

Below Rs.(Rupees.....only)

Form TR 65
(See rules 200-note (2))

, 204,205 (e) of KTC Vol I and Article 37 of KFC Vol I)

COMMON FORM FOR REFUNDS OF REVENUE/REVENUE DEPOSIT/LAPSED DEPOSIT/TRANSFER OF DEPOSIT

Name of

Treasury.....

FOR TREASURY USE

Computer Seq.No./ Token No:Date: / / Scroll No:

Voucher No.....of.I / II LOP

DDO Code: (Dept) (DDO)

Designation:Name of

Office:.....

Head of Account :

Particulars of DepositIn whose Name Deposited/ remittedChalan No. Head of A/c. & Name of treasury in which remittance was madeDate of
lapsed statement in case of lapsed deposit and the lumpsum of lapsed amountName of payeeAmount to be paid in cashAmount to be transferred to Govt.
Account & Head of A/c to which it should be credited.Treasury officer's signature in token of verification of Treasury credit only in the case of refund of
revenueOrder No. and Date of sanctioning authorityRemarksDate of

Deposit

Class of

Deposit

Year

No.Name of Treasury

2 3 4 5 6 7 8 9 10 11 12 13 14

1. Sanctioned and passed for payment of Rs.....To Sri/Smt.

2. Passed for payment under sanction given in for Rs.....Certificates: 1. Certified that the claim for refund has been issued after satisfying the condition

prescribed in Art.37 of KFC Vol.1 and in the Department rules.

2.Certified that the order of repayment has been registered and noted against the original receipt entry under my initials and no order of repayment of the same has been issued previously.

3.Certified that a sum of

Rs.....(Rupees.....
.....) lapsed to Govt. on(date) and included in the sum of Rs...../
being the total amount lapsed for the year
.....and that the same has not been paid till date. 4. I authorise the transfer of deposit noted above amounting to
Rs.....
only to the Head of Account noted against each deposit. 5. Certified that claimant(s) is/are legally entitled to the refund and that the claim is not barred
by limitation.
Please pay the amount to Sri/Smt.....whose signature is attested below.

Contents received

Signature of the Payee
Designation of the Officer ordering refund

Signature of the attesting officer

Signature of the Payee

Signature Name and

To,
The Accountant General (A&E) Kerala
Thiruvananthapuram

Sir,
I request your sanction to the refund of lapsed Deposit aggregating Rs.....
Rupees.....only)
have been claimed by.....
who has signed below and of whose identity and title to the money I have satisfied myself.

Signature and Designation

A.G's office No. Examined: Pay Rs.....
(Rupees.....

Dated.....(Audit enfasement).....only).

Sanctioned

Accountant (Dated Signature)

Accountant General

FOR THE USE OF ACCOUNT GENERAL'S OFFICE

No..... Date.....

Payment of Rs.....

(Rupees.....

.....only) is sanctioned.

Accounts Officer
Assistant Accountant Genaral

Note: 1. Columns whichever is not applicable may be filled up with – "N.A."
2. Certificates whichever is not applicable may be scored off.

SPACE FOR TREASURY USE

Pay Rs..... (Rupees

.....

.....only) in cash,

Rs.....(Rupees.....

.....only) by RBR and

Rs.....(Rupees.....

.....only) by TC.

POC NO: Date:

...../...../.....

Accountant
Treasury Officer

Received Pay Order Cheque

Pay Order Cheque issued by

Signature of Recipient

Accountant