



Office of the

Pr. Chief Commissioner of Income Tax, AP & TS
Finance Section, 9th Floor, D Block, I.T. Towers, AC Guards,
Masab Tank, Hyderabad - 500004.

Tel.No: 040- 23425236 & Fax No: 040 - 23425199

F. No. Pr.CCAP/ITO(F)/2018-19.

Date: 17/07/2018.

Sub: (i) quarterly return on actual expenditure incurred of pay and various types of allowances of regular Central Government civilian employees and (ii) information in respect of Civilian Posts and scales of pay for the quarter ending on 30/06/2018 of the F.Y.2018-19 - Calling for - reg.

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The quarterly return on actual expenditure incurred of pay and various types of allowances of regular Central Government civilian employees and (ii) information in respect of Civilian Posts and scales of pay for the quarter ending on 30/06/2018 of the F.Y.2018-19 has not been received by this office so far from all the DDOs.

In this regard, All the DDOs are directed to submit the quarterly return relating to the actual expenditure incurred of pay and various types of allowances for the quarter ending 30/06/2018 on or before 25/07/2018 without fail as the same has to be submitted to the Department of Expenditure, New Delhi.

(N. RAVI BABU)

Addl. Commissioner of Income Tax
(H.Qrs.)(Admn.)(Vig)
O/o. Pr. CCIT, AP & TS, Hyderabad

To
All the DDOs under the Budgetary control of
the Pr. Chief Commissioner of Income Tax, AP & TS,
Hyderabad.

SRK मेकित 18-07-2018
DESPATCHED

III. EXPENDITURE ON PAY AND VARIOUS ALLOWANCES

(in Thousands)

Head	Actual Expenditure	
	During the Quarter under the report	During the financial year till the end of the quarter under the report *
1. Pay of Gazetted Officers		
2. Pay of Non-Gazetted Staff		
3. Non-Practising Allowance		
(I) Sub-total (S.No.1 to 3)		
4. Dearness Allowance		
5. House Rent Allowance		
6. Overtime Allowance		
7. Family Planning Allowance		
8 (a) Special Pay		
(b) Deputation (Duty) & Central Deputation Allowance		
9. Transport Allowance		
10. Composite Hill Compensatory Allowance		
11. (a) Children Education Allowance(CEA)		
(b) Hostel Subsidy		
12. Leave Travel Concession(LTC)		
13. Encashment of EL for the purpose of LTC		
14. Reimbursement of Medical Charges		
15. (a)Special duty allowance for NE Region&Ladakh		
(b)Island special allowance for A&N, Lakshadweep		
16. Special Compensatory Allowances:		
(a) Hill Area		
(b) Remote Locality		
(c) Bad Climate		
(d) Tribal Area		
(e) Project Allowance		
(f) Washing Allowance		
(g) Disturbed Area Allowance		
(h) Night Duty Allowance		
(i) Risk Allowance		
(j) Hospital Patient Care Allowance(HPCA or PCA)		
(k) Detachment Allowance		
(l)Compensation in lieu of Quarters(CILQ)		
(m) Family Accomadation Allowance		
(n) High Altitude Allowance		
(o) Counter Insurgency Operations Allowance		
(p) Modified Field Area Allowance		
(q) LWE Risk Allowance		
(r) Running Allowance		
(s) National Holiday Allowance		
(t) Ration Allowance		
(u) Nursing Allowance		
(v) Uniform Allowance		
17. Others (if any specify)		
(II) Sub Total (SI No. 4 to 17)		
(III) Grand Total (I + II)		

(in Thousands)

18. Tour TA	During the Quarter under the report	During the financial year till the end of the quarter under the report *
(a) Tours		
(i) Domestic Travel Expenses (OTE)		
(ii) Foreign Travel Expenses (FTE)		
(B) Transfers		
Total (a) + (b)		

19. BONUS	During the Quarter under the report	During the financial year till the end of the quarter under the report *
(a) Productivity Linked Bonus		
(b) Ad-Hoc Bonus		
20. Honorarium		
21. Encashment of Earned Leave on Superannuation/Voluntary Retirement		

22. Expenditure on HRA			
Class of Cities	Number of Cities	During the Quarter under the report	During the financial year till the end of the quarter under the report *
X			
Y			
Z			
Total			

PROFORMA FOR COLLECTING DATA ON ACTUAL EXPENDITURE INCURRED BY THE MINISTRIES /
DEPARTMENTS / UTs AND THEIR ATTACHED AND SUBORDINATE OFFICES ON PAY AND VERIOUS TYPES OF
ALLOWANCES OF THEIR REGULAR CIVILIAN EMPLOYEES

(Please read the attached instructions before filling up the proforma)

I. OFFICE PARTICULARS * :

1. Name of the Establishment with full postal address :	
2. Status of Establishment ** : (Secretariat proper/Attached office/Subordinate Office / others	
3. If the Establishment is an Attached or Subordinate Office, please write the name and of the Min./Dept. under which it is functioning	
4. Name, designation, postal address, tel.no. fax, email address of the officer of the level of Deputy Secy./Dir.who is responsible for furnishing the return	
5. Period of the quarter under the report : (If the report is for the entire year, it may please be mentioned)	

* Mandatory.

** Expenditure on pay and allowances of the employees of Autonomous Bodies. PSUs and casual employees of the Min./Deptt. Is not to be included

II. INFORMATION ON EMPLOYEES :

1. GROUP-WISE NUMBER OF THE EMPLOYEES (at the end of the quarter)

GROUP A	GROUP B	GROUP C	GROUP D	TOTAL