

FORM T.R.104

[See Rule 163(1) K.T.C. Vol.1]

Name of the Accounts Officer who maintains the Accounts (See Note No.5)

Name of the Provident Fund

Statement showing deductions on Account of subscription towards the State / General Provident Fund

in the pay bill of of the office

for the month of 20.....

Serial No	Account No. with guide letters	Name of the Subscriber	Salary / Pay as on 31st March	Rate of Subscription	Details of Receipts					DA Arrears from to as per GO	Total (6+9+11) ₹	Service Head of Account	Remarks
					Subscription Proper		Refund of Advance						
					Amount ₹	Month to which it relates	No. of Instalments	Amount ₹	Month to which it relates				
1	2	3	4	5	6	7	8	9	10	11	12	13	14

Grand Total : In Figures : ₹..... In words

Signature :

Place :

Date :

Name :

Designation :

Office :

NB

1. The account numbers should be arranged in serial order. The guide letters allotted to the Departments viz. G.A. for General Administration, Medl. for Medical etc. should be included.
2. The entry in column 4 should show the rate of salary/pay drawn in respect of the last day of the preceeding final year [vide rule 11 (2) of the General Provident Fund (Kerala Rules)].
3. Salary/pay will include Personal pay, Special pay and Dearness pay but exclude all allowances [vide Rule 12 (23) of Part I of the Kerala Service Rules].
4. In the remarks column, give reasons for discontinuance of subscription such as Proceeded on leave, Transferred toofficeDistrict, quited Service, Died. In this column, write description against every new name such as New Subscriber, came on transfer fromofficeDistrict or Resumed subscription. If interest is paid on an advance, mention it in this column.
5. Column 12 to be filled in by the ledger poster in the Accountant General's office.
6. Separate schedules should be prepared in respect of persons whose accounts are kept by different Accounts Officers.

Head of office

Certified that a sum of ₹.....(Rupees in words)..... has been deducted in the Establishment/Salary Bill of the Officer.

Cashed on.....20.....

Name of Treasury.....

Treasury Officer

(For Use in the Audit Office)

Voucher.....

Date of encashment.....20.....

1. Certified that the name, shown in column 3, amount of individual deductions (both subscription proper and refund of advance) and the amounts shown in column 6, 9 and 11 have been checked with reference to the bill.
2. For schedules attached with March pay bills, certified that the rates of salary/pay as shown in column 4 have been verified.

Auditor, Department of Audit Section.