


A-20014/25/2020-Cash  
Government of India  
Ministry of MSME  
Office of Development Commissioner (MSME)  
Nirman Bhawan, New Delhi  
(Cash Section)

Dated : 23.06.2022

**CIRCULAR**

E-Bill Pilot System has been rolled out by Ministry of Finance, Department of Expenditure, Office of Controller General of Accounts, GIFMIS (PFMS Division) and is under implementation.

2. As per the terms of requirement, pre-requisite & process flow of E-Bill in PFMS, the Sanction Makers are required to be identified and are to be got created by all divisions of DC(MSME), New Delhi in consultation with Cash Section of the office. All the divisions of this office who are expected to work in PFMS System for financial activities pertaining to their division are requested to identify and take action regarding **creation of Makers** for their division.
3. Further, all the staff members of DC(MSME), New Delhi are required to be registered as Claimants in PFMS/E-Bill System for individual claims such as medical Claims, LTC Claims, TA Claims, etc. All the staff members of DC(MSME), New Delhi are requested to apply for creation of their Id's as Claimants since in the new scenario all the staff members are expected to raise/prefer their personal financial claims in E-Bill System and forward the same to PD Maker/PD Checker of Cash Section for further processing.
4. For this purpose, the relevant forms are being enclosed herewith. All concerned are requested to forward the duly filled-up forms for creation of Sanctions Makers and/or Claimants to Cash Section for doing the needful in the matter and help the Cash Section to implement E-Bill System efficiently and in a seamless manner w.e.f 01.07.2022.
5. In view of above, all divisions/claimants are requested to submit the bills (except Grant-in-Aid & GeM Bills)/claims only through E-Bill mode w.e.f 01.07.2022 in accordance with the extant instructions of Ministry of Finance and Pay & Accounts Office, Nirman Bhawan, New Delhi.
6. This may be treated as "URGENT" and needful action may be taken on top priority.

  
(Ms. Vineetha O.K)  
Deputy Director (Cash)

Encl. : As above.

To,

1. All Divisional Heads.
2. All Concerned.
3. Senet Section for uploading on DC(MSME) Website in Employee Corner for wider circulation.



Office of Controller General of Accounts  
Public Financial Management System

**Ministry User Registration Form**

(IN CAPITAL LETTERS ONLY)

Sl. No.	Particulars			
1.	Name*		First Name	Last Name
2.	Designation*			
3.	Department			
4.	Type of User*			
5.	Controller Code*			
6.	PAO Code (if any)			
7.	DDO Code (if any)			
8.	Sanctioning Authority/PD Code (if any)			
9.	Gazetted/ Non-Gazetted			
10.	Preferred Login ID*	1.	2.	3.
11.	Date of joining in Govt. Service (DD/MM/YYYY)			
12.	Date of Superannuation (DD/MM/YYYY)			
13.	Govt. E-mail ID(Gov/NIC)*			
14.	MHA/Office ID Card No.			
15.	ID Card Validity			
16.	Residential Address			
17.	Permanent Address			
18.	Office Address			

19.	Telephone number (Office)	
20.	Mobile number*	
21.	Counter Signed by	
21(a)	Name	
21(b)	Designation	
21(c)	e-mail id	
21(d)	Phone	

Document enclosed:

- Attested copy of MHA/Office ID card.

Signature of Officer/Official

Date: \_\_\_\_\_

Place: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

No. \_\_\_\_\_

Certified that the above particulars have been verified from the service records of the official. It is verified that the mandatory fields in the form have been filled.

**Forwarded by:**

(Signature with Official Seal) \_\_\_\_\_

Name of Officer (Block letter) \_\_\_\_\_

Designation \_\_\_\_\_

Phone No \_\_\_\_\_

Mobile No. \_\_\_\_\_

E-mail ID \_\_\_\_\_

### **Instruction for filling the form**

1. Form should be filled in Capital Letters only.
2. It must be ensured that all mandatory fields marked with asterisk (\*) have not been left blank and are duly filled in.
3. New account request will be accepted from authorized Govt. officials only.
4. E-mail and mobile number filled in the form should be correct to get the activation link and OTP sent by PFMS.
5. New User registration will only be accepted for email domain xx@gov.in and xxx@nic.in.
6. Every request for new login id creation will be verified by two-way authentication.
7. As per existing restriction e-mail and mobile number can be used for login creation in PFMS as per limit prescribed in this regard.
8. User should take action on the activation link send by PFMS on email of applicant for editing/verifying his/her profile before expiring of prescribed time limit.
9. The approved user ID will be activated after 24 hours of its approval.
10. The enabling process of disabled user ID, (if required) will be initiated by 1st level approving authority & its approval is to be done by 2<sup>nd</sup> level approving authority.
11. Please obtain NIC-VPN certificate. PFMS operation will soon be restricted to NIC- NET/Intra-CGA VPN/NIC-VPN only.
12. Don't share your login credentials.
13. Don't share your digital certificate if any.
14. You are advised to disable your login credential in PFMS upon your transfer/retirement etc.
15. Please check all your e-mails/sms being sent from PFMS & report suspicious activity if any.
16. For any support etc. PFMS may be contacted at the numbers available at <http://cga.nic.in/Page/Contact-Us-.aspx> link at [cga.nic.in](http://cga.nic.in)



**Office of Controller General of Accounts  
Public Financial Management System**

**Claimant Login Registration Application Form**

(IN CAPITAL LETTERS ONLY)

S.No	Particulars			
1	Name/Company Name	First Name	Middle Name	Last Name
2	*E-mail ID			
3	*Bank Account Details (attach additional sheet if required)			
	Name of Bank	Account Number	IFSC Code	Vendor Code in PFMS
4	Telephone number(Office)			
5	*Mobile number			
6	PAN Number \$			
7	*Aadhaar number #			
8	TIN Number			
9	GSTN Number			
10	TAN Number			
11	Office Address			
12	Preferred Login ID*	1.	2.	3.

I hereby certify that :

- (i) The particulars given above are correct and complete.
- (ii) If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I would not hold the user institution responsible.
- (iii) In case of any change in the details provided above, the same will be intimated to the authority concerned without fail.

**Signature of Claimant**

Date: \_\_\_\_\_

Place: \_\_\_\_\_

**Note:** The duly filled ink signed form may be submitted to the concerned sanctioning authority either through offline mode and/or in online mode by providing the scan copy of the same at their official email id.

\* Fields are mandatory

\$ There are certain claims for which deduction of income tax is required. PAN number is thus required for the same.

# There are two options available for signing the claims. Digital signing (without any limit) and eSigning (with prescribed limits). Aadhaar number is required for eSigning the claim.

**Document to be enclosed:**

- Self attested copy ID proof (PAN card/Aadhaar card)
- Copy of Cancelled Cheque in respect of each bank account number indicated.
- Self attested copy of TIN/TAN/GSTN as per eligibility.

54070/2022/CGA.

Claimant details recorded in PFMS:

S.No	Particulars	Description
1.	Sanctioning Authority Code against which claimant login created	Code:
2.	Claimant login ID created	Claimant login ID:
3.	Vendor Code mapped with Claimant	VC Code 1:
		VC Code 2( if any):
		VC Code 3(if any):
		VC Code 4(if any):
		VC Code 5(if any):

Claimant login created in PFMS as per details given above and first level approval accorded on \_\_\_\_\_ by Shri./Miss/Mrs \_\_\_\_\_ Designation \_\_\_\_\_  
Office \_\_\_\_\_

Signature of Sanctioning Authority Maker  
Name:  
Designation:  
Office:

Date: \_\_\_\_\_  
Place: \_\_\_\_\_

2<sup>nd</sup> Level approval to claimant login creation accorded in PFMS on \_\_\_\_\_ by  
Shri/Miss/Mrs \_\_\_\_\_ Designation \_\_\_\_\_  
Office \_\_\_\_\_

Signature of Sanctioning Authority Checker  
Name:  
Designation:  
Office:

Date: \_\_\_\_\_  
Place: \_\_\_\_\_