



राजस्थान सरकार

वित्त विभाग

(सामान्य वित्तीय एवं लेखा नियम अनुभाग)

क्रमांक : प.1(2)वित्त/साविलेनि/2005

जयपुर, दिनांक : 18.01.2018

आदेश

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

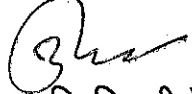
राज्यपाल महोदय सामान्य वित्तीय एवं लेखा नियमों के खण्ड-II में निम्न संशोधन करने के आदेश एतद्वारा प्रदान करते हैं:-

1. After the existing New Form No. GA 110, New Form No. GA 110A, 110B, 110C and 110D shall be inserted (as enclosed).

This amendment shall be effective with immediate effect.

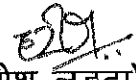
Encl.: As above Formats of New GA 110A to 110D Forms.

आज्ञा से,


(उषस्पति त्रिपाठी)
शासन संयुक्त सचिव

प्रतिलिपि निम्नलिखित को सूचनार्थ, आवश्यक कार्यवाही एवं अपने अधीनस्थ कार्यालयों को सूचित करने हेतु प्रेषित है :-

1. निजी सचिव, राज्यपाल/मुख्यमंत्री/समस्त मंत्रीगण/राज्य मंत्रीगण ।
2. निजी सचिव, मुख्य सचिव/अति. मुख्य सचिव/समस्त प्रमुख शासन सचिव/समस्त शासन सचिव/समस्त विशिष्ट शासन सचिव ।
3. सचिव, राजस्थान विधान सभा, राजस्थान, जयपुर ।
4. सचिव, लोकायुक्त सचिवालय, राजस्थान, जयपुर ।
5. सचिव, राजस्थान लोक सेवा आयोग, अजमेर ।
6. समस्त उप शासन सचिव/सचिवालय के समस्त अनुभाग/विभाग ।
7. प्रधान महालेखाकार (सिविल लेखा परीक्षा) राजस्थान, जयपुर ।
8. महालेखाकार (प्राप्ति एवं वाणिज्यिक लेखा परीक्षा)/(ए एण्ड ई) राजस्थान, जयपुर ।
9. समस्त जिला कलक्टर/संभागीय आयुक्त/ विभागाध्यक्ष ।
10. आयुक्त, वाणिज्यिक कर विभाग को प्रेषित कर लेख है कि इन संशोधनों बाबत सभी संबंधित अधिकारियों को सम्यक् रूप से जागरूक (sensitize) कराना सुनिश्चित करावें ।
11. निदेशक, कोष एवं लेखा विभाग, राजस्थान, जयपुर इन संशोधनों बाबत सभी संबंधित अधिकारियों को उचित रूप से जागरूक (sensitize) कराना सुनिश्चित करावें ।
12. पंजीयक, राजस्थान उच्च न्यायालय, जोधपुर/जयपुर ।
13. समस्त कोषाधिकारी/उपकोषाधिकारी, राजस्थान ।
14. कार्मिक एवं प्रशासनिक सुधार विभाग(कोडीफिकेशन) अतिरिक्त प्रति सहित ।
15. पंजीयक, राजस्थान सिविल सेवा अपील अधिकरण, जयपुर ।
16. विधि रचना संगठन को भेजकर लेख है कि इस आदेश/परिपत्र का हिन्दी अनुवाद करवाकर इस विभाग को अधिलम्ब भिजवायें ताकि हिन्दी अनुवाद प्रेषित किया जा सके ।
17. अतिरिक्त निदेशक, वित्त विभाग को भेजकर लेख है कि वित्त (समन्वय) विभाग के आदेश संख्या प.17 (1) वित्त (समन्वय)/04 दिनांक 22.6.2004 के क्रम में इस परिपत्र को वित्त विभाग की वेबसाइट पर प्रकाशित करवाने की व्यवस्था करावें ।


(हरीश लड्डा)

मुख्य लेखाधिकारी

(GF&AR - 3 /2018)

www.rajteachers.com

FORM - XVI [See Clause 7 – RIPS 2010]	Government of Rajasthan	New Form No. GA 110 A Rule 287 a(1)
Reference No.	RIPS-2010 Subsidy Bill For Investment Subsidy (Outer Sheet)	Month/Year :
Detailed CTD Bill for Grant of Subsidy : (Office Name)		Office ID :
Bill No. :	Date :	DDO Code :
		Name of DDO :
		Object Head :
Budget Head: 0000-00-000-00-00 SF/CA V/C Demand No. : 00 State Fund : 0.00 Central Assistance : 0.00 TAN No. :		
To The Treasury Officer, (Concerning Treasury) Please Order to pay Rs..... as per claim contained in this bill.		
Sign of Clerk		Sign of Jr.ACC/AAO-I/II
		Sign (With Seal)/ e-Sign/ Digital Sign of DDO/CSDO
Certificates :		
4. The Amount claimed in this bill has not been drawn earlier. 5. It is further certified that I have personally ensured observance of all formalities regarding necessary entries. 6. The Bank detail of Payee/Payees is/are correct, as per the record.		
		Sign (With Seal)/ e-Sign/ Digital Sign of DDO/CSDO
I Certify that the Compliance of Directions/ Instructions under the provisions of GF & AR has been ensured. Amount of Subsidy : Sanction Order No. : Sanction Order Date :		<u>Treasury Voucher</u> No. _____ Date : _____ <u>For Treasury Use</u> Pay Rs. : _____ (In words) : _____ (In Cash) : _____ (In words) : _____
Sign (With Seal)/ e-Sign/ Digital Sign of DDO/CSDO <u>For Accountant General Office</u>		Total Credit Rs.
Admitted (RS.)	Objected (RS.)	
Auditor	Supdt.	Gaz. officer
	Auditor	AAO-I/II
		Treasury Officer
Disclaimer: All contents related to this bill are provided by Head of Office/DDO and he/ she is solely responsible for it.		
Group Name :		Print Date & Time :

Government of Rajasthan

Reference No.

RIPS-2010 Subsidy Bill For Investment Subsidy (Inner Sheet)

Month/Year :

Detailed CTD Bill for Grant of Subsidy : (Office Name)

Office ID :

Bill No. :

Date :

DDO Code :

Name of DDO :

Object Head :

Budget Head: 0000-00-000-00-00 SF/CA VIC

Demand No. : 00

State Fund : 0.00

Central Assistance : 0.00

TAN No. :

S.No.	Name of Enterprise & TIN No./GSTIN	Bank Name & Bank A/C No.	Sanction Order No. & Date	Period of Grant	Amount of Subsidy	Total Amount
1.						
				Total		

Total Amount :

Amount in words :

Certificates :

1. Certified that I have personally examined and satisfied myself about the genuineness of claim that the CTD Payment Bill of the Individual/ Third Party included in this bill are strictly in accordance with rules and that the said Individual/ Third Party are entitled to such CTD Payment Bill. It is further certified that I have personally ensured observance of all formalities regarding necessary entries.
2. All required information including Bank Account Details in this bill has been checked and verified.
3. **It is certify that I have carefully examined & verified the master data of the said claim.**

Sign (With Seal)/e-Sign/ Digital Sign of DDO/CSDO

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

Group Name :

Print Date & Time :

www.rajteachers.com

FORM - XVII [See Clause 7 – RIPS 2010]	Government of Rajasthan	New Form No. GA 110 B Rule 287 a(1)
Reference No.	RIPS-2010 Subsidy Bill For Employment Generation Subsidy (Outer Sheet)	Month/Year :
Detailed CTD Bill for Grant of Subsidy : (Office Name)		Office ID :
Bill No. :	Date :	DDO Code :
		Name of DDO :
		Object Head :
Budget Head: 0000-00-000-00-00 SF/CA V/C		Demand No. : 00
		State Fund : 0.00
		Central Assistance : 0.00
		TAN No. :
<p>To</p> <p>The Treasury Officer, (Concerning Treasury)</p> <p>Please Order to pay Rs..... as per claim contained in this bill.</p>		
Sign of Clerk		Sign of Jr.ACC/AAO-I/II
		Sign (With Seal)/ e-Sign/ Digital Sign of DDO/CSDO
Certificates :		
<ol style="list-style-type: none"> 1. The Amount claimed in this bill has not been drawn earlier. 2. It is further certified that I have personally ensured observance of all formalities regarding necessary entries. 3. The Bank detail of Payee/Payees is/are correct, as per the record. 		
		Sign (With Seal)/ e-Sign/ Digital Sign of DDO/CSDO
<p>I Certify that the Compliance of Directions/ Instructions under the provisions of GF & AR has been ensured.</p> <p>Amount of Subsidy : Sanction Order No. : Sanction Order Date :</p>		<p>Treasury Voucher</p> <p>No. _____ Date : _____</p> <p>For Treasury Use</p> <p>Pay Rs. : _____ (In words) : _____</p> <p>(In Cash) : _____ (In words) : _____</p>
<p>Sign (With Seal)/ e-Sign/ Digital Sign of DDO/CSDO</p> <p>For Accountant General Office</p>		<p>Total Credit Rs.</p>
Admitted (RS.)	Objected (RS.)	
Auditor	Supdt.	Gaz. officer
Auditor	AAO-I/II	Treasury Officer
<p>Disclaimer: All contents related to this bill are provided by Head of Office/DDO and he/ she is solely responsible for it.</p> <p>Group Name : _____ Print Date & Time : _____</p>		



Government of Rajasthan

Reference No. RIPS-2010 Subsidy Bill For Employment Generation Subsidy (Inner Sheet) Month/Year :

Detailed CTD Bill for Grant of Subsidy : (Office Name) Office ID :

Bill No. : Date : DDO Code : Name of DDO : Object Head :

Budget Head: 0000-00-000-00-00 SF/CA V/C Demand No. : 00 State Fund : 0.00 Central Assistance : 0.00 TAN No. :

S.No.	Name of Enterprise & TIN No./GSTIN	Bank Name & Bank A/C No.	Sanction Order No. & Date	Period of Grant	Amount of Subsidy	Total Amount
1.						
				Total		

Total Amount :

Amount in words :

Certificates :

1. Certified that I have personally examined and satisfied myself about the genuineness of claim that the CTD Payment Bill of the Individual/ Third Party included in this bill are strictly in accordance with rules and that the said Individual/ Third Party are entitled to such CTD Payment Bill. It is further certified that I have personally ensured observance of all formalities regarding necessary entries.
2. All required information including Bank Account Details in this bill has been checked and verified.
3. **It is certify that I have carefully examined & verified the master data of the said claim.**

Sign (With Seal)/e-Sign/ Digital Sign of DDO/CSDO

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

Group Name :

Print Date & Time :

FORM - XL [See Clause 12.1 – RIPS 2014]	Government of Rajasthan	New Form No. GA 110 C Rule 287 a(1)
Reference No.	RIPS-2014 Subsidy Bill For Investment Subsidy (Outer Sheet)	Month/Year :
Detailed CTD Bill for Grant of Subsidy : (Office Name)		Office ID :
Bill No. :	Date :	DDO Code :
		Name of DDO :
		Object Head :
Budget Head: 0000-00-000-00-00 SF/CA V/C Demand No. : 00 State Fund : 0.00 Central Assistance : 0.00 TAN No. :		
To The Treasury Officer, (Concerning Treasury) Please Order to pay Rs..... as per claim contained in this bill.		
Sign of Clerk		Sign of Jr.ACC/AAO-I/II
		Sign (With Seal)/ e-Sign/ Digital Sign of DDO/CSDO
Certificates :		
<ol style="list-style-type: none"> 1. The Amount claimed in this bill has not been drawn earlier. 2. It is further certified that I have personally ensured observance of all formalities regarding necessary entries. 3. The Bank detail of Payee/Payees is/are correct, as per the record. 		
		Sign (With Seal)/ e-Sign/ Digital Sign of DDO/CSDO
I Certify that the Compliance of Directions/ Instructions under the provisions of GF & AR has been ensured.		
Amount of Subsidy : Sanction Order No. : Sanction Order Date :		<u>Treasury Voucher</u> No. _____ Date : _____ <u>For Treasury Use</u> Pay Rs. : _____ (In words) : _____ (In Cash) : _____ (In words) : _____
Sign (With Seal)/ e-Sign/ Digital Sign of DDO/CSDO <u>For Accountant General Office</u>		Total Credit Rs.
Admitted (RS.)	Objected (RS.)	
Auditor	Supdt.	Gaz. officer
		Auditor
		AAO-I/II
		Treasury Officer
Disclaimer: All contents related to this bill are provided by Head of Office/DDO and he/ she is solely responsible for it.		
Group Name :		Print Date & Time :

Government of Rajasthan						
Reference No.		RIPS-2014 Subsidy Bill For Investment Subsidy (Inner Sheet)			Month/Year :	
Detailed CTD Bill for Grant of Subsidy : (Office Name)				Office ID :		
Bill No. :	Date :	DDO Code :	Name of DDO :		Object Head :	
Budget Head: 0000-00-000-00-00 SF/CA V/C		Demand No. : 00	State Fund : 0.00	Central Assistance : 0.00	TAN No. :	
S.No.	Name of Enterprise & TIN No./GSTIN	Bank Name & Bank A/C No.	Sanction Order No. & Date	Period of Grant	Amount of Subsidy	Total Amount
1.						
				Total		
Total Amount :						
Amount in words :						
Certificates :						
<ol style="list-style-type: none"> 1. Certified that I have personally examined and satisfied myself about the genuineness of claim that the CTD Payment Bill of the Individual/ Third Party included in this bill are strictly in accordance with rules and that the said Individual/ Third Party are entitled to such CTD Payment Bill. It is further certified that I have personally ensured observance of all formalities regarding necessary entries. 2. All required information including Bank Account Details in this bill has been checked and verified. 3. It is certify that I have carefully examined & verified the master data of the said claim. 						
				Sign (With Seal)/e-Sign/ Digital Sign of DDO/CSDO		
Disclaimer: All contents related to this bill are provided by Head of Office/DDO and he/ she is solely responsible for it.				www.rajteachers.com		
Group Name :		Print Date & Time :				

B

FORM - XLI [See Clause 12.2 – RIPS 2014]	Government of Rajasthan	New Form No. GA 110 D Rule 287 a(1)
Reference No. RIPS-2014 Subsidy Bill For Employment Generation Subsidy (Outer Sheet)	Month/Year :	
Detailed CTD Bill for Grant of Subsidy : (Office Name)		Office ID :
Bill No. :	Date :	DDO Code :
		Name of DDO :
		Object Head :
Budget Head: 0000-00-000-00-00 SF/CA V/C	Demand No. : 00	State Fund : 0.00
		Central Assistance : 0.00
		TAN No. :
<p>To</p> <p>The Treasury Officer, (Concerning Treasury) Please Order to pay Rs..... as per claim contained in this bill.</p>		
Sign of Clerk		Sign of Jr.ACC/AAO-I/II
		Sign (With Seal)/ e-Sign/ Digital Sign of DDO/CSDO
<p>Certificates :</p> <ol style="list-style-type: none"> 1. The Amount claimed in this bill has not been drawn earlier. 2. It is further certified that I have personally ensured observance of all formalities regarding necessary entries. 3. The Bank detail of Payee/Payees is/are correct, as per the record. 		
		Sign (With Seal)/ e-Sign/ Digital Sign of DDO/CSDO
<p>I Certify that the Compliance of Directions/ Instructions under the provisions of GF & AR has been ensured.</p>		
<p>Amount of Subsidy : Sanction Order No. : Sanction Order Date :</p>		<p>Treasury Voucher</p> <p>No. _____ Date : _____</p> <p>For Treasury Use</p>
		<p>Pay Rs. : (In words) : (In Cash) : (In words) :</p>
<p>Sign (With Seal)/ e-Sign/ Digital Sign of DDO/CSDO</p>		
<p>For Accountant General Office</p>		<p>Total Credit Rs.</p>
Admitted (RS.)	Objected (RS.)	
Auditor	Supdt.	Gaz. officer
Auditor	AAO-I/II	Treasury Officer
<p>Disclaimer: All contents related to this bill are provided by Head of Office/DDO and he/ she is solely responsible for it.</p>		
Group Name :		Print Date & Time :

Government of Rajasthan

Reference No.

RIPS-2014 Subsidy Bill For Employment Generation Subsidy (Inner Sheet)

Month/Year :

Detailed CTD Bill for Grant of Subsidy : (Office Name)

Office ID :

Bill No. :

Date :

DDO Code :

Name of DDO :

Object Head :

Budget Head: 0000-00-000-00-00 SF/CA V/C

Demand No. : 00

State Fund : 0.00

Central Assistance : 0.00

TAN No. :

S.No.	Name of Enterprise & TIN No./GSTIN	Bank Name & Bank A/C No.	Sanction Order No. & Date	Period of Grant	Amount of Subsidy	Total Amount
1.						
					Total	

Total Amount :

Amount in words :

Certificates :

1. Certified that I have personally examined and satisfied myself about the genuineness of claim that the CTD Payment Bill of the Individual/ Third Party included in this bill are strictly in accordance with rules and that the said Individual/ Third Party are entitled to such CTD Payment Bill. It is further certified that I have personally ensured observance of all formalities regarding necessary entries.
2. All required information including Bank Account Details in this bill has been checked and verified.
3. **It is certify that I have carefully examined & verified the master data of the said claim.**

Sign (With Seal)/e-Sign/ Digital Sign of DDO/CSDO

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Group Name :

Print Date & Time :

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