## PRINCIPAL ACCOUNTS OFFICE GOVT. OF NCT OF DELHI A-BLOCK, VIKAS BHAWAN, I.P. ESTATE, NEW DELHI

No. F.4(14)/EDP/COA/09-10/Part File/ 109 - 233

Date: 19, 4, 2017

To,

All the Pr. Secretaries/Secretaries, Heads of the Departments, Govt. of NCT of Delhi, Delhi/ New Delhi

Sub: Introduction of e-Payment system in respect of Vendors/Suppliers.

Sir/Madam,

In order to increase transparency and reducing delays system of arrangement of payments to the vendors/suppliers through Govt. e-Payment Gateway has been implemented in PAOs w.e.f the month of April, 2017.

The system facilitates the tracking of status of bills submitted by DDOs to PAOs through the User ID and Password to be issued by the PAOs to each DDOs besides it has the facility for intimation on the settlement of payments to the vendors/suppliers through Mobile Number/e-Mail.

The DDOs along with the payment bills would require to submit mandatory information such as Beneficiary Name, Address, Mobile Number/e-Mail, Account No., IFSC Code, MICR Code etc. For this purpose a format has been prepared and enclosed herewith.

It is requested that all the Heads of Offices/DDOs under your control may be advised to submit the mandatory information required for e-Payments through GePG system along with payment bills of vendors/suppliers. The Heads of Offices/DDOs may also advised to obtain the User ID and Password for tracking the status of payment bills of vendors/suppliers submitted by them to PAOs concerned.

Yours faithfully,

Encl: As above.

(Parkash Chand), Controller of Accounts Tel. No. 011-23370762

No. F.4(14)/EDP/COA/09-10/Part File/ / 09 - 233

Date: 19,4,2017

Copy to All Pay & Accounts Officers, Pay & Accounts Offices, Govt. of NCT of Delhi, Delhi/New Delhi with the advice to ensure the payments to the vendors/suppliers through GePG system.

**Controller of Accounts** 

|  |  | 10   |
|--|--|--|
|  |  | S.No   |
|  |  | BILL   |
|  |  | IFSC<br>CODE/AADHAAR   |
|  |  | MANDETORY INFORMATION REQUIERED FOR E-PAYMENT  ACCOUNT No/ AADHAAR No MICR CODE BENIFICIARY NAME ADDRE |
|  |  | DRMATION REQ   |
|  |  | BENIFICIARY NAME   |
|  |  | ADDRESS  |
|  |  | MOBILE No/ E-MAIL  |
|  |  | AMOUNT /<br>BREAK-UP   |
|  |  | PAYMENT /<br>REMARK  |
|  |  | NOT<br>PAYBLE<br>BEFORE  |

 $\bigcirc$