the time being under the sanction of the Government of Madhya Pradesh first had and obtained to change and substitute for the said Government promissory notes for ₹.*..... so deposited as aforesaid or any part thereof or for any notes substituted therefor or added thereto under the present provision from time to time other notes of the same, other loans of the same or greater value without in any way affecting the obligations of the said bond or the liability of the said..... and..... as such securities as aforesaid.

AND it is hereby lastly agreed and declared by and between the said.....(Principal) and the said.....(one Surety) and.....(other Surety) as his the said(Principal's) sureties and the said Governor that in the

***All amounts should be written in words as well as in figures**

event of the death of the said..... (Principal) or the vacation by him of his said office of Treasurer the above mentioned Government promissory notes for ₹.....*..... or any notes that may be substituted therefor or added thereto as aforesaid shall be retained and remain with the said Collector for the time being for the term of six months after the date of such death or such vacation as the case may be as security against any loss or damage that may have been or may thereafter be incurred by the said Governor, his successors and assigns and in respect of which the said.....(Principal) and his heirs, executors, administrators and representatives after his death is and are or shall or may be liable to indemnify the Governor, his successor and assign and all such persons as aforesaid. PROVIDED ALWAYS that the return at any time of the said Government promissory notes shall not be deemed to affect the right of the said Governor to take proceedings upon or under the said bond against the said (Principal) and..... (1st Surety) and.....(2nd Surety) or any of them in case any breach of the condition of the said bond shall be discovered after the return of the said Government promissory notes but the responsibility of the said.....(Principal) and of the said.....(1st Surety) and of the said(2nd Surety) shall at all times continue and the said Governor shall be fully indemnified against all such loss or damage as aforesaid at any time.

The schedule above referred to,

Signed, sealed and delivered
by the above named in the presence
of

Signed, sealed and delivered
by the above named in the presence
of

Signed, sealed and delivered
by the above named in the presence
of

*All amounts should be written in words as well as in figures

[See Subsidiary Rule 39(1)]

Month of

DDO Code:

Payments

	Date	
No. of receipts (where necessary)		
Particulars		
Pay	✓	
Allowances	✓	
In recoupment of advance permanent advance	✓	
Contingency Advance payment	✓	
Miscellaneous	✓	
Total	✓	
Classification		

	Date	
No. of receipts (where necessary)		
Particulars		
Pay	✓	
Allowances	✓	
In recoupment of advance permanent advance	✓	
Contingency Advance payment	✓	
Miscellaneous	✓	
Total	✓	
Classification		

Authorised Signatory

FORM M.P.T.C.4*[See Subsidiary Rule 43(1), 44, Note below SR.46 & Point 2(8) of Appendix 9]***Receipt Form****Original copy**

Dated... / ... /20.....				
Book No.....Serial No.....				
Depositor Name.....				
Mob. No..... e-mail Id.....				
Address.....				
Name of the department for which the amount is being received.....				
DDO Code.....Recipient Authority (if applicable).....				
Purpose	Assessment / Concerning Period	Head of Account	Amount (₹)	
		Major Head	Total Amount (In figures)	Total Amount (In words)
		Sub-Major Head.....		
		Minor Head.....		
		Scheme Code.....		

Authorised Signature & Seal of Receiver



FORM M.P.T.C. – 5
(See Subsidiary Rule 53 of MPTC - 2020)

FORM OF CHALLAN

TIN (Tax Payment Identification Number)/ Work ID/ Deposit ID	
Enrollment Registration No.	
Depositor / Dealer Name	
Employee Code & Name (if depositor is an employee)	
Employee GPF/DPF/PRAN No. (if deposit is for these purposes)	
(Regular/Arrear/Recovery)	
Salary Month and Year of Contribution (For regular contributions)	
Mobile Number	
Email id	
Address	
Purpose of depositing Challan	
District Selected for Payment	
Treasury Name	
Payment Type or Mode	
URN (Unique Registration Number)	
Department and Office Name (along with DDO code)	
Recipient Authority (If applicable)	
Assessment - Original/Revised	

Challan Details

CRN	Assessment / Concerning Period	Head of Account	Challan Identification Number (CIN)	Challan No.	Amount (₹)

Total Amount ₹ (in figures)	
Total Amount ₹ (in words)	
Name and code of the Bank	
Bank Reference Number	
Scroll No	
Scroll Date	
Date of Transaction / Time of Transaction (HH: 24:mm: ss)	
Transaction Status	

This challan is generated by software hence doesn't require signature. The authenticity of this challan can be checked through QR Code or through search of the challan on official website of MP Treasury.

[See Note-4 below Subsidiary Rule -39 (6)]

Name of the Office.....

Bill No. / Bill Reference Number etc. and date	Particulars of bill	Gross Amount ₹	Net Amount of Bill ₹	No. and date of Treasury Voucher and date of encashment	No. and date of e-Cheque/Cheque	Date of entry in Cash Book	Remarks
1.	2.	3.	4.	5.	6.	7.	8.

Authorised Signatory

FORM M.P.T.C. 7*[See Subsidiary Rule 116]***Register of Attachments of Pay, etc.**

DDO Code....., Name of the Office.....

Name and Designation of defendant	Court's Order		Number of suits	Name of Plaintiff	Particular	Gross amount of the Bill, in which amount has been recovered	Voucher Number & Date	Amount (₹) to be recovered	Recovered Amount (₹)	Remarks
	No.	Date								
1	2	3	4	5	6	7	8	9	10	11

Authorised Signator

FORM M.P.T.C. 8**[See Subsidiary Rule 125(3)]****FORM of the Bond of Indemnity for drawing arrears of pay and allowances or pensions of deceased government servants or pensioners**

Know all persons by these presents that I

(a) widow/husband/son/daughter of Mr/Ms.....(b)
residing at.....(c)(hereinafter called "the Obligor" which expression shall unless excluded by or repugnant to the context included his/her heirs, executors, administrators and legal representatives) and I/We (1).....(d) son of resident of.....and (2)(e) son of resident of..... Surety/ Sureties on behalf of the Obligor (hereinafter called " the Surety" the "Sureties" which expression shall unless excluded by or repugnant to the context include his/their heirs, executors, administrators and legal representatives) bind ourselves jointly and severally to pay to the Governor of Madhya Pradesh (hereinafter called "the Government" which expression shall unless excluded by or repugnant to the context include his successors and assigns) on demand and without a demur a sum of ₹.....(f) (In words ₹.....) for which payment well and truly to be made we bind ourselves firmly by these presents.

Dated this.....day of.....20

WHEREAS: the aforesaid Mr/ Ms.....(b)
was at the time of his/her death in the employment of /receiving a pension of ₹..... from the Government.

AND WHEREAS the said Mr/Ms.....(b)
died on the day of 20 and there was due to him/her the sum of ₹..... (f)(In words ₹.....) for pay and allowances in respect of his/her said employment/in respect of his/her said pension.

AND WHEREAS the above bounden Obligor.....(a)
claims to be entitled to the said sum as heir of her/his husband/wife/father, the said Mr/Ms.....(b).....but has not obtained letters of administration of or a succession certificate to the property and effects of Mr/Ms.....(b).....

AND WHEREAS the Obligor has satisfied the Government that she/he is entitled to the aforesaid sum and that it would cause undue delay and hardship if she/he were required to produce letters of administration of or a succession certificate to the property and effects of the said Mr/Ms..... produce letters of administration of or a succession certificate.....(b).....

AND WHEREAS the Government desire to pay the said sum to the obligor but under Government rules and orders it is necessary that she/he should first execute a bond with one surety/two sureties to indemnify against all claims to the amount so due to the said Mr/Ms..... (b).....before the said sum can be paid to the Obligor.

NOW THE CONDITION of this bond is such that if after payment has been made to the Obligor, the Obligor or the Surety/Sureties shall in the event of a claim being made by any other person against the Government with respect to the aforesaid sum of ₹.....(f)..... (In Figures ₹.....) refund to the Government, the sum of ₹.....(f)..... (In Figures ₹.....) and shall otherwise indemnify and save Government harmless from all liability in respect of the aforesaid sum and all costs incurred in consequence of any claims thereto THEN the above written bond or obligation shall void but otherwise the said bond shall remain in full force effect and virtue.

IN WITNESS WHEREOF, the parties hereto have here-unto set their respective hands the day and the year first above-written.

Signed by the above-named

Signed by the above-named Surety/Sureties in the presence of
Obligor in the presence of

**

(1).....

Witness

(1).....

(2).....

(2).....

Accepted for and on behalf of the Governor of Madhya Pradesh by.....@

.....in the presence of.....@..... @@.....

Note.- (a) Full name of the claimant.

(b) Name of the deceased Government Servant/Pensioner.

(c) Full address and place of residence of the Claimant.

(d) First Surety.

(e) Second Surety.

(f) Amount of the claim.

* Signature of Obligor

** Signature of First Surety

*** Signature of Second Surety

@ Name and designation of the office directed or authorized, in pursuance of Article 229(1) of the Constitution, to accept the bond for and on behalf of the Governor of Madhya Pradesh.

@@ Name and designation of witness.

Note.- the Obligor as well as the Sureties should have attained Majority so that the bond may have legal effect or force.

M.P.T.C. 9*[See Subsidiary Rule -109 (3), Note 3 below Subsidiary Rule 183, 277]***ESTABLISHMENT PAY BILL**

Pay Bill of Establishment..... for the month of.....Year 20....

DDO Code:

Treasury Name:

INSTRUCTIONS:

1. Ensure compliance to Subsidiary Rule -73 (1), 111, 135, Note 3 below SR 183, 253, 277, Appendix-3 & 4 of MPTC - 2020.
2. GPF Schedule with subscriber-wise GPF Account No. should be attached.
3. In GPF/DPF/NPS, subscriber-wise contribution has been split as per relevant head of accounts.

Treasury Name.....		Head of classification	Voucher No. Date
S.N.	Particular*	Amount (₹)	
	Pay		
	001 Basic Pay.....		
I.	Allowance & Honorarium * include all allowances & break ups		
	003- Dearness Allowance.....		
	004 -Conveyance Allowance.....		
	005 – Tribal Area Allowance.....		
	006- House-Rent Allowances.....		
	008- Other Allowance		
	009- Medical Allowance		
	020- Fixed Travelling Allowance		
	029- Medical Service Allowances		
	030 –Non Practitioner Allowance.....		
	Other Allowances and pay.....		
	Total		
II.	Gross Salary		
III.	Deductions and recoveries		
	General Provident Fund.....		
	Department Provident Fund.....		
	House Building Advance.....		
	Grain Advance Recovery		

Festival Advance Recovery.....	
Medical Advance Recovery.....	
Other Recoveries.....	
Total.....	
NET TOTAL.....	
Deduct by transfer credit.....	
Group Insurance Scheme.....	
National Pension System (Employee Contribution).....	
National Pension System (Government Contribution)	
House Rent Recovery.....	
Income Tax.....	
Professional Tax.....	
Other Recoveries.....	
TOTAL.....	
NET TOTAL.....	
IV. Net Salary	

* MPTC form will show all the Head of Accounts and amount, in which payments/recoveries are being made in this bill.

This is to certify that:

1. Compliance to Subsidiary Rule -73 (1), 111, 135, Note 3 below SR 183, 253, 277, Appendix-3 of MPTC – 2020 has been ensured.
2. All the persons, whose pay has been drawn in this pay bill form, has actually been employed during the month.
3. Leave/ Promotion/ Time Scale/ Increment/ Period of suspension and other duties and other events of concerned persons which are required under the rules have been recorded in service book/e-service book under my signature/digital signature/e-signature.
4. Increments have been earned and have been correctly allowed/disallowed.
5. Medical certificate(s) of health for the newly appointed Government servant(s) has/have been duly obtained and recorded in my office

Signature,
Employee Code &
Designation of Creator

Signature,
Employee Code &
Designation of Verifier (if available)

Signature,
Employee Code &
Designation of DDO (Approver)

Passed for payment/by transfer

Signature,
Employee Code &
Designation of Bill Receiver

Signature,
Employee Code &
Designation of Treasury Verifier (if available)

Signature &
Employee Code of
Treasury Officer

S. No.	Yr. & M.	Employee Name : Designation : No. : Bank Ac No. : (Days Paid) :	PAYMENT										A.G. DEDUCTION										T.R. DEDUCTION										NPS Govt. Contrib.	Total Deduction	Net Salary
			Basic Pay Voucher No. Voucher Date	Tribal Pay Jws All D.A./Covet. All/ HRA	Medical Allowance/ City Compensatory Allowance/ Special Pay/ HPA/ Other All	Com. All. For. Phy. Chul Conv. All	Fixed T.A./ Burialary All.	Medical Reimburse ment	PP on pay	LR (Judicial)	Gross Salary	Other Recon./ Vehicle Rent Recon./ LTC	H.B.A. Adv./ Travel Adv./ TT Adv./ H.B.A. Rel./ LTC	GPF Adv./Recon. Computer Adv./Recon. J Solar Cooler Adv./Recon. V.	Vehicle Advance Recovery	GPF DPF AB GPF	Medical Adv./Recon. v.J Gain Adv./Recon. v.	Pay Adv./Recon. Recon.	Festive Advance Invest	DPF Advance Recovery	Total AG Deduction	HRS Deduction	Cont. Deduction	Relief Fund/ Other recon.	Income Tax/ Profess./Tax/ PF	CG (All India)	NPS Employee Contrib.	Total Treasury Deduction							

FORM M.P.T.C. 10**(See Subsidiary Rule 129)****Medical Charges Reimbursement Bill**

Detailed Medical Bill of the Establishment of the District 20...

Bill No. Voucher No.

DDO Code District

Head of Account—Demand-Major Head—Sub Major Head-Minor Head-Scheme Code-Segment—Object Head-Voted/Charged-Detail Head

Appropriation

S.N.	Name of the Employee and Employee Code	Relation of employee with the patient	Name of the patient	Period From.....to.....	Gross claim (₹)	Approved Claim (₹)	Total Amount of Advance (₹)	Recovery of Advance (₹)	Net amount Payable (₹)	Remarks
1	2	3	4	5	6	7	8	9	10	11
1										
2										

Net amount required for payment (In Figures) ₹ (In words) ₹

Signature, Employee Code &

Designation of the Bill Creator

Passed for Payment/By-transfer

Signature, Employee Code &

Designation of the Bill Verifier (if applicable)

Signature, Employee Code &

Designation of the DDO (Approver)

Signature, Employee Code &

Designation of Treasury Bill Receiver & Checker

Signature, Employee Code &

Designation of Treasury Bill Verifier (If applicable)

Signature & Employee Code of

Treasury Officer

Note.- The bill should be supported by the essential certificates, Financial Sanctions, receipts and bills etc.

FORM M.P.T.C. – 11*[See Subsidiary Rule -155]***ESTABLISHMENT PAY BILL***(*For Uses of Daily Wages, Permanent Worker, Contractual Worker etc.)*

Pay Bill of Establishment..... for the month of.....Year 20....

DDO Code:

Treasury Name:

INSTRUCTIONS:

1. Ensure compliance to Subsidiary Rule - 73 (1), 155, Note 3 below SR 183, 253 Appendix-3 of MPTC - 2020.
2. GPF Schedule with subscriber-wise GPF Account No. should be attached.
3. In GPF/DPF/NPS, subscriber-wise contribution has been split as per relevant head of account.

Treasury Name.....		Head of classification	Voucher No.....Date:
S.N o	Particular*	Amount (₹)	
I.	*Pay		
	001 Basic Pay.....		
II.	Allowance & Honorarium * include all allowances n break ups		
	003- Dearness Allowance.....		
	004 -Conveyance Allowance.....		
	005 -Tribal Area Allowance.....		
	006-House-Rent Allowances.....		
	008-Other Allowance		
	009 - Medical Allowance.....		
	020-Fixed Travelling Allowance		
	029-Medical Service Allowances		
	030 -Non Practitioner Allowance.....		
	Other Allowances and pay.....		
	Total		
III.	Gross Salary		
IV.	Deductions and recoveries		
	General Provident Fund.....		
	Department Provident Fund.....		
	House Building Advance.....		
	Grain Advance Recovery		
	Festival Advance Recovery.....		
	Medical Advance Recovery.....		

	Other Recoveries.....	
	Total.....	
	NET TOTAL.....	
	Deduct by transfer credit.....	
	Group Insurance Scheme.....	
	National Pension System (Employee Contribution)	
	National Pension System (Government Contribution).....	
	House Rent	
	Recovery.....	
	Income Tax.....	
	Professional Tax.....	
	Other Recoveries.....	
	TOTAL.....	
	NET TOTAL.....	
V.	Net Salary	

* MPTC form will show all the Head of Accounts and amount, in which payments/recoveries are being made in this bill.

This is to certify that:

1. Compliance to Subsidiary Rule - 73 (1), 155, 183, 253 Appendix-3 of MPTC - 2020 has been ensured.
2. All the persons, whose pay has been drawn in this pay bill form, has actually been employed during the month.
3. Leave/ Promotion/ Time Scale/ Increment/ Period of suspension and other duties and other events of concerned persons which are required under the rules have been recorded in service book/e-service book under my signature/digital signature/e-signature.
4. Increments have been earned and have been correctly allowed/disallowed.
5. Medical certificate(s) of health for the newly appointed Government servant(s) has/have been duly obtained and recorded in my office.

Signature,
Employee Code &
Designation of Creator

Signature,
Employee Code &
Designation of Verifier (if available)

Signature,
Employee Code &
Designation of DDO (Approver)

Passed for payment/by transfer

Signature,
Employee Code &
Designation of Bill Receiver

Signature,
Employee Code &
Designation of Treasury Verifier (if available)

Signature &
Employee Code of
Treasury Officer

[illegible]

TRAVELLING ALLOWANCE BILL

[illegible][illegible]

**DA Calculations (For State Government Employees only)-

1. Total Absence from HQ=.....(Days/ Hours)
2. Maximum DA available as per point 01:
3. Unclaimed DA (Due to leave etc) = ...
4. Maximum DA allowed for this TA = ...
5. Absence for Special DA for 9 Metro Cities of India (excluding leave days, if any, for which DA is not to be claimed) (Days/Hours)
6. Absence for Special DA for 4 Major Cities of Madhya Pradesh (excluding leave days, if any, for which DA is not to be claimed) (Days/Hours)
7. No. of Special DAs for 9 major Metro Cities of India allowed as per point 5 = ...

8. Special DA amount for 9 major Metro Cities of India as per point 5 = ...
9. No. of Special DA for 4 Major Cities of Madhya Pradesh allowed as per point 6 = ...
10. Special DA amount for 4 Major Cities of Madhya Pradesh as per point 6 = ...
11. No. of remaining DAs @ Ordinary Rate (point 4- point 7-Point 9) = ...
12. Ordinary DA amount = ...

It is to be certified that—

1. I have travelled in the same class as mentioned in the Column 10 above.
2. *I have attached the sanction order of the Competent Authority for allowing travel in higher class than my entitlement.
3. I have not availed free lodging/boarding and if availed, then I have reduced the DA amount accordingly.
4. I have studied Madhya Pradesh Travel Rules/Travelling Allowance rules issued by Department of Expenditure, Ministry of Finance, Government of India/TA rules applicable on my services (as applicable) and government orders for travelling allowances keenly and claims made by me are as per these rules/orders.
5. Original Bills of Transportation Charges, Hotel Expenditures, Other Charges and transportation charges of personal effects are enclosed with the bill.
6. Travel Allowance has not been claimed/ received by me earlier for the above journeys and this is the first claim.
7. In case of halt of more than 30 days, the approval of the Competent Authority has been attached that it was necessary to carry out the government duty and was in public interest.
8. In any case of excess or unauthorized amount claimed by me, I will have full responsibility of such claim.
9. Gross amount of the Claim is ₹ travel advance taken is ₹ and Net Amount claimed is ₹ (Figures in Words ₹)

Station Date

Signature of the
Government Employee/Claimant

Total Amount approved for payment is ₹ (Figure in Words ₹)

Signature and Post Name of Approving Authority

Total Amount approved for payment is ₹ (Figure in Words ₹)

Counter Signature and Post Name of Approving
Authority (if required)

Total Amount approved for payment is ₹ (Figure in Words ₹)

Signature, Employee Code &
Designation of the Bill CreatorSignature, Employee Code &
Designation of the Bill Verifier (if applicable)Signature, Employee Code &
Designation of the DDO (Approver)

Passed for Payment/By-transfer by Treasury

Signature, Employee Code &
Designation of Treasury Bill Receiver & CheckerSignature, Employee Code &
Designation of Treasury Bill Verifier (if applicable)Signature & Employee Code of
Treasury Officer

Authorised Signatory

FORM M.P.T.C.14**[See Subsidiary Rules -173]****FULLY VOUCHERED CONTINGENT BILL**

Bill Reference Number.....

TAN No.

DDO Code.....

Name of the Office.....

(For use in the Office of Heads of Departments and other Offices mentioned in the Note below Subsidiary Rule 173)

SN	Treasury Name:	Bills for Contingent charges of the office of for the month of 20 Head of Account: _____	Voucher No.....of..... List of Payment of the month..... of 20
	Sub-Voucher Serial Number	Name of the Vendor/Firm-Invoice Number-Date of the Invoice	Amount In (₹)
		Total Amount (In words ₹.....)	

This is to Certified that-

1. The expenditure charged in this bill could not be avoided with due regard to the interest of the public service. I certify that, to the best of my knowledge and belief, the payments entered in this bill have been duly made to the parties entitled to receive them with the exceptions noted below which exceed the balance of the permanent advance and will be paid on receipt of the money drawn on this bill. Vouchers for all sums above Rs. 20000 in amount are attached to this bill. I have, as far as possible, obtained vouchers for other sums, and am responsible that they have been preserved and so defaced or mutilated that they cannot be used again.
2. All the articles detailed in the vouchers have been duly received in good order and accounted for in the stock register. I also certify that the quantities are correct, the quality is good and according to specification, the rates paid are not in excess of the accepted and the market rates and those suitable notes of payment have been recorded against the indents and invoices concerned to prevent double payment.
3. All bills for current charges paid to the end of the previous months have been finally checked and accepted.
4. (a) The expenditure in conveyance hiring charged in this bill was actually incurred, was unavoidable and is within the scheduled scale of charges for the conveyance used, and
(b) The Government servant concerned is not entitled to draw travelling allowance under the ordinary rules for the journey and he is not granted any compensatory leave and does not and will not otherwise receive any special remuneration for the performance of the duty which necessitates the journey.
5. The monetary or quantitative limits prescribed by the Government in respect of items of contingencies included in the bill have not been exceeded.
6. All cases in which payments could not be supported by paid vouchers although these are required to be so supported, the bills/invoices have been attached herewith except in the following cases in which either no bills/invoices were received or the bills/invoices could not be parted with before making the payments

Signature, Employee Code &
Designation of the Bill Creator

Signature, Employee Code &
Designation of the Bill Verifier (if applicable)

Signature, Employee Code &
Designation of the DDO (Approver)

Passed for Payment/By-transfer by Treasury

Signature, Employee Code &
Designation of Treasury Bill Receiver & Checker

Signature, Employee Code &
Designation of Treasury Bill Verifier (if applicable)

Signature & Employee Code of
Treasury Officer

FORM M.P.T.C. 15

[See Note 2 below Subsidiary Rule-183]

PENSION/ FAMILY PENSION/ GRATUITY/ COMMUTATION AUTHORITY BILL

DDO Code Name of the Office..... Voucher Number.....

Date.....

Head of Account.....

PRAN NO. (IF APPLICABLE).....

Name of Pensioner / Family Pensioner	P.P.O/ Gratuity/ Commutation Authority Number /	Pension / Family Pension Duration		Pension / Family Pension @...../month				Gratuity Amount	Commutation Amount	Total Amount
		From Date	To Date	Basic Pension / Family Pension ₹	Dearness Relief ₹	Other Relief / Allowance (if applicable) ₹	Total Pension ₹ (5+6+7)	₹	₹	₹ (8+9+10)
1	2	3	4	5	6	7	8	9	10	11
Less Income Tax										
Less: Recoveries Provisional Pension (0071) Gratuity (0071) Other (if Any) ³										
Net Amount in (₹).										

In Words ₹

If applicable- Amount of undivided Madhya Pradesh.....

Amount of Madhya Pradesh.....

Signature, Employee Code

& Designation of Pension Bill Creator

Signature & Employee Code

Assistant Pension Officer (if available)

Signature & Employee Code

of Pension Disbursement Officer

Passed for payment/by transfer

Signature,
Employee Code &
Designation of Bill ReceiverSignature,
Employee Code &
Designation of Treasury Verifier (if available)Signature &
Employee Code of
Treasury Officer

Note:- 1. It is mandatory to obtain the certificate (whichever is applicable) from the pensioner/family pensioner attached in Form M.P.T.C. 16

2. This MPTC form will show only the summary of amounts. Detailed calculation sheet is attached for Pension/Family Pension/Gratuity/Commutation.

3. Head of Accounts of receipt head (of recovery) will be auto-populated in the MPTC as per the recoveries made in this bill.

FROM M.P.T.C. 16**[See Subsidiary Rule 204, 205]****Certificate regarding employment/remarriage of pensioner/family pensioner**

This certificate will be taken every year as per rule.

PPO No..... Name of PPO holder.....

A. IN CASE OF A PENSIONER

1. I declare that I have not received any remuneration for serving in any capacity either in Government establishment or an establishment paid by State Government or from Local Fund during the period of which the account of pension claimed in the bill is due.

OR

2. I declare that I have been employed/re-employed in the office of
.....and was in receipt of the following emoluments during the period for which the amount of pension claimed is due.

Place.....

Signature.....

Date.....

Pensioner Name.....

B. IN CASE OF A FAMILY PENSIONER, WHO IS SPOUSE OF THE PENSIONER

1. I declare that I am not re-married and I have not been re-married in the last one year/till date.
2. I declare that I have not re-married and undertake to report immediately of such incident to the Pension Disbursing Officer or bank as applicable in the case.
3. I declare that in case of my Compensatory Employment in Government, I have informed to the office and I am not receiving the Dearness Allowance in my salary.

Place.....

Signature.....

Date.....

Family Pensioner Name.....

C. IN CASE OF A FAMILY PENSIONER, WHO IS DAUGHTER OF THE PENSIONER

1. I declare that I have not started earning my livelihood.

2. I declare that I have not attained the age of 25 years and I will attain the age of 25 year on __ (Day). __ (Month). ____ (Year). [In DD/MM/YYYY format]*
3. I am not married and I have not been married in the last one year/till date.
4. I undertake to report immediately of such incidents, as mentioned in the above 3 points, to the Pension Disbursing Officer or bank as applicable in the case.

Place.....

Signature.....

Date.....

Family Pensioner Name.....

*** In case of a disabled child, the family pension will continue even after age of 25 year and till his death subject to validity of permanent disability certificate.**

D. IN CASE OF A FAMILY PENSIONER, WHO IS SON OF THE PENSIONER

1. I declare that I have not attained the age of 25 years and I will attain the age of 25 year on __ (Day). __ (Month). ____ (Year). [In DD/MM/YYYY format]
2. I have not started earning my livelihood.
3. I undertake to report immediately of such incidents, as mentioned in the above 2 points, to the Pension Disbursing Officer or bank as applicable in the case.

Place.....

Signature.....

Date.....

Family Pensioner Name.....

*** In case of a disabled child, the family pension will continue after age of 25 year till his death subject to validity of permanent disability certificate.**

Note 1. This certificate will be obtained by the Head of Office from the concerned pensioner/family pensioner and will be sent attached with the pension case.

Note 2. This certificate will be obtained from the pensioner/family pensioner by the concerned bank while collecting his/her upcoming regular pension from the bank.

FORM M.P.T.C. 17**(See S.R. 196)****Form of Application for Family Pension**

Application for a family pension for the family of late

PHOTO

Mr/Ms.....

(Designation)..... PPO Number.....

in the Office/Department of

Bank Name & Branch.....

Account No.....

1. Name of the applicant
2. Relationship to the deceased Government Servant /Pensioner.
3. Date of retirement, if the deceased was a pensioner.
4. Date of death of the Government Servant/Pensioner.
5. Names and ages of surviving kindred of the deceased

Name

(Date of birth by
Christian era)

Widow /Widower

Sons

Unmarried Daughters

6. Signature or left hand thumb impression (in the case of those who are not literate enough to sign their names)
7. Descriptive roll of.....widow/widower/guardian of the minor children of late.....
 - (i) Date of birth
 - (ii) Height
 - (iii) Personal marks, if any, on hand or face
 - (iv) Left-hand thumb and finger impressions

- | | Small | Ring | Middle | Index | Thumb |
|-----------------------------------|-------|------|--------|-------|-------|
| 8. Full address of the applicant. | | | | | |

Attested by

Witnesses-

(1)

(1)

(2)

(2)

Note-The descriptive roll (serial number 7) and signature or left hand thumb finger impressions accompanying application for family pension should be in duplicate (in two separate sheet and attested by two gazetted officers or persons of respectability in the town, village or tehsil in which the applicant resides.

FORM M.P.T.C.18**[See Subsidiary Rules 224(2), 225(1) and 231]****Bill for Refund of Revenue**

Name of the Office....., DDO Code....., TAN No.....

Voucher No.....
Treasury.....
List of payments for.....20.....

Head of Account.....

Deduct-REFUNDS (Name of Revenue head).....

In Whose name credited	Purpose	Amount Realized (₹)	Date of Payment into Treasury	Previous Partial Payment Details	Available Balance detail	Amount in which included and head to which credited in the Treasury Cash Account		Name and Bank Account details of payee	Amount to be refunded (₹)
						Head of Account	Amount (₹)		
1	2	3	4	5	6	7	8	9	10

1. Certified that this order of refund wide order no..... date..... has been registered and noted against the original receipts entry in the Departmental Account

Under my initials and previous orders for a refund of the same sum has not been issued.

2. Sanctioned and Passed for payment (In words ₹)

Signature, Employee Code &
Designation of the Bill CreatorSignature, Employee Code &
Designation of the Bill Verifier (if applicable)Signature, Employee Code &
Designation of the DDO (Approver)

Passed for Payment/By-transfer

Signature, Employee Code &
Designation of Treasury Bill Receiver & CheckerSignature, Employee Code &
Designation of Treasury Bill Verifier (if applicable)Signature & Employee Code
of Treasury Officer

FORM M.P.T.C 19**[See Subsidiary Rule-232, 337, 338]**

Application for Refund of Lapsed Deposits

Head of Account.....Name of the Office.....DDO Code.....
 To

The Accountant General of Madhya Pradesh/Treasury Officers

The following refunds of lapsed deposits aggregating (In words ₹) have been claimed by , whose identity and title to the money have been verified by me. I request your sanction to the refund/the amount may be paid.

Class Of Deposit (Revenue Or Civil Courts Or Other Deposits)	Particulars Of Original Deposits		Balance Credited to the Government (₹)	Date of Lapse of the Deposit	Challan no. created for lapsed deposit	Amount of Lapsed Deposit (₹)	Amount already paid against lapsed deposit (₹)	Amount Claimed (₹)	Remaining Amount of the lapsed deposit (7-8-9) (₹)	Remarks
	Year	Challan No.								
1	2	3	4	5	6	7	8	9	10	11

District

(Signature)

Competent Authority

Signature, Employee Code &

Designation of the Bill Creator

Passed for Payment/By-transfer by Treasury

Signature, Employee Code &

Designation of the Bill Verifier (if applicable)

Signature, Employee Code &

Designation of the DDO (Approver)

Signature, Employee Code &

Designation of Treasury Bill Receiver & Checker

Signature, Employee Code &
Designation of Treasury Bill Verifier (if applicable)Signature & Employee Code of
Treasury Officer

FORM M.P.T.C. - 20*[See Subsidiary Rule 238]***Grant-in-Aid****(Conditional/Non-conditional Grant)***

Name of the Office..... DDO Code.....

Bill Reference Number..... Voucher No.....

Detail Head of Account.....

Pay the sum of ₹..... (In words ₹) being the
grant-in-aid for the period..... sanctioned by..... in his Letter
no..... dated..... (Signed copy enclosed).

Certified that the conditions for the Grant-in-Aid have been fulfilled.

This is to certify that out of the total grant amount of ₹....., amount
utilized including this bill is ₹..... and remaining amount of the grant will be
₹..... on payment of this bill. *

Dated.....20.....

(Signature)

by Competent Authority.....

(Designation).....

(Emp. Code).....

Signature,
Employee Code &
Designation of Creator

Signature,
Employee Code &
Designation of Verifier (if available)

Signature,
Employee Code &
Designation of DDO (Approver)

Passed for payment/by transfer

Signature,
Employee Code &
Designation of Bill Receiver

Signature,
Employee Code &
Designation of Treasury Verifier (if available)

Signature &
Employee Code of
Treasury Officer

* System will identify the type of grant through detail heads specified in the Budget Book and show only the relevant field in this MPTC form.

FORM M.P.T.C. - 21**[See Subsidiary Rule- 239]****Scholarship Bill**

Name of the Office..... DDO Code.....

Bill Reference Number.....

Detail Head of Account.....

Pay the sum of ₹..... (in words ₹.....) being

the Scholarship for the period..... Sanctioned by..... in his

Letter no..... dated..... (Signed copy enclosed)

Certified that the conditions for the Scholarship Bill have been fulfilled.

(Signature)

by Competent Authority.....

(Designation).....

(Emp. Code).....

Dated.....20

**Signature,
Employee Code &
Designation of Creator****Signature,
Employee Code &
Designation of Verifier (if available)****Signature,
Employee Code &
Designation of DDO (Approver)****Passed for payment/by transfer****Signature,
Employee Code &
Designation of Bill Receiver****Signature,
Employee Code &
Designation of Treasury Verifier (if available)****Signature &
Employee Code of
Treasury Officer**

FORM M.P.T.C. 22**[See. SR. 246 (2)]****Stamp Issue Stock Register Report of the Treasury..... Dated.....**

Sr.No	Denomination Code	Denomination Value	Labels/Sheet	Opening			Received			Issued			Closing		
				No. of Sheets	No. of Labels	Value (₹)	No. of Sheets	No. of Labels	Value (₹)	No. of Sheets	No. of Labels	Value (₹)	No. of Sheets	No. of Labels	Value (₹)
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

Authorised Signatory

FORM M.P.T.C. 23**[See. SR 246 (3)]****Schedule of Stamps Sold and Discount Paid Summary Report
for the Month of Year.....**

Sr. No	Sub-Category Code	Sub-Category Name	Value of Stamps (₹)	Discount/Commission Percentage	Discount/Commission Amount (₹)
1	2	3	4	5	6

Dated :

Signature and

Employee Code of Treasury Officer

Copy to:

1. Accountant General, Madhya Pradesh
2. Inspector General of Registration & Stamps, Madhya Pradesh
3. District Registrar, Registration and Stamps, District.....

Statement of Transaction on Government Account at Reserve/State Bank of India
at For.....

Cf.

Receipt				Payment			
Date	No. of Challan	Particulars	Amount (₹)	Date	No. of Voucher	Particulars	Amount (₹)
1	2	3	4	5	6	7	8

Total ₹ (.....) Total ₹ (.....)

Agent/ Manager

FORM M.P.T.C.25**[See Subsidiary Rule-289]****Treasury Remittance Book**

S.N.	Date of Receipt	Challan No.	Detail Head of account of receipt	Amount (₹)	Remarks
1	2	3	4	5	6

Signature of Drawing & Disbursing Officer

FORM M.P.T.C. 26

[See Note Below Subsidiary Rules -289]

Register Schedule of Works Department Receipts during the month of 20

Date of Receipts	Payment made into Treasury by Department DDO	Payments made into Treasury on account of officers of the Department					Daily total carried to cashbook	Remarks
		Name of Department	Challan No.	From Whom received	Purpose	Amount (₹)	Detailed Head of Account of receipt	
1	2		3	4	5	6	7	8
								9

Signature of Drawing and
Disbursing Officer

**FORM M.P.T.C.27****[See Subsidiary Rule -294]****Register of Forest Cash Remittance/Consolidated Fiscal Receipt.**

..... Treasury Register Consolidated Treasury Receipt of Forest Cash Remittances						From..... Forest Division..... For..... 20..			
Received from the Officer-in-charge of..... Division, the sum of ₹..... as detailed below forced it to the Forest Department-									
Date of remittance to Treasury	Name of Treasury	By whom remitted	Number of each challan	Taccavi Advance		Forest Revenue remitted with each challan	Daily total carried to cashbook	Initials of Treasury officer	Reference to Serial No. of item of remittance shown in Form F.A.6 Forest Remittance
				Principal	Interest				
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.

Authorised Signatory

FORM M.P.T.C.28
[See Subsidiary Rule -305]



**Schedule of General/ Departmental/Other Provident Fund
Deduction**

1. Name of Accounting/Drawing and Disbursing Officer, who maintains the accounts of General/Departmental or Other Provident Fund
2. The recovery on account of General/Departmental/Other Provident Fund from the surrendered leave should be distinctly shown by giving a suitable note in the remarks column.

Deduction made from the salary for payable on 1st.....

S.N.	Name and Designation of Employee	Account No.	Month and Year of Pay or/and Leave Salary	Monthly Subscription amount (₹)	Refund of withdrawals		Total realized (5+6)	Remarks Particular of variations from last month's deduction (Subscriptions and refunds) with brief reasons should be entered
					Amount (₹)	No. of Installment		
1	2	3	4	5	6	7	8	9

Dated.....20.....

(Signature of Drawing and Disbursing Officer)

Designation.....

FORM M.P.T.C 29**[See Subsidiary Rule 308(1)]****Bill for withdrawing Final Payments/ Part-final/Advances withdrawals from
General/Departmental/Other Provident Fund.**

Name of the Office..... DDO Code.....

Adjustable by.....

Voucher No.....

Dated ... 20

Bill for withdrawing Final Payment/Part Final/Advance withdrawals from General/Department
Provident Fund of Mr/Ms..... Post..... of the Establishment.....

S.N.	Name and Designation of the Subscriber	Provident Fund Account Number	Nominee (If required)	No. and date of sanction letter of authority	Final payment / Part-final/ Advances payment	Amount ₹	Remarks (if any)
1	2	3	4	5	6	7	8

Net amount required for payment in words ₹.....

It is certified that all the applicable rules of General Provident Fund/Departmental Provident Fund
have been followed.Signature,
Employee Code &
Designation of CreatorSignature,
Employee Code &
Designation of Verifier (if available)Signature,
Employee Code &
Designation of DDO (Approver)

Passed for payment/by transfer

Signature,
Employee Code &
Designation of Bill ReceiverSignature,
Employee Code &
Designation of Treasury Verifier (if available)Signature &
Employee Code of
Treasury Officer

FORM M.P.T.C. 30

[See Note 1 below Subsidiary Rule 323, Subsidiary Rules 326(2) and 348]

REGISTER OF RECEIPTS/ REPAYMENTS OF REVENUE/ CIVIL COURT/ CRIMINAL COURT DEPOSIT

Office Name DDO Code District in the Month of 20

Receipt								Repayment								Remark
Sr. No.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
		Name of the Court or Authority	Challan No.	Date of Receipt / Challan	Name of Depositor	Nature of Deposit	Amount of deposit	Name of the court or Authority	Voucher No	Date	Challan Number consumed	Amount of Challan consumed	Amount of Repayment	Name of Beneficiary	Remaining amount of consumed Challan	

All the amount in ₹

Authorised Signatory

FORM M.P.T.C.-31**(See Subsidiary Rule- 327 & Note 2 below SR 327)****Deposit Repayment Order**

Name of the Office.....DDO Code.....

Place, Date.....

Bill Reference No.....

Voucher No.....

The repayment of following challans of deposit or if payment is being made from the total balance available in a Deposit Account, then the repayment from Deposit Account No.....is hereby sanctioned from the Head of Account with the details of payment mentioned in the table below:-

S. N	Party Name	Vendor Code	Account No.	IFSC	Challan Number/ Deposit Account Number	Date of Challan	Amount (₹) of the Challan	Balance amount (₹) available in Challan/ Deposit Account	Payment Amount (₹)	Remaining amount (₹) in Challan/Deposit Account after payment	Remarks
1	2	3	4	5	6	7	8	9	10	11	12

Sanctioning Authority

Signature,
Employee Code &
Designation of Creator

Signature,
Employee Code &
Designation of Verifier (if available)

Signature,
Employee Code &
Designation of DDO (Approver)

Passed for payment/by transfer

Signature,
Employee Code &
Designation of Bill Receiver

Signature,
Employee Code &
Designation of Treasury Verifier (if available)

Signature &
Employee Code of
Treasury Officer

FROM MPTC-32

[See Subsidiary Rule 331, 347, 353, 357, 358, 386 and 388]

PLUS-MINUS MEMORANDUM

Type of Deposit..... for the month of.....20.....

Treasury Code and Name: -.....

Head of Accounts

All the amounts in (₹)

S.N.	Deposit Account Number	Deposit Purpose Code	Opening balance	Receipts in the month through Challan/ By transfer	Transfer received from Works Deposit Account	Transfer received from other Deposit Account	Total (4+5+6+7)	Transfer to Works Deposit Account	Transfer to other Deposit Account	Payments	Total Payments (9+10+11)	Closing balances (12-8)	Remarks
1	2	3	4	5	6	7	8	9	10	11	12	13	14

Treasury Officer

CLEARANCE REGISTER

Year 20.....and earlier years still outstanding on April 20.....

Date	Number of each deposit	From whom received (i.e.name of the person from whom, not that of the Officer through whom that deposit is received)	Nature of each Deposit (the same details of the Name of payee and Nature of deposit must be Given in the Clearance Register as in the original Extract Receipt Register)	Balance of each deposit in (₹)
1	2	3	4	5
Details of Repayments				
6	7	8	9	10
April	May	June	July	August
September	October	November	December	January
February				

Details of Repayments		Total repayment on each deposit		Balance of each deposit		Remarks
March	17				31	Lapsed and credited in the Consolidated Fund of the State
April	18				32	Transferred to next Clearance Register
May	19					
June	20					
July	21					
August	22					
September	23					
October	24					
November	25					
December	26					
January	27					
February	28					
March	29					
		30				

Authorised Signatory

FORM M.P.T.C. 34

(See Subsidiary Rules 334)

Register of lapsed/ refund of lapsed deposit of Revenue/ Civil Court/ Criminal Court Deposit of the ----- district in the month of ----- 20.....

S.N.	Lapse				Name of the court or Authority	Refund of Lapsed Deposit								Remark
	Voucher No of Lapse (By-transfer)	Date	Challan No. of Lapse	Amount		Date	Voucher Number of Refund of Lapsed Deposit	Challan Number of Lapsed Challan Consumed in refund	Actual Amount of the Lapsed Challan	Available amount in the Challan	Amount of payment in current refund bill	Name of Beneficiary	Remaining Amount of the Challan	
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.

All the amount in ₹

Authorised Signatory

FORM M.P.T.C. – 35

(See Subsidiary Rule 346, 356 & 357)

Deposit Account Passbook

Treasury Code and Name.....

DDO Code and Name.....

Deposit Account Number and Operator Name.....

Fund Source – Consolidated Fund/Other than Consolidated Fund/Both.....

Head of Account:

Pass-book start date..... to date.....

Opening Balance ₹.....on date.....

Sr No	Date	Transaction Details			Type of transaction (Credit/Debit)	Balance
		Challan No/ Voucher No.	Party Name	Amount ₹		
1	2	3	4	5	6	7

Closing Balance ₹..... on date.....

This pass-book is generated by software hence doesn't require signature.

FORM MPTC -36**[See Subsidiary Rules 151(1), Note-2 below SR 334 and SR 382]****Form of Simple Receipts**

Name of the Office..... DDO Code.....

Bill Reference Number..... Voucher No.....

.....Treasury, Madhya Pradesh, for the month of..... 20...

Head of Service Chargeable	Voucher number of list of payments
	Received this..... day of..... the sum of ₹..... being the amount payable to..... on account of (₹).....

Certified that the conditions for the making of the payment have been fulfilled.

Signature,
Employee Code &
Designation of CreatorSignature,
Employee Code &
Designation of Verifier (if available)Signature,
Employee Code &
Designation of DDO (Approver)

Passed for payment/by transfer by Treasury

Signature,
Employee Code &
Designation of Bill ReceiverSignature,
Employee Code &
Designation of Treasury Verifier (if available)Signature &
Employee Code of
Treasury Officer

FORM M.P.T.C. 37**[See S.R.- 136, 394(1)]****ADVANCE BILL OF ESTABLISHMENT OF THE.....**

Name of the Office....., DDO Code....., TAN No.....

For The month of.....

Voucher No.....

Date.....

Head of Account.....

Advance Type- With Interest/ Without Interest

S. No.	Name & Employee code of incumbent	Pay	Amount (₹) of advance	Number of Installments for recovery (if applicable)	Remarks
1	2	3	4	5	6

TOTAL:

Amount required for payment in words

₹.....

Signature,
Employee Code &
Designation of CreatorSignature,
Employee Code &
Designation of Verifier (if available)Signature,
Employee Code &
Designation of DDO (Approver)

Passed for payment/by transfer by Treasury

Signature,
Employee Code &
Designation of Bill ReceiverSignature,
Employee Code &
Designation of Treasury Verifier (if available)Signature &
Employee Code of
Treasury Officer

Note - Where the counter signature of the sanctioning authority is not obtained, Certificate from the Head of Office that the advance has been sanctioned by the competent authority should be attached.

FORM M.P.T.C. 38

[See Subsidiary Rule -387(2)]

Register of Recoveries/ Payments of advances to cultivators,

for 20....., Treasury.....

Date	Challan or voucher No.	Date of Treasury Receipt/ Payment	Particulars of receipt/payment	Recoveries of Advances				Payments of Advances				Daily Total carried to Cash Book	Remarks
				Land Improvement Loan	Agricultural Loan	Others		Land Improvement Loan	Agricultural Loan	Others			
1	2	3	4	5	6	7		8	9	10	11	12	

Authorised Signatory

FORM M.P.T.C. 39

[See Subsidiary Rule 387 (2)]

Register of Receipts 0049- Interest Central/State for the month of 20.....
Treasury

Date		Challan No.	From whom received	Particulars of receipt	Interest on loan and Advances by Central/State Government to Government Servants	Interest on loan and Advances by State Government						Daily Total carried to Cash Book
1	2					5	6	7	8	9	10	
					Interest on house building advances in (₹)							Interest on loans to municipalities and other public corporations (₹)
									Under L.I. Act. (₹)	Under Agriculturist's Loans Act (₹)		

Authorised Signatory

FORM M.P.T.C.- 40

[See Subsidiary Rule 27 (2) & 27 (5) (A)]

Requisition for correction of Accounts already submitted

Voucher/ challan in which the correction is proposed Treasury

(For use in the Accountant General's Office)

Month of account to which correction is required Adjusted in the accounts of this office for 20

..... Vide T.E. No.

Dispatch No.

Dated 20

Numbers of items to be corrected

SN	Receipt/ Payment	Challan/ Voucher Number	Name of Item		Total amount (₹) of receipt or payment in the detailed head	Amount (₹) to be transferred	Head to which to be transferred		Amount (₹)	Explanation for the proposed transfer
			Head Of Account (up to detail head)				Head Of Account (up to detail head)			
1	2	3	4		5	6	7		8	9
			Total							

..... District

Dated 20

Signature and Employee Code of
Treasury OfficerApproved & Corrected by AG & entered in the accounts
Authorized Signature

FORM M.P.T.C. 41

[See Subsidiary Rule 394 (2)]

SCHEDULE OF RECOVERIES OF TRANSFER/OTHER ADVANCE FOR THE MONTH.....YEAR.....

Name of the Office....., DDO Code....., TAN No.....

S.N.	Name & Designation	Voucher no. & Date	Head of Account from which advance was drawn	Type of Advance (Transfer / Tour/ Pay/ Medical/ Festival/ grain etc)	Month in which original advance was drawn	Amount (₹) of original advance	Number of instalments for recovery (if applicable)	Amount deducted in the bill against principal /Interest (if applicable)	Head of Account in which recovery made	Total amount recovered to end of the month	Balance Outstanding (₹)	Remarks
1	2	3	4	5	6	7	8	9	10	11	12	13

Drawing & Disbursing officer

मध्यप्रदेश के राज्यपाल के नाम से तथा आदेशानुसार,
लोकेश जाटव, सचिव.