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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|-------------------------------|--------------|------------------|------------|
| Reference No. : 4067495                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                       | ADVICE                                                                                                |                               |              |                  |            |
| <b><u>Government Of Rajasthan</u></b><br><b><u>Payment Advice</u></b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                       |                                                                                                       |                               |              |                  |            |
| Bank Account No. : 43010894994                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Scheme Name : NATIONAL RURAL EMPLOYMENT GUARANTEE SCHEME (SSAAT) - RJ | Month/Year : February / 2025                                                                          |                               |              |                  |            |
| Advice/Bill No.: 966                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Date : 03/12/2025                                                     | SNA Name : Society for Social Audit Accountability and Transparanecy (SSAAT) Raj                      |                               |              |                  |            |
| SNA Office (Office Id) : - 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                       | SNA DDO Code : 0                                                                                      |                               |              |                  |            |
| Agency Office (Office Id) : - 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                       | Agency DDO Code : 0                                                                                   |                               |              |                  |            |
| IA Name (Code) : Deputy Director SSAAT Jaipur (RJJP00022627)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                       |                                                                                                       |                               |              |                  |            |
| PFMS: RJJP00013485                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | IFSC : SBIN0031031                                                    | State Scheme Code:RJ585                                                                               |                               |              |                  |            |
| To,<br>The ,<br>Please Order to pay ₹ 5500.00 as per PAYMENT ADVICE to the Payee Concerned.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                       |                                                                                                       |                               |              |                  |            |
| Sign of clerk                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                       | Sign of Authority (IA/SNA)                                                                            |                               |              |                  |            |
| <b>Certificates:</b><br>1. All the information, bank details in this advice has been checked and verified personally .<br>2. Certified that I have personally examined and satisfied myself about the genuineness of claim of Pensioners(s) included in this bill are strictly in accordance with rules and that the said Payee are entitled to such claim and also personally ensured observance of all formalities regarding necessary entries.<br>3. It is certify that I have carefully examined & verified the master data of the said claim.<br>4. This Claim /Amount has been drawn for the specific purpose as per the sanction/approval obtained at the competent level. |                                                                       |                                                                                                       |                               |              |                  |            |
| S.No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Name of Payee                                                         | Name of Bank<br>Name of Branch<br>IFMS Code/MICR Code<br>Bank A/C. No.<br>Aadhar No-PFMS Code (Payee) | Sanction No.<br>Sanction Date | Gross Amount | Deduction Amount | Net Amount |

-----AS PER ANNEXURE ENCLOSED-----

| <b><u>Component List</u></b>    | <b><u>Amount</u></b> | <b><u>Voucher</u></b>                                                                                                                                                                                                                             |
|---------------------------------|----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b><u>Name-(Code)</u></b>       |                      | No. : 16836423                                                                                                                                                                                                                                    |
| Salary and Allowance-(02.02.16) | 5500.00              | Date:                                                                                                                                                                                                                                             |
|                                 |                      | <b><u>For Office Use</u></b>                                                                                                                                                                                                                      |
|                                 |                      | Pay : ₹ 5500.00<br>(In Words) : FIVE THOUSAND FIVE HUNDRED ONLY<br><br>(In cash) : ₹ 5500.00<br>(In Words) : FIVE THOUSAND FIVE HUNDRED ONLY<br><br>By B.T. : Accounting : ₹ 0.0      Non Accounting : ₹ 0.00<br><br>Total Credit RS. : ₹ 5500.00 |
|                                 |                      | Sign of Authority                                                                                                                                                                                                                                 |

## ANNEXURE

| S.No.                                             | Name of Payee | Name of Bank<br>Name of Branch<br>IFMS Code/MICR Code<br>Bank A/C. No.<br>Aadhar No.-PFMS Code (Payee)  | Sanction No.<br>Sanction Date | Gross Amount | Deduction Name<br>Deduction Amount | Net Amount |
|---------------------------------------------------|---------------|---------------------------------------------------------------------------------------------------------|-------------------------------|--------------|------------------------------------|------------|
| 1.                                                | ASHA CHAUHAN  | BANK OF BARODA-JAWAJA, DIST.AJMER,<br>RAJASTHAN<br>BARB0JAWAJA/305012510<br>11860100011713-RJJP00022627 | 18948951<br>20/11/2025        | 1500.00      |                                    | 1500.00    |
| 2.                                                | PAYAL RAWAT   | BANK OF BARODA-SSI BEAWAR BRANCH<br>BARB0SSIBEA/305012102<br>25690100009035-RJJP00022627                | 18948951<br>20/11/2025        | 1500.00      |                                    | 1500.00    |
| 3.                                                | RINKU KUMARI  | Rajasthan Gramin Bank-Beawar<br>RMGB0001022/305647052<br>21022129127-RJJP00022627                       | 18948951<br>20/11/2025        | 2500.00      |                                    | 2500.00    |
| Payable Amount : 5500.00                          |               |                                                                                                         |                               |              |                                    |            |
| Amount in Words : FIVE THOUSAND FIVE HUNDRED ONLY |               |                                                                                                         |                               |              |                                    |            |

Sign of Administrator(s) with seal

SNA  
IFMS