

# किंग जॉर्ज चिकित्सा विश्वविद्यालय उत्तर प्रदेश,

वित्त एवं लेखा लखनऊ-226003

फोन : 91—0522—2257545, फैक्स : 91—0522—2257545 वेबसाइट : www.kgmcindia.edu, E Mail :fo@kgmcindia.edu

पत्रांक : 132/वित्त एवं लेखा/2021

दिनांक :13./...../2021

सेवा में,

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

किंग जार्ज चिकित्सा विश्वविद्यालय, उत्तर प्रदेश, लखनऊ में कार्यरत शैक्षणिक / गैर-शैक्षणिक अधिकारियों / चिकित्सा शिक्षकों / कर्मचारियों / रेजीडेन्टों को आपके माध्यम से सूचित करना है कि वित्तीय वर्ष 2021—22 हेतु लिखित रूप से सम्भावित Saving Information संलग्न प्रोफार्मा पर विलम्बतम् दिनॉक 20 / 04 / 2021 तक अपने सम्बन्धित वेतन सहायक को अवश्य उपलब्ध करा दें, अन्यथा वित्तीय वर्ष 2021—22 के नियमित वेतन से Payroll Software द्वारा आयकर की कटौती नियमानुसार पूरे वित्तीय वर्ष के अनुमानित आय पर गणना करते हुए कुल आयकर के 1/12 मासिक आधार पर स्वतः कर ली जायेगी।

साथ ही यह भी अवगत कराना है कि यदि कोई कर्मचारी/अधिकारी मकान किराये की छूट का लाभ आयकर में व शिक्षा भत्ता की प्रतिपूर्ति प्राप्त करना चाहते है 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।

संलग्नक सम्बन्धित प्रोर्फामा।

Avalable on www.kgmuonline.co.in ---- Circular

वित्त अधिकारी किंग जार्ज चिकित्सा विश्वविद्यालय उत्तर प्रदेश लखनऊ

भवदीय



# किंग जॉर्ज चिकित्सा विश्वविद्यालय उत्तर प्रदेश,

वित्त एवं लेखा लखनऊ-226003

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पत्रांक :.... 🕽 🛂 वित्त एवं लेखा / 2021

दिनांक :... 13/... 4/2021

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 2021—22 हेतु भारत सरकार द्वारा जारी गाइडलाइन के अनुसार आयकर की गणना मुख्य रूप सें दो प्रकार से की जानी है जिसके लिए आयकर गणना हेतु दो तरह के विकल्प जारी किये गये हैं। आप सभी को यह सुनिशचित करना है कि आप अपनी आयकर की गणना पुराने अथवा नये नियमानुसार कराने के इच्क्षुक है की सूचना अधोहस्ताक्षरी कार्यालय में अविलम्ब (दिनॉक 20/04/2021 तक) उपलब्ध करने का कष्ट करें। अन्यथा की दृष्टि में पुराना विकल्प ही मान्य होगा।

वित्त अधिकारी किंग जार्ज चिकित्सा विश्वविद्यालय

उत्तर प्रदेश लखनऊ



# किंग जॉर्ज चिकित्सा विश्वविद्यालय उत्तर प्रदेश,

वित्त एवं लेखा लखनऊ-226003

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पत्रांक : 134 / वित्त एवं लेखा / 2021

दिनांक : 13/0 4/2021

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 एस०जी०पी०जी०आई० के समतुल्य किंग जार्ज चिकित्सा विश्वविद्याल में देय भत्तों(वित्तीय वर्ष 2021–22 हेतु) की प्रतिपूर्ति हेतु सम्बन्धित प्रारूप को पूर्णरूप से भरकर उससे सम्बन्धित देयकों की मूलप्रति संलग्न करते हुए आप द्वारा सत्यापित कराने के उपरान्त कुलसचिव के माध्यम से वित्त कार्यालय को प्रेषित करने का कष्ट करें जिससे भुगतान की अग्रिम कार्यवाही सुनिश्चित की जा सके। संलग्न प्रारूप पर सूचना प्राप्त न होने की दशा में एस०जी०पी०जी०आई० के समतुल्य भत्तों का प्रतिपूर्ति किया जाना सम्भव नहीं होगा।

संलग्नक सम्बन्धित प्रोर्फामा। Avalable on www.kgmuonline.co.in —→ Circular

वित्त अधिकारी किंग जार्ज चिकित्सा विश्वविद्यालय उत्तर प्रदेश लखनऊ

# REIMBURSEMENT OF CHILDREN EDUCATION ALLOWANCE

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

To,

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

## Though Proper Channel.

Respected Sir/Madam,

····	(Naı	ne of the Employ	vaa) Cortification 41-
mentioned below i	in respect of	whom re-imburs	ement of Children
wance is claimed are	is wholly deper	ndent on me : -	ement of emidien
Name of School	Academic Year & Class	Total Education Fees #/ Expenses paid	Total Amount of Re-imbursement Claimed
he Whole Veer			
			Rs.
II, Copy & Other)			Rs.
( OI			Rs.
noes with Socks (On	ne Set per child A	Academic Year)	Rs.
To	tal to be fille	ed in column	Rs.
Name of School	Academic Year & Class	Total Education Fees #/ Expenses paid	Total Amount of Re-imbursement Claimed
e Whole Year			Rs.
(On Copy & Other)	e Set per child A	Academic Year)	Rs.
(One	e Set per child A	cademic Year)	Rs.
oes with Socks (One	e Set per child A	cademic Year)	Rs.
			Rs.
	Name of School  Name of School  Name of School  Or O	Name of School  One Set per child and the School  Name of School  Total to be fille  Name of School  One Set per child and the School  Academic Year  & Class  One Set per child and the School  One Set per child and the School	Name of School  Year & Class  Education Fees #/ Expenses paid  he Whole Year  (One Set per child Academic Year)  (One Set per child Academic Year)  Total to be filled in column  Name of School  Academic Year & Class  Total Education Fees #/ Expenses paid

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	<b>Book with Employ</b>	ee Salary Code	(Compulsory)
-------------------	--------------------	-------------------------	----------------	--------------

Employee Signature	<b></b>
Employee Name	:
Wife of or Son of	:
Department Name	:
Employee Salary Code	: KGMU/

Counter Signature,

Head of Department With Stamp

# सम्बन्धित प्रोफार्मा में अंकन Capital Letter में ही करें।

# वित्तीय वर्ष 2021-22

SALARY EMP. (	CODE - KGMU//	• • • • • • • • • • • • • • • • • • • •
NAME - Dr./Mr.		• • • • • • • • • • • • • • • • • • • •
FATHER NAME		•••••
DESIGNATION		
DEPARTMENT		
PAN NUMBER		
AADHAR NUMI	BER	
MOBLIE NUMB	ER	
E-MAIL ID		
DATE OF BIRTH	H	
	<b>SAVING DETAILS</b>	
Sr. No.	DETAIL OF INVESTMENT	AMOUNT
TO	OTAL AMOUNT (Rs.)	
So please 1	make T.D.S. as per my investment a	accordingly & details
enclosed.		details of details
	king You.	
Date:		Sincerely
2000.	1 Ours S	onicciety

(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

	Paper Allor	wance
To, Registrar, King George's Medical Unive Uttar Pradesh, Lucknow.	ersity,	
Though Proper Channel.		
Salary Employee Code	: KGMU/	/
Name of the Applicant	:	
Designation	:	
Department Name	f	
Pay Level & Basic Pay (Rs.)	1	
I Certify that I have spent Rs for the month of:- 1- January to June		towards purchases of Newspaper(s)
OR		
2- July to December		
	h reimbursement is beir	of which reimbursement is claimed, are ng claimed has actually been Paid by me and
(Signature of Applicant) Name:		(Signature Of HOD) Name of HOD:
For Office Use		

(Salary Assistant)

(Accountant)

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

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

(Finance & Accounts Officer)

(Finance Officer)

(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

,
GMU//
towards purchases of Briefcase/office
office Bag/Hand Bag in respect of which reimbursement is for which reimbursement is being claimed has actually been by any other source.
(Signature Of HOD) Name of HOD:
as per office order.

(Finance & Accounts Officer)

(Finance Officer)

(Salary Assistant)

(Accountant)

(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

	mployee			/		
Name of Designat		oncant		•••••		
Departm		e				
		ic Pay (Rs.)	:			
IC	ertify that	t I have spent Rs		. towards paid of	Telephone for	or the month of:-
Sr.	Month	Broadband (A)	Telephone (B)	Receipt No.	Date	Total (A+B)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						+
12						
2) The am	ount for v	are that (1) the Tel- which reimburseme y other source.	ephone in respect nt is being claime	of which reimburs d has actually bee	sement is cla n Paid by me	imed, are paid by a and has not been
Signatur					ture Of HC	
				Name	of HOD :	
or Offic	e Use					

(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.

1	hough	Proper	Channel.

Salary Employee Code	: KGMU//	
Resident Name	ī	,
Designation	:	
Department Name	:	
Pay Level & Basic Pay (Rs.)	:	•
No Date	ther source.  (Signature Of H	arsement is claimed, are ally been Paid by me and
For Office Use  The bill is restricted for the amount Passed for Rs(Rupee	of Rsas per office	e order.
(Salary Assistant) (Accountant)	(Finance & Accounts Officer)	(Finance Officer)

(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.)

	ing Resource And	owance(L.R.A.)	
To,  Registrar,  King George's Medic  Uttar Pradesh, Luckne			
Though Proper Channel.			
Salary Employee Code Duration(Period) Name of Faculty/Officer Designation Bank Account No. Pay Level Detail of Expenditure on Le	arning Resource Allowa	unce:	
Sr.No.	Items	Bill No & Date	Amount
	Total		
(This bill is Original enclose		f LRA)	
	Underta he above bill/amount in	ıking	oeen claimed earlie
(Signature of Applicant) Name:		(Signature Of HON) (Signature Of HON) (Signature Of HON) (Signature Of HON)	DD)
For Office Use			
The bill is restricted for the a Passed for Rs			

(Salary Assistant)

(Accountant)

(Finance & Accounts Officer)

(Finance Officer)

#### **Directions Learning Resource Allowance(LRA):**

- 1. 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:-
  - (a) Membership fee of professional Specialties.
  - (b) Subscription of Scientific Journals.
  - (c) Purchase of books & Journals.
- 2. 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.
- 3. Photography equipments like photography Camera, lenses and their peripherals.
- 4. Smart Phones with e-mail features.
- 5. Transparencies, slides and similar resource material required to enhance learning.
- 6. Article Processing/Publication charges of open access journals included MFD Line, pubmed Certral, Diectory 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 autherised/received reimbursement for the article in question.
- 7. Stethoscope, blood pressure apparatus, otoscope and opthalmoscope.
- 8. A medical device (not included at Sl. No. 9) Used for Learning/Teaching/research subject to self certification by the faculty member and approval by Competent Authority.
- 9. Could storage subscription.
- 10.Reimbursement for conference related travel/accommodation/registration fees as per existing AIIMS/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.

KING GEORGE'S MEDICAL UNIVERSITY U.P. LUCKNOW

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

(Ref: Order No.-2804/Finance & Account/2016 Dated 26.08.2016

## Certificate-Cum Conveyance Reimbursement Allowance

10					
		strar,			
	King	g George's Medical	University,		
TI		r Pradesh, Lucknow			
DE	RIOD	er Channel.			
1.	Certified	that I have visited	/	AMOUNT RS .	
1.	dumin a 41	that I have visited	performed official dut	ies outside my normal duty hou	ars in connection with the official workin
	during th	e claim period as pe	r following :-		
	S. No.		Period/Month	No. of visit	Type of vehicle
	1				•
	2				
	3				
	5				
	6				
	7				
	8				
	9				
	10				
	11				
	12				
2.	Certified	that I am regularly	naintaining my own M	lotor Car and it was in working a	condition and used for official visits during
	the above	period. The registra	tion number of my veh	nicle is	condition and used for official visits during
3.	Certified t	that vehicle maintain	ned by me was not avai	ilable for use owing so it's boing	out of order/was not used for official visit
	(for a peri	od of	)	made for use owing so it's being	out of order/was not used for official visit
4.	Certified	that I was not on	vacation/leave of any	kind or on tomposous topo-f-	during the month for which conveyance
	allowance	has been claimed.	vacation/leave of any	kind of on temporary transfer	during the month for which conveyance
5		mas occir ciamica.			
	Certified t	hat I was on vacatio	n/leave from	6 1116	
6.	It is also	that I was on vacation	on/leave from	for which Conveyan	ace allowance has not been claimed.
6.	it is also	verified that I have	not drawn any daily a	llowance or mileage allowance	ce allowance has not been claimed.  for journey on official duty whether in or
0.	beyond a	verified that I have radius or 08 kilomet	not drawn any daily a ers within the municipal	illowance or mileage allowance al limits of Lucknow.	for journey on official duty whether in or
7.	beyond a i	verified that I have radius or 08 kilomet verified that I have n	not drawn any daily a ers within the municipa ot used the STAFF CA	illowance or mileage allowance al limits of Lucknow.	ice allowance has not been claimed.  for journey on official duty whether in or
7.	beyond a r It is also v Rate of co	radius or 08 kilomet rerified that I have n proveyance Allowance	not drawn any daily a ers within the municipa ot used the STAFF CA e-	Illowance or mileage allowance al limits of Lucknow.  R for the said visits.	for journey on official duty whether in or
7.	beyond a i It is also v Rate of co	radius or 08 kilomet rerified that I have nonveyance Allowance Mode of	not drawn any daily a ers within the municipa ot used the STAFF CA e-  Conveyance	allowance or mileage allowance al limits of Lucknow.  R for the said visits.  Maximum per month (in Rs)	for journey on official duty whether in our du
7.	beyond a in It is also very Rate of co	radius or 08 kilomet rerified that I have n inveyance Allowance Mode of Four Wheeler	not drawn any daily a ers within the municipa ot used the STAFF CA e-  Conveyance	allowance or mileage allowance al limits of Lucknow.  R for the said visits.  Maximum per month (in Rs)  3300/-+DA	for journey on official duty whether in our duty whether
7.	beyond a II It is also v Rate of co S.No.  1 2	radius or 08 kilomet rerified that I have n inveyance Allowance Mode of Four Wheeler Four Wheeler	not drawn any daily a ers within the municipa ot used the STAFF CA e- Conveyance	Allowance or mileage allowance al limits of Lucknow.  R for the said visits.  Maximum per month (in Rs)  3300/-+DA  1080/-+DA	Maximum per month (in Rs)  160/-+DA 80/-+DA
7.	beyond a I It is also v Rate of co S.No.  1 2 3	radius or 08 kilomet rerified that I have nonveyance Allowance Mode of Four Wheeler Four Wheeler Foot Allowance	not drawn any daily a ers within the municipa ot used the STAFF CA e- Conveyance	allowance or mileage allowance al limits of Lucknow.  R for the said visits.  Maximum per month (in Rs)  3300/-+DA	for journey on official duty whether in our duty whether
7.	beyond a I It is also v Rate of co S.No.  1 2 3 Name of fa	radius or 08 kilometrerified that I have no enveyance Allowance Mode of Four Wheeler Four Wheeler Foot Allowance aculty	not drawn any daily a ers within the municipa ot used the STAFF CA e- Conveyance	Allowance or mileage allowance al limits of Lucknow.  R for the said visits.  Maximum per month (in Rs)  3300/-+DA  1080/-+DA  900/-+DA	Maximum per month (in Rs)  160/-+DA  80/-+DA  60/-+DA
7.	beyond a I It is also v Rate of co S.No.  1 2 3 Name of fa	radius or 08 kilometrerified that I have nonveyance Allowance Mode of Four Wheeler Four Wheeler Foot Allowance aculty	not drawn any daily a ers within the municipa ot used the STAFF CA e- Conveyance	Allowance or mileage allowance al limits of Lucknow.  R for the said visits.  Maximum per month (in Rs)  3300/-+DA  1080/-+DA  900/-+DA	Maximum per month (in Rs)  160/-+DA  80/-+DA  60/-+DA
7.	beyond a II is also veryond a	radius or 08 kilometrerified that I have nonveyance Allowance Mode of Four Wheeler Four Wheeler Foot Allowance aculty on	not drawn any daily a ers within the municipa ot used the STAFF CA e- Conveyance	Illowance or mileage allowance al limits of Lucknow.  R for the said visits.  Maximum per month (in Rs)  3300/-+DA  1080/-+DA  900/-+DA	Maximum per month (in Rs)  160/-+DA  80/-+DA  60/-+DA
7. 8.	beyond a r It is also v Rate of co S.No. 1 2 3 Name of ft Designation Department Employee	radius or 08 kilometrerified that I have nonveyance Allowance Mode of Four Wheeler Four Wheeler Foot Allowance aculty on the ID	not drawn any daily a ers within the municipa ot used the STAFF CA e- Conveyance	Illowance or mileage allowance al limits of Lucknow.  R for the said visits.  Maximum per month (in Rs)  3300/-+DA  1080/-+DA  900/-+DA	Maximum per month (in Rs)  160/-+DA  80/-+DA  60/-+DA
7. 8.	beyond a lit is also veryond a lit is also v	radius or 08 kilometradius on 08 kilometradius or 08 kilometradius	not drawn any daily a ers within the municipa ot used the STAFF CA e- Conveyance	Illowance or mileage allowance al limits of Lucknow.  R for the said visits.  Maximum per month (in Rs)  3300/-+DA  1080/-+DA  900/-+DA	Maximum per month (in Rs)  160/-+DA  80/-+DA  60/-+DA
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