



राजस्थान सरकार  
वित्त (वित्तीय नियम) विभाग



क्रमांक : प.1(4)वित्त/साविलेनि/2006

जयपुर, दिनांक : 17-03-2025


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:-

After the existing New Form No. GA 36 O, New Form No. GA 36 P and GA 36Q shall be inserted .

Encl: Formats of New GA Forms.

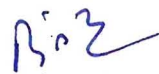
आज्ञा से,  
  
(मनीष माथुर)  
संयुक्त शासन सचिव

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

1. अति.मुख्य सचिव/प्रमुख सचिव, माननीय राज्यपाल/माननीय मुख्यमंत्री महोदय, राजस्थान।
2. समस्त विशिष्ट सहायक/निजी सचिव, समस्त मंत्रीगण/राज्य मंत्रीगण।
3. वरिष्ठ उप सचिव, मुख्य सचिव, राजस्थान।
4. निजी सचिव, समस्त अति. मुख्य सचिव/ प्रमुख शासन सचिव/ शासन सचिव/विशिष्ट शासन सचिव।
5. प्रधान महालेखाकार, राजस्थान, जयपुर।
6. समस्त विभागाध्यक्ष/जिला कलक्टर/संभागीय आयुक्त।
7. निदेशक, कोष एवं लेखा विभाग, राजस्थान, जयपुर।
8. मुख्य अभियंता एवं अतिरिक्त सचिव/मुख्य अभियंता, समस्त निर्माण विभाग राजस्थान।
9. वित्तीय सलाहकार, समस्त निर्माण विभाग राजस्थान।
10. समस्त कोषाधिकारी।
11. कार्मिक एवं प्रशासनिक सुधार विभाग(कोडीफिकेशन) अतिरिक्त प्रति सहित।
12. तकनीकी निदेशक, वित्त विभाग को भेजकर लेख है कि इस आदेश को वित्त विभाग की वेबसाइट पर प्रकाशित करवाने की व्यवस्था करावें।

प्रतिलिपि निम्नांकित को भी आवश्यक कार्यवाही एवं सूचनार्थ प्रेषित है :-

1. सचिव, राजस्थान विधान सभा, राजस्थान, जयपुर।
2. पंजीयक, राजस्थान उच्च न्यायालय, जोधपुर/जयपुर।
3. सचिव, राजस्थान लोक सेवा आयोग, अजमेर।
4. सचिव, लोकायुक्त सचिवालय, राजस्थान, जयपुर।
5. पंजीयक, राजस्थान सिविल सेवा अपील अधिकरण।

  
मुख्य लेखाधिकारी

(GF&AR 05/2025)



GA 76 GFAR	<b>Government of Rajasthan</b>	New Form No. GA 36 Q Rule 141(2)/150(1)
Reference No.	<b>Salary Bill - Interest Subvention on Conveyance Advance (Inner Sheet)</b>	Month :
Department Name :	Department Code :	
Detailed Pay Bill of Permanent/Temporary establishment of : (Office Name)	Office ID :	
DDO Code :	Date Name of DDO :	
Bill No. :	Bill Date :	Demand No.:
		Object Head :
Budget Head: 0000-00-000-00-00 NP/P V/C	SF :	CA: NA: TAN No. :

S.No.	Loan A/c No. Loan Amount Loan type	Name Designation Employee ID Nominee Name(s) Date of Death (only where Payment is made to Nominee) Aadhar No.	Month for which Subvention Amount is payable	Amount of Subvention	Remarks(s)
1.					
2.				<b>Total</b>	

Total Amount :

Amount in words :

**Certificates :**

1. Certified that I have personally examined and satisfied myself about the genuineness of claim that the Subvention Bill of the employee(s) included in this bill are strictly in accordance with rules and that the said employee(s) are entitled to such Subvention Amount. It is further certified that I have personally ensured observance of all formalities regarding necessary entries.
2. Amount of Interest Subvention is given according to Instruction issued by Finance Department.
3. All required information including Bank Account Details in this bill has been checked and verified.
4. It is certify that I have carefully examined & verified the master data of the said claim.
5. Amount of interest Subvention included in this Bill is as per Bank Statement provided by concerned bank.

**Enclosures (System generated/Scanned)^ :**

- 1.
- 2.

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

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

Forwarded Date :

Group Name :

Print Date & Time :

Enclosures marked (^) are to be printed in the bill as per selection from dropdown menu according to the requirements defined under relevant rules.

Reference No.:	<b>Salary Bill - Interest Subvention on House Building Advance (Outer Sheet)</b>	Month :
Department Name :	Department Code :	
Detailed Pay Bill of Permanent/Temporary establishment of : (Office Name)	Office ID :	
DDO Code :	Date Name of DDO :	
Bill No. :	Bill Date :	Demand No.:
Object Head :		
Budget Head: 0000-00-000-00-00 NP/P V/C	SF :	CA: NA: 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

**Certificates :**

1. The Amount of Interest Subvention 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 Amount of this bill is within the limits of allotted budget for the Year (Current Financial Year).

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

Subvention			Deduction(s)			<u>Treasury Voucher</u>		
Subvention Details	Pay ID	Amount	Deduction Name	Pay ID	Amount			
Interest on HBA						<p>TV No. _____ TV Date : _____</p> <p style="text-align:center;"><b>For Treasury Use</b></p> <p>Pay Rs. : _____</p> <p>(In words) : _____</p> <p>(In Cash) : _____</p> <p>(In words) : _____</p> <p>By B.T. : _____</p> <p>Total Credit Rs. _____</p> <p>Auditor _____ AAO-I/II _____ TreasurySub Treasury Officer e-Sign</p> <p style="text-align:center;"><b>For Accountant General Office</b></p> <p>Admitted (RS.) _____ Objected (RS.) _____</p> <p>Auditor _____ Supdt. _____ Gaz. officer</p>		
Gross Amount :			Total Deduction :					
Net Amount : (In words) :								

Reference No. **Salary Bill - Interest Subvention on House Building Advance (Inner Sheet)** Month :

Department Name : Department Code :

Detailed Pay Bill of Permanent/Temporary establishment of : (Office Name) Office ID :

DDO Code : Date Name of DDO :

Bill No. : Bill Date : Demand No.: Object Head :

Budget Head: 0000-00-000-00-00 NP/P V/C SF: CA: NA: TAN No. :

S.No.	Loan A/c No. Loan Amount Loan type	Name Designation Employee ID Nominee Name(s) Date of Death (only where Payment is made to Nominee) Aadhar No.	Month for which Subvention Amount is payable	Amount of Subvention	Remarks(s)
1.					
2.				<b>Total</b>	

Total Amount :

Amount in words :

**Certificates :**

1. Certified that I have personally examined and satisfied myself about the genuineness of claim that the Subvention Bill of the employee(s) included in this bill are strictly in accordance with rules and that the said employee(s) are entitled to such Subvention Amount. It is further certified that I have personally ensured observance of all formalities regarding necessary entries.
2. Amount of Interest Subvention is given according to Instruction issued by Finance Department.
3. All required information including Bank Account Details in this bill has been checked and verified.
4. It is certify that I have carefully examined & verified the master data of the said claim.
5. Amount of interest Subvention included in this Bill is as per Bank Statement provided by concerned bank.
- 6.

**Enclosures (System generated/Scanned)^ :**

- 1.
- 2.

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

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

Group Name : Print Date & Time :

Enclosures marked (^) are to be printed in the bill as per selection from dropdown menu according to the requirements defined under relevant rules.