

Government of West Bengal
Finance Department
Audit Branch (Group T)
"NABANNA" 325, Sarat Chatterjee Road, Howrah-711102
(E-965858 – Gr R)

No: - 2472 - F(Y)

Date: 24.07.2025

MEMORANDUM

Subject: Modification of TR-Form 31A by changing the header thereof.

In terms of FD Memo No. 2336-F(Y) dated 11.08.2021, TR - 31A is introduced for drawal of fund related to claims for Reimbursement/Advance/Advance adjustment under "West Bengal Health Scheme for the Beneficiaries of Grant-in-aid Colleges and Universities".

Recently, Government of West Bengal have made "West Bengal Health Scheme for Employees and Pensioners of the Panchayati Raj Bodies, 2023" regulating the medical benefits on reimbursement mode for the serving employees and pensioners including family pensioners of Gram Panchayat, Panchayat Samiti, Zilla Parishad and Mahakuma Parishad (PR Bodies) and the dependent family members thereto.

Now, in order to ensure smooth online claim processing of the serving employees and pensioners including family pensioners of Gram Panchayat, Panchayat Samiti, Zilla Parishad and Mahakuma Parishad (PR Bodies) and the dependent family members using system integration between WBHS and WBIFMS portals and in exercise of the power conferred by the clause 2 of article 283 of the Constitution of India, the Governor is pleased to introduce the modified TR Form 31A (annexed herewith) for drawal of fund related to claims for Reimbursement/Advance/Advance Adjustment under "West Bengal Health Scheme for the Beneficiaries of Grant-in-aid Colleges and Universities and Employees and Pensioners of the Panchayati Raj Bodies". (Grant – in - Aid).



(P K Mishra, IAS)
Additional Chief Secretary to the
Government of West Bengal

Copy forwarded for information and necessary action to:

1. Pr. A.G. (A&E), West Bengal, Treasury Buildings, 2, Government Place West, Kolkata-700001.
2. Pr. A.G. (Audit), West Bengal, Treasury Buildings, 2, Government Place West, Kolkata-700001.
3. Accountant General (Receipt Works & Local Bodies Audit), West Bengal, CGO Complex, 3rd MSO Building, 5th Floor, Block DF, Sector I, Salt Lake, Kolkata - 700064.
4. Additional Chief Secretary / Principal Secretary/ Secretary,.....Department requesting to circulate concerned offices/autonomous bodies/Parastatals under the administrative control of his Department.
5. Special Secretary / Additional Secretary / Commissioner/ Joint Secretary / Deputy Secretary, Finance Department.
6. The General Manager, Reserve Bank of India, Banking Department, 15-N.S. Road, Kolkata-1.
7. Financial Advisor, _____ Department.
8. Director, _____
9. Director of Treasuries & Accounts, West Bengal, Mitra Building, 8, Lyons Range, 3rd Floor, Kolkata - 700001.
10. Pay & Accounts Officer, Kolkata Pay & Accounts Office-1, Old Khadya Bhavan, 3rd Floor (East side), 11A Mirza Ghalib Street, Kolkata - 700 087.
11. Pay & Accounts Officer, Kolkata Pay & Accounts Office-II, Old Khadya Bhavan, 2nd & 3rd Floor, (West side), 11A Mirza Ghalib Street, Kolkata - 700 087.
12. Pay & Accounts Officer, Kolkata Pay & Accounts Office-III, Suvanna, Salt Lake, Kolkata - 700064.
13. Commissioner, _____ Division,
14. District Magistrate/District Judge/ Superintendent of Police, Commissionerate of Police
15. Sub-Divisional Officer, _____
16. Treasury Officer, _____
17. Block Development Officer, _____
18. Group _____ / _____ Branch, Finance Department.
19. Sri Sumit Mitra, Network Administrator, Finance (Budget) Department. He is requested to upload copy of this order in the website of Finance Department.

**OSD & Ex- Officio Spl. Secy. to the
Government of West Bengal**

T.R. FORM NO. 31A

[See G.O No.: 2472 – F(Y) Date: 24.07.2025]

(To be used for the sanction order generated from WBHS)

Medical charges for Reimbursement Bill / Advance/Adjustment against Advance Bill for the Medical Treatment under "West Bengal Health Scheme for the Beneficiaries of Grant-in-aid Colleges and Universities and Employees and Pensioners of the Panchayati Raj Bodies" (Grant -in-Aid)

D.R. No:

Name of the Office:			
D.D.O Code:	Bill No:	Date:	
Token No.:	Date:	T.V. No.:	Date:
Head of Account:			

Claim Type: Reimbursement /Advance/ Adjustment against Advance

Sl. No.	Claim Id	Sanction No. (Copy enclosed)	Date	Authority	Name of Employee / Pensioner	Name of Beneficiary	Nature of Treatment	HCO Name and Address	Gross Amount (Rs)	Deduction (Rs)	Net Amount (Rs)
Total (Rs.)											

Allotment Details	
Allotment Received	Rs.
Progressive expenditure including this bill	Rs.
Balance available	Rs.

Certified that:

- (a) The amount of this bill was not drawn before and it agrees with that in the office copy of this bill.
- (b) The particulars of the beneficiary in respect of this bill have been verified and entered correctly in the IFMS Beneficiary Master.
- (c) All the original sub-vouchers have been kept at the office for audit purposes.
- (d) Over-payment, if any, detected later on shall be recovered in next bill or from the pay bill.

Please Pay Rs..... (Rupees.....) Only as per beneficiary details available in digitized form.

And/Or

Please pay By-Transfer Credit Rs (In words) as below

Sl. No.	Head of Account	Description	Amount (Rs.)

And/Or

PL Transfer Rs. _____ Rupees (in words) _____ only as below

Sl. No.	Treasury Code	Treasury Name	Operator Code	Operator Name	Scheme ID	Scheme Description	Amount (Rs.)

Bill Clerk

Accountant

Signature of D.D.O with Designation Station

Dated : _____

For use at the Treasury

Pay Rs. _____ Rupees (in words) _____ only as per beneficiary details available online.

By-Transfer Credit Rs. _____ Rupees (in words) _____ only as below-

Sl. No.	Head of Account	Description	BT Type	Amount (Rs.)

And/Or

PL Transfer Rs. _____ Rupees (in words) only as below

Sl. No.	Treasury Code	Treasury Name	Operator Code	Operator Name	Scheme ID	Scheme Description	Amount (Rs.)

Examined and Entered.

Accountant / J.A.O.

T.O. / A.T.O. / P.A.O. / A.P.A.O.

For use in the Office of the Accountant General (Audit), West Bengal

Admitted Rs. _____

Objected Rs. _____

Reasons for objections _____

Auditor

S.O / A.A.O. / Audit Officer
