T. R. FORM NO. 33

[See sub-rule (1) of T. R. 4.196]

Name of the Office	e			be drawn	in separate b	0111)				
Name of the Offic	Bill No			Date/_/						
D.D.O. Code Token no Date/_/ Head of Account Code										
Head of Account (Code					1		_ Date/_		
	(1) Name of ir	stitution		_						
	for (month and year)									
Head of Account Code				Class of scholarship/stipend						
						o or senoral	sinp superia			
No. and date of	Name of	Period of terms		Monthly	Bill	Deductions			Amount	Net
the order	the	From	То	value of	Amount	No. of	Cause	Amount	withheld	amou
sanctioning the	scholarship			stipend or		days				draw
scholarship or	or stipend		-	scholarship		absent		Rs.		
stipend	holder								Rs.	
	, ,									Rs.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
	1									
				Total			Total			
				Deduct-Ba	lance undist	oursed from	last month		Balance	
				Deduct Bu		oursed from	iast month		due	

Certified that the scholarship or stipend holder named in the bit have been regular in attendance and have conformed to the rule under which their scholarships or stipends are payable. Certified also that the scholarship or stipend drawn on the last bit with the exception of those refunded by deduction have been paid to the proper person and their receipt taken in acquaintance rolls kept in my office.	Pay Rs. (Rupees as per beneficiary list enclosed. Examined and entered.				
Certified that the amount claimed in this bill was not drawn befor and both office copy and fair copy of the bill agree with each other.	Accountant/J.A.O. Dated20_ T.O./A.T.O./P.A.O./A.P.A.O.				
Grant for the year Rs Expenditure already incurred including the present bill is Rs Balance Available	For use in Accountant General (Audit), West Bengal's Office				
Station Signature of D.D.O	Admitted for RsObjected to RsReason for objection				
Dated Designation	Auditor S.O./A.A.O. Audit Officer				