

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 Deposit					In whose Name Deposited/ remitted	Chalan No. Head of A/c. & Name of treasury in which remittance was made	Date of lapsed statement in case of lapsed deposit and the lumpsum of lapsed amount	Name of payee	Amount to be paid in cash	Amount 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 revenue	Order No. and Date of sanctioning authority	Remarks
Date of Deposit	Class of Deposit	Year	No.	Name of Treasury									
	2	3	4	5	6	7	8	9	10	11	12	13	14

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

Stamp

Signature of the Payee

Signature of the attesting officer

Signature of the Payee

Signature Name and Designation of the Officer ordering refund

