ANNEXURE. I

Form G.A.R. 45 [See Rule 214(1)] PENSION BILL

	PENSION BILL	ı		
*NOT EXCEEDING RU	JPEES		PE	R
ANNUM				
· · · =	NoSTO Code			
Tomoron Tuymon Order	110510 Co uc		••	
Memo - It is reques	sted that this form may be	used for submission of	nevt hi	11
Memo It is reques	sted that this form may be	useu for submission of	HCAL DI	11
District	Head of Account	Voucher No.	of lie	t of
District	Tread of Account	payment for		
		payment for		
D : 1.1		n		
Received the amount of	Rs.			
P				
Due to me for the month				
	Gross , ,			
	Less Income Thx			
	Net			
Pensioners residence (I	n words) :			
** I declare that I h	ave accepted Commercial en	nployment after obtaining	ng/witho	out
obtaining the previous sa	anction of the Government of	f India to such acceptan	ce.	
	OR			
I declare that I have	e not accepted any Commerci	ial employment.		
	1 2	1 7		
Please pay make the che	Received	Received Payment		
payable to	1		3	
1 7				
Signature of the pension	er	Signature	of	the
pensioner		2-8	-	
F				
Station		Dangianar idantit	fied by 5	na
Station ,		Pensioner identified by me		
Date		Signature		

	Designation	or address		
Certificate to be given in case of non-attensuch certificates are not required under any rule	1 \ 1	case in which		
Certified that I have seen the pensioner is alive on this date and that the bill has been signed by		and that he		
Date,	Name Designation			
*To be filled in only in the case of Political Per	nsions.			
** This declaration is required to be given by a pensioner who immediately before retirement was a member of an all India Service or a Central Service, Class I. and who, on or after the 1st January, 1948, accepts any commercial e.mployment before the expiry of two years from the date of his retirement "Commercial employment" for this purpose means employment in any capacity, including that of an agent under a company, firm or individual engaged in commercial business and includes also a directorship of such company, and a partnership of such firm (See Article 531-B Civil Service Regulations).				
Here state the name of the Presenter. He state Disbursing Officer.	should be identified by son	neone known to		
Note: If exemption of income-tax is claimed in Insurance Company, the receipt of the Coattached to the bill.	1 1			
Pay (Rs.) Rupees		
	Treasury or Su	ıb-treasury		
	Officer-in-charge of	at		
	Disbursing Officer			
	Received Payment			
Accountant				

Signature of Messenger or Agent Identified by me

Signature

Date	Designation or address
For use in Accountant General's Office	
Admitted Rs.	
Objected to Rs	
Auditor/Superintendent/Gazetted Officer	