



भारतीय राष्ट्रीय राजमार्ग प्राधिकरण
(सड़क परिवहन और राजमार्ग मंत्रालय)

National Highways Authority of India

(Ministry of Road Transport & Highways)

G-5 & 6, SECTOR-10, DWARKA, NEW DELHI-110045

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NHAI/13013/3/02-03-CMD-CO/Circular

27.8.02

REVISED CIRCULAR NO 1 NHAI/COMMERCIAL OPERATIONS / 1

Sub: Monthly Toll Collection and Deposit Report –Both for Departmental Collection and Collection through Franchisee.

This circular is issued further simplifying the reporting format and also with the instructions to assist in providing requisite information in the report and is in supersession of earlier circular no. NHAI/COMMERCIAL OPERATIONS/1 dated 20.8.2002.

It has been decided that only a monthly report will be required to be sent by concerned CMU / PIU on above subject matter as per performa enclosed in supersession of earlier reporting system as communicated vide letters Nos Toll/2001-02/01 dated 30.4.02 and NHAI/CM/Tolling/2002/M-98 dated 24.7.02.

2. Please ensure that all collection upto midnight (for example 28th mid night) are deposited on the next day positively in the bank (e.g. 29th). Whereas exists, practice of depositing collection including that of for first shift may also be continued.
3. Operators / Contractors can not retain any fund out of this collection for any purpose including and not limited for coinage etc., except where the collection is by Ex-servicemen Society etc. as a departmental collection where the amount for coinage can be retained out of collection as per approval accorded, if any.
4. Enclosed report has to be sent for a particular month latest by 3rd of the following month, separately for each toll plaza. First such report will fall due for submission for the month of Aug 2002.

Please acknowledge.


(MM Lohia)
General Manager(CO)

To:
All CMUs / PIUs

Copy to:

1. All Members/CGMs
2. All GMs
3. PS to Chairman

GENERAL INSTRUCTIONS FOR FILLING UP THE REPORT.

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1. The purpose of the report is to obtain the detail of toll amount collected and compare the same with amount deposit, with a view to find out reasons for the difference, if any.
2. The report shall have cumulative figures from 1.4.2002 and not from the previous year.
3. The report will state "type of vehicles" as classified in relevant toll notification (whether 3, 4 or more) and not their numbers.
4. The report will be submitted for both departmental toll collection and collection through franchisee.
5. In case of collection through franchisee, Part I will not be required to be filled in.
6. Part II, will be filled in both the cases i.e. departmental toll collection/franchisee.
7. It is expected that there should be no difference between the toll collection and amount deposited, difference, if any, may be suitably explained.
8. To match, the figure of toll collection and deposit, figures to be given in the column of "amount deposited" will include, amount of toll collected till the last day (till midnight) of the month being reported upon and deposited even on the first date of the following month, from 1.4.2002
9. The report will be sent separately for each Toll Plaza.
10. In part II, provision for more than one bank's name has been given to accommodate for change of the bank during a particular financial year, requiring more than one name else in normal course, only name of one bank would appear.
11. The report could be sent by email as well to mmlohia@nhai.org

REVISED FORMAT

MONTHLY TOLL COLLECTION AND DEPOSIT REPORT
OF THE TOLL PLAZA _____ AT KM. _____ FOR THE MONTH
OF _____ FOR THE DISTANCE FROM _____ KM TO
_____ KM

Part-I

S No	Type of Vehicle	Amount of toll Collected through Tickets		Toll Collected through Passes		Total Amount collected		Total Amount Deposited	Remarks
		For the month <i>Oct.</i>	Cumulative (from 1.4.02) to <i>Sept.</i>	For the month	Cumulative (from 1.4.02)	For the month	Cumulative (from 1.4.02)		
1									
2									
3									
4									
		Total							

Part II

S.No	Name of the Bank / Branch	For the Month	Cumulative (from 1.4.02)	Remarks
1.				
2.				
3.				
4.				
	Total			

For National Highways Authority of India

Signature:
 (Name & Designation):
 CMU / PIU

Date:

Note: Please read enclosed general instructions carefully.