



किंग जॉर्ज चिकित्सा विश्वविद्यालय उत्तर प्रदेश, वित्त एवं लेखा लखनऊ-226003

फोन : 91-0522-2257545, फैक्स : 91-0522-2257545

www.kgmcindia.edu, E-mail : fo@kgmcindia.edu, GSTIN No- 09AAAAK4509K1ZJ

पत्रांक : 391 / वित्त एवं लेखा / 2025

दिनांक : 06 / 05 / 2025

सेवा में,

समस्त विभागाध्यक्ष,
किंग जार्ज चिकित्सा विश्वविद्यालय,
उत्तर प्रदेश लखनऊ।

किंग जार्ज चिकित्सा विश्वविद्यालय, उत्तर प्रदेश, लखनऊ में कार्यरत समस्त शैक्षणिक/गैर-शैक्षणिक अधिकारियों/चिकित्सा शिक्षकों/कर्मचारियों/रेजीडेन्टों को आपके माध्यम से सूचित करना है कि वित्तीय वर्ष 2025-26 हेतु भारत सरकार द्वारा जारी गाइडलाइन के अनुसार आयकर की गणना मुख्य रूप से दो प्रकार से की जानी है जिसके लिए आयकर गणना हेतु दो तरह के विकल्प जारी किये गये हैं। आप सभी को यह सुनिश्चित करना है कि आप अपनी आयकर की गणना New Tax Regime or Old Tax Regime कराने के इच्छुक है की सूचना अधोहस्ताक्षरी कार्यालय में अविलम्ब (दिनांक 20/05/2025 तक) उपलब्ध करने का कष्ट करें। अन्यथा की दृष्टि में New Tax Regime का विकल्प ही मान्य होगा।

भवदीय

वित्त अधिकारी
किंग जार्ज चिकित्सा विश्वविद्यालय
उत्तर प्रदेश लखनऊ



किंग जॉर्ज चिकित्सा विश्वविद्यालय उत्तर प्रदेश, वित्त एवं लेखा लखनऊ-226003

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साथ ही यह भी अवगत कराना है कि यदि कोई कर्मचारी/अधिकारी मकान किराये की छूट का लाभ व शिक्षा भत्ता की प्रतिपूर्ति प्राप्त करना चाहते हैं तो किराये का अनुबन्ध प्रपत्र, मकान मालिक का पैन कार्ड एवं आधार कार्ड की छायाप्रति व किराये की रसीद (मूल रूप में) एवं बच्चों की शिक्षा भत्ता के सम्बन्ध में समस्त प्रपत्र प्रस्तुत आयकर छूट/शिक्षा प्रतिपूर्ति धनराशि प्राप्त कर सकता है।

भवदीय

संलग्नक सम्बन्धित प्रोफार्मा।

Available on www.kgmuonline.co.in → Circular

Circular & Proforma Financial Year 2025-26 ←

वित्त अधिकारी
किंग जार्ज चिकित्सा विश्वविद्यालय
उत्तर प्रदेश लखनऊ



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भवदीय

संलग्नक सम्बन्धित प्रोफार्मा।

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Circular & Proforma Financial Year 2025-26

वित्त अधिकारी
किंग जार्ज चिकित्सा विश्वविद्यालय
उत्तर प्रदेश लखनऊ

KING GEORGE'S MEDICAL UNIVERSITY U.P. LUCKNOW

(Ref: Order No. – 633/E/2016 Dated 19/09/2016 & GO. No.- 1986 Date 28 Aug 2019)

REIMBURSEMENT OF CHILDREN EDUCATION ALLOWANCE

To,

Registrar,
King George's Medical University,
Uttar Pradesh, Lucknow.

Though Proper Channel.

Respected Sir/Madam,

(1) I(Name of the Employee) Certify that the children/child mentioned below in respect of whom re-imbursement of Children Education Allowance is claimed are/is wholly dependent on me :-

Name of the Child (1 st)	Name of School	Academic Year & Class	Total Education Fees / Expenses paid	Total Amount of Re-imbursement Claimed
Tuition Fees – For the Whole Year				Rs.
Purchase of Books (One Set per child Academic Year) (Excluding Pen, Pencil, Copy & Other)				Rs.
Purchase of Uniforms (One Set per child Academic Year)				Rs.
Purchase of School Shoes with Socks (One Set per child Academic Year)				Rs.
Total to be filled in column				Rs.
Name of the Child (2 nd)	Name of School	Academic Year & Class	Total Education Fees / Expenses paid	Total Amount of Re-imbursement Claimed
Tuition Fees – For the Whole Year				Rs.
Purchase of Books (One Set per child Academic Year) (Excluding Pen, Pencil, Copy & Other)				Rs.
Purchase of Uniforms (One Set per child Academic Year)				Rs.
Purchase of School Shoes with Socks (One Set per child Academic Year)				Rs.
Total to be filled in column				Rs.

To be Continued Next Page No. – 2

- (2) Certified that the Education Fees/expenses indicated against the child/Children has actually been paid by me (Receipts Enclosed) **Note:- Copy of School Fee Card & Bank challans/Paid up Receipts/purchase receipts in original are to be enclosed.**
- (3) Certified that :-
- (I) My Spouse is not a Central/State Government Servant.
- (II) My Spouse is a Central/State Government and she/he has not claimed/will not claim children's educational allowance in respect of our child/children.
- (4) Certified that during the period covered by the claim the child attended the school regularly and did not absent himself/herself from the school without proper leave for a period exceeding one month.
- (5) In the event of any change in the particulars given above which affect my eligibility for Children's Educational Allowance, I undertake to intimate the same promptly and also to refund excess payments, if any made.

Note : # Photocopy of Employee Health Book with Employee Salary Code (Compulsory).

Employee Salary Code :KGMU/...../.....

Employee Name :.....

Designation :.....

Department Name :.....

(Signature of Applicant)

(Signature Of HOD With Stamp)

Employee Name :Name of HOD:.....

Employee A/c No. :

For Office Use Only

The bill is restricted for the amount of Rs.....as per office order.
Passed for Rs.....(Rupees.....)

(Salary Assistant)

(Accountant Officer)

(Finance Officer)

सम्बन्धित प्रोफार्मा में अंकन Capital Letter में ही करें।

वित्तीय वर्ष 2025-26

SALARY EMP. CODE - KGMU/...../.....
NAME - Dr./Mr. -.....
FATHER NAME -.....
DESIGNATION -.....
DEPARTMENT -.....
PAN NUMBER -.....
AADHAR NUMBER -.....
MOBLIE NUMBER -.....
E-MAIL ID -.....
DATE OF BIRTH -.....

SAVING DETAILS (Income Tax Old Regime)

Sr.	DETAIL OF INVESTMENT	AMOUNT
TOTAL AMOUNT (Rs.)		

So please make T.D.S. as per my investment accordingly & details enclosed.

Thanking You.

Date :

Yours Sincerely

KING GEORGE'S MEDICAL UNIVERSITY U.P. LUCKNOW

(Statement to be furnished on half yearly basis to Accounts Branch)

(Ref : Order No. – 633/E/2016 Dated 19/09/2016 & GO. No.- 1986 Date 28Aug2019)

News Paper Allowance

To,

Registrar,
King George's Medical University,
Uttar Pradesh, Lucknow.

Though Proper Channel.

Salary Employee Code : KGMU/...../.....

Name of the Applicant :

Designation :

Department Name :

Pay Level & Basic Pay (Rs.) :

I Certify that I have spent Rs. towards purchases of Newspaper(s)
for the month of :-

1- January ----- to June -----

OR

2- July ----- to December -----

I further declare that (1) the Newspaper(s) in respect of which reimbursement is claimed, are purchased by me. (2) The amount for which reimbursement is being claimed has actually been Paid by me and has not been will not be claimed by any other source.

(Signature of Applicant)

(Signature Of HOD With Stamp)

Employee Name :Name of HOD:.....

Employee A/c No. :

For Office Use Only

The billis restricted for the amount of Rs.....as per office order.
Passed for Rs.....(Rupees.....)

(SalaryAssistant)

(Accountant Officer)

(Finance Officer)

KING GEORGE'S MEDICAL UNIVERSITY U.P. LUCKNOW

(Statement to be furnished on half yearly basis to Accounts Branch)

(Ref : Order No. – 633/E/2016 Dated 19/09/2016 & GO. No.- 1986 Date 28Aug2019)

Briefcase/Office Bag/Hand Bag

To,

Registrar,
King George's Medical University,
Uttar Pradesh, Lucknow.

Though Proper Channel.

Salary Employee Code : KGMU/...../.....

Name of the Applicant :

Designation :

Department Name :

Pay Level & Basic Pay (Rs.) :

I Certify that I have spent Rs. towards purchases of Briefcase/office Bag/Hand Bag as per bill No. Date

I further declare that (1) the Briefcase/ office Bag/Hand Bag in respect of which reimbursement is claimed, are purchased by me. (2) The amount for which reimbursement is being claimed has actually been Paid by me and has not been will not be claimed by any other source.

(Signature of Applicant)

(Signature Of HOD With Stamp)

Employee Name :Name of HOD:.....

Employee A/c No. :

For Office Use Only

The bill is restricted for the amount of Rs.....as per office order.
Passed for Rs.....(Rupees.....)

(Salary Assistant)

(Accountant Officer)

(Finance Officer)

KING GEORGE'S MEDICAL UNIVERSITY U.P. LUCKNOW

(Statement to be furnished on half yearly basis to Accounts Branch)

(Ref : Order No. – 633/E/2016 Dated 19/09/2016 & GO. No.- 1986 Date 28Aug2019)

Telephone Allowance

To,

Registrar,
King George's Medical University,
Uttar Pradesh, Lucknow.

Though Proper Channel.

Salary Employee Code : KGMU/...../.....

Name of the Applicant :

Designation :

Department Name :

Pay Level & Basic Pay (Rs.) :

I Certify that I have spent Rs. towards paid of Telephone for the month of :-

Sr.	Month	Brad Bond (A)	Telephone (B)	Receipt No.	Date	Total (A+B)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

I further declare that (1) the Telephone in respect of which reimbursement is claimed, are paid by me.

(2) The amount for which reimbursement is being claimed has actually been Paid by me and has not been will not be claimed by any other source.

(Signature of Applicant)

Employee Name :Name of HOD:.....

Employee A/c No. :

(Signature Of HOD With Stamp)

For Office Use Only

The bill is restricted for the amount of Rs.....as per office order.

Passed for Rs.....(Rupees.....)

(Salary Assistant)

(Accountant Officer)

(Finance Officer)

KING GEORGE'S MEDICAL UNIVERSITY U.P. LUCKNOW

(Statement to be furnished on half yearly basis to Accounts Branch)

(Ref : Order No. – 633/E/2016 Dated 19/09/2016 & GO. No.- 1986 Date 28Aug2019)

Book Allowance

To,

Registrar,
King George's Medical University,
Uttar Pradesh, Lucknow.

Though Proper Channel.

Salary Employee Code : KGMU/...../.....

Resident Name :

Designation :

Department Name :

Pay Level & Basic Pay (Rs.) :

I Certify that I have spent Rs. towards purchases of Fee Allowance as per bill
No. Date

I further declare that (1) the Fee Allowance in respect of which reimbursement is claimed, are
purchased by me. (2) The amount for which reimbursement is being claimed has actually been Paid by me and
has not been will not be claimed by any other source.

(Signature of Applicant)

(Signature Of HOD With Stamp)

Employee Name :Name of HOD:.....

Employee A/c No. :

For Office Use Only

The bill is restricted for the amount of Rs.....as per office order.
Passed for Rs.....(Rupees.....)

(Salary Assistant)

(Accountant Officer)

(Finance Officer)

KINGGEORGE'SMEDICALUNIVERSITYU.P.LUCKNOW

(Statement to be furnished on half yearly basis to Accounts Branch)

(Ref : Order No. – 633/E/2016 Dated 19/09/2016 & GO. No.- 1986 Date 28Aug2019)

Learning Resource Allowance (L.R.A.)

To,

Registrar,
King George's MedicalUniversity,
Uttar Pradesh, Lucknow.

Though Proper Channel.

Salary Employee Code :
Duration(Period) :
Name of Faculty/Officer :
Designation :
Bank Account No. :
Pay Level :

Detail of Expenditure on Learning Resource Allowance:

Sr.	Items	Bill No & Date	Amount
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
Total			

(This billis Original enclosed for Reimbursement of LRA)

Undertaking

I hereby declare that the above bill/amount indicated above has not been claimed earlier for the above mention period.

(Signature of Applicant)

Employee Name :Name of HOD:.....

Employee A/c No. :

(Signature Of HOD With Stamp)

For Office Use Only

The billis restricted for the amount of Rs.....as per office order.
Passed for Rs.....(Rupees.....)

(SalaryAssistant)

(Accountant Officer)

(Finance Officer)

Directions of Learning Resource Allowance (LRA):

The list of various Learning Resources, who would be reimbursed from Learning Resource Allowance(LRA) Consolidated list of Learning Resource which will be covered for reimbursement from Learning Resource Allowance (LRA) is as below:-

1. Membership fee of professional Specialties.
2. Subscription of Scientific Journals.
3. Purchase of books & Journals.
4. Equipments used for research purpose such as Desktop, Laptops, additional portable Hard Disks, Pen Drives, CDs & other computer peripherals & Repair/Replacement expenses of such equipments.
5. Photography equipments like photography Camera, lenses and their peripherals.
6. Smart Phones with E-mail features.
7. Transparencies, slides and similar resource material required to enhance learning.
8. Article Processing/Publication charges of open access journals included MFD Line, pubmed Central, Directory of open Access Journals, Science Citation index(SCI), SCI Expanded and Emerging Source Citation Index. For this purpose either bill should be in the name of the author requesting the reimbursement or all authorized/received reimbursement for the article in question.
9. Stethoscope, blood pressure apparatus, otoscope and ophthalmoscope.
10. A medical device (not included at Sr. No. 9) used for Learning/Teaching/research subject to self certification by the faculty member and approval by Competent Authority.
11. Cloud storage subscription.
12. Reimbursement for conference related travel/accommodation/registration fees as per existing SGPGI Guidelines & Govt. rules for funding & reimbursement for such events.

Note:- The claim for the reimbursement for the Learning Resource Allowance (LRA) may be submitted by the individual faculty member/officer within the financial year in which the expenditure is incurred. No claim for the preceding financial year will be entertained.

KINGGEORGE'SMEDICALUNIVERSITYU.P.LUCKNOW

(Statement to be furnished on half yearly basis to Accounts Branch)

(Ref : Order No. – 633/E/2016 Dated 19/09/2016 & GO. No.- 1986 Date 28Aug2019)

Certificate-Cum Conveyance Reimbursement Allowance

To,

Registrar,
King George's MedicalUniversity,
Uttar Pradesh, Lucknow.

Though Proper Channel.

Period.....Amount Rs.....

1. Certified that I have visited/performed official duties outside my normal duty hours in connection with the official working during the claim period as per following :-

Sr.	Period/Month	No. of Visit	Type of Vehicle
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

2. Certified that I am regularly maintaining my own Motor Car and it was in working condition and used for official visits during the above period. The registration number of my vehicle is.
3. Certified that vehicle maintained by me was not available for use owing so it's being out of order/was not used for official visits(for a period of.....).
4. Certified that I was not on vacation/leave of any kind or on temporary transfer during the month for which conveyance allowance has been claimed.
5. Certified that I was on vacation/leave from for which Conveyance allowance has not been claimed.
6. It is also verified that I have not drawn any daily allowance or mileage allowance for journey on official duty whether in or beyond a radius of 08 kilometers within the municipal limits of Lucknow.
7. It is also verified that I have not used the STAFF CAR for the said visits.
8. Rate of conveyance Allowance is given below-

Sr.	Mode of Conveyance	Maximum per month (In Rs)	Maximum per day (In Rs)
1	Four Wheeler	3300/-+DA	160/-+DA
2	Two Wheeler	1080/-+DA	80/-+DA
3	Foot Allowance	900/-+DA	60/-+DA

Salary Employee Code :

Name Of Employee :

Designation :

Department :

Bank Account No. :

Pay Level :

Certification-

1. **This is certified that the visits have been done by the concerned faculty on actual basis.**
2. **All visits done for purpose have been recorded in logbook and have been checked by me.**

(Signature of Applicant)

(Signature Of HOD With Stamp)

Employee Name :Name of HOD:

Employee A/c No. :

For Office Use Only

The bill is restricted for the amount of Rs.....as per office order.
Passed for Rs.....(Rupees.....)

(Salary Assistant)

(Accountant Officer)

(Finance Officer)