

अखिल भारतीय आयुर्विज्ञान संस्थान, पटना ALL INDIA INSTITUTE OF MEDICAL SCIENCES, PATNA



(स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार के अधीन राष्ट्रीय महत्व का संस्थान)

(An Institution of National Importance under Ministry of Health & Family Welfare)
भारत सरकार/ Government of India

FORM FOR SUBMISSION OF CLAIMS FOR LEARNING RESOURCE ALLOWANCE (LRA) FOR THE FINANCIAL YEAR (20____ - 20___)

Name	
Designation	
Department	
Pay Level	
Date of Joining	
Email Id	
Mobile No.	

S No.	Name of It Purchase	tems Invoice Date	e No. &	If purchased in foreign Currency		Amount in INR
				Date of Purchase of Item	Amount in foreign Currency	



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TOTAL CLAIMED AMOUNT					

IMPORTANT NOTE / GUIDELINE

- Details of purchase to be submitted only in the prescribed format.
- For purchase/subscription made in foreign currency, proof of relevant conversion on the date of purchase of INR is required to be furnished.
- Proof of purchase of subscription made online, Invoice is required to be furnished.
- All the bills should have TIN No. /CST No. / GST No. & Invoice No. even the material purchase through online trade (Instead of Purchas of Books & Purchase from Foreign Contries).
- The bills should be self-certified on the reverse side.
- Any document as required by the competent authority to verify expenditure/transactions shall be submitted by the concerned.

I certified that the above mentioned items had actually been purchased and paid by me and used as a Resource Material for Learning. I shall submit the purchased item for physical verification as and when required by competent authority.

Signature of Applicant

Date:-