

GOVERNMENT OF MANIPUR
DIRECTORATE OF EDUCATION(S)

No. 40/1-7/2022-ED(S/V)Pt-IV:

Imphal, the 25th August, 2022.

To

All the Z.E.O.s /D.I. of Schools
All the Principals/Head Masters/Head Mistress of
High and Higher Secondary Schools, Govt. of Manipur.

Subject : Payment of pay & allowanes and arrear in respect of the employees
under the Department of Education(Schools), Govt. of Manipur.

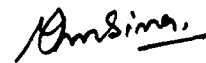
Sir,

In continuation to this office letter of even number dated 12th August, 2022 and on the above subject, I am to say that fund proposal for payment of pay & allowanes and arrear in respect of the employees under the Department of Education(Schools), Govt. of Manipur may be submitted Hard and Soft separately in the format enclosed as Annexure – I, II ,III & IV on or before 6th September, 2022 without fail.

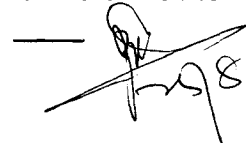
Further, as per provisions of General Financial Rules, it is to be ensured that the monthly expenditure statements are submitted by the respective DDOs by 9th of every month to the Directorate of Education(S). No fund/additional fund for subsequent requirement will be allotted/released unless the above stipulation is complied with strictly.

This matter may be treated as **Most important.**

Yours faithfully,



(M. Rubina Devi)
Chief Finance Officer
Directorate of Education(S)



Copy to :-

1. The Director of Education(S), Govt . of Manipur.
2. The Addl. Director of Education(S) Hills/Valley
3. Guard file.

Annexure-I

STATEMENT OF PROPOSAL FOR PAY & ALLOWANCES FOR THE MONTH OF..... To

Name of Office :-

DDO Code No.

Department

Head of Account:-

(Amount in Rupees)

Sl. No.	EIN	Name of Employees	Sex	Designation	Date of Joining	Level	Basic Pay	Allowance					Gross Amt.	No. of Months	Total fund required
								DA	HRA	SCA	TA	Total			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

* Fund Allocation by Department till date:- Rs.....

Signature of ZEO/DDO

Expenditure till date:- Rs.....

Contact No.

Balance:- Rs

Annexure-II

STATEMENT OF PROPOSAL FOR PAY & ALLOWANCES FOR THE MONTH OF..... To

Name of Office :-
Head of Account:-

DDO Code No.

SAMAGRA

(Amount in Rupees)

Sl. No.	EIN	Name of Employees	Sex	Designation	Date of Joining	Level	Basic Pay	Allowance					Gross Amt.	No. of Months	Total fund required
								DA	HRA	SCA	TA	Total			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

* Fund Allocation by Department till date:- Rs.....

Signature of ZEO/DDO

Expenditure till date:- Rs.....

Contact No.

Balance:- Rs

STATEMENT OF PROPOSAL FOR ARREAR FOR THE MONTH FROM..... To

Annexure-III

DEPARTMENT

Name of Office :-

Head of Account:-

DDO CODE:.....

(Amount in Rupees)

Sl. No.	EIN	Name of Employees / Office	Sex	Designation	Date of Joining	To be drawn	Already drawn	Fund required (7-8)	Remarks (if any)
1	2	3	4	5	6	7	8	9	10

* For employees under NPS, only 1/3rd amount of the total arrears shall be indicated in the fund proposal.

Signature of ZEO/DDO

Contact No.

Annexure-IV

STATEMENT OF PROPOSAL FOR ARREAR FOR THE MONTH FROM..... To

SAMAGRA

Name of Office :-
Head of Account:-

DDO CODE:.....

(Amount in Rupees)

Sl. No.	EIN	Name of Employees / Office	Sex	Designation	Date of Joining	To be drawn	Already drawn	Fund required (7-8)	Remarks (If any)
1	2	3	4	5	6	7	8	9	10

* For employees under NPS, only 1/3rd amount of the total arrears shall be indicated in the fund proposal.

Signature of ZEO/DDO

Contact No.