

**GOVERNMENT OF ASSAM,
OFFICE OF THE DIRECTOR OF HIGHER EDUCATION, ASSAM,
KAHILIPARA, GUWAHATI-19**

No.ACB/BE/14/2013/2

Dated Kahilipara, the 18th Sept./2014.

From :- Shri P. Jidung M.A., M. Phil, LL.B. A.E.S.
Director of Higher Education, Assam,
Kahillipara, Guwahati-19.

To

✓ The Principal (All Provincialised Colleges).

P.O.....Dist.....

Sub. SUBMISSION OF BUDGET ESTIMATES FOR THE YEAR 2015-16.

Sir/Madam,

In inviting a reference to the subject cited above, I have the honour to request you to submit budget estimate for the financial year 2015-16.

I would also like to request you to kindly submit the BUDGET ESTIMATES of your Office/Institution as per "L" form is enclosed herewith in quadruplicate on or before 10th October /2014.

"L" statement should be submitted separately showing number and name of incumbents for each sub head under the various Minor Major head of account included in the estimates.


"L" statement must be submitted in a BOOKLET FORM.

It is also mentioned here that non submission of Budget estimates in due time, the provision of fund may not be considered for inclusion in the budget estimates 2015-16 for which DDOs concerned will be held personally responsible.

This may pleased be treated as **TOP MOST PRIORITY**.

Please acknowledge the receipt of the same.

Yours faithfully,


Director of Higher Education, Assam,
Kahilipara, Guwahati-19.

Memo No.ACB/BE/14/2013/2-A

Copy to :-

Dated Kahilipara, the 18th Sept /2014.

- 1) The Commissioner Secy. to the Govt. of Assam, Education (II) Deptt., Dispur, Ghy-6 for information.
- 2) The Dy. Director of Higher Education, Assam, i/c of G(A).Apptt./Scholarship.ACA/Nazrat.G(B) branch of this Office for information and necessary action.
- 3) The Supdt. of G(A).Apptt./Scholarship.ACA/Nazrat.G(B) branch of this Office for information and necessary action.

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Director of Higher Education, Assam,
Kahilipara, Guwahati-19.

STATEMENT SHOWING DETAILS OF SANCTIONED POSTS AND NAME OF INCUMBENTS WITH PAY IN SUPPORT OF THE BUDGET PROPOSAL UNDER SALARY

Department Code: _____ Name of Department _____

Sub-Department Code _____ Name of Head of Department _____

(Please select Department code from the list given over-leaf)

DDO Code _____ Name of Head of Office: _____

Head of Accounts	Major Head	Sub-Major Head	Minor Head	Sub-Sub Head	Detail Head
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Sl. No.	Name of Posts	Class (I/II/III/IV)	No. of posts sanctioned		Scale of Pay	Remarks, if any	
			Filled-up	Vacant			
1	2	3	4	5	6	7	8
			Total				

Part-II Name of incumbents with pay and allowances:

Sl. No.	Name of Incumbents	Designation (Name of the post which hold)	Scale of Pay	Basic Pay as on 1 st March (Rs.)	Special Pay (Rs.)	Scale of Pay	Incremental Date	Amount of Pay for the year (Column 5 x 12 months)	Amount of arrear pay of previous years, if any	Total of pay Col. (6+7+8+9+10)
1	2	3	4	5	6	7	8	9	10	11
Grand Total										

(Note: Separate sheet may be used part wise)

Signature of Budget controlling authority

Please acknowledge the receipt of this statement.

Yours faithfully,

Director of Higher Education, Assam,
Kahilipara, Guwahati-781019.

Dated: Kakhimraha the 18th Sep 2014