



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- 09AAAK4509K1ZJ

पत्रांक ५१५७/वित्त एवं लेखा/2023-24

दिनांक 13/04/2023

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 2023-24 हेतु लिखित रूप से सम्भावित Saving Information संलग्न प्रोफार्मा पर विलम्बतम् दिनांक 20/04/2023 तक अपने सम्बन्धित वेतन सहायक को अवश्य उपलब्ध करा दें, अन्यथा वित्तीय वर्ष 2023-24 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 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

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 4956 / वित्त एवं लेखा / 2023-24

दिनांक 13/04/2023

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 2023-24 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 पुराने अथवा नये नियमानुसार कराने के इच्छुक हैं की सूचना अधोहस्ताक्षरी कार्यालय में अविलम्ब (दिनांक 20/04/2022 तक) उपलब्ध करने का कष्ट करें। अन्यथा की दृष्टि में पुराना विकल्प ही मान्य होगा।

भवदीय

वित्त अधिकारी

किंग जार्ज चिकित्सा विश्वविद्यालय
उत्तर प्रदेश लखनऊ



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पत्रांक 4955/वित्त एवं लेखा/2023-24

दिनांक 13/04/2023

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 एस0जी0पी0जी0आई0 के समतुल्य किंग जार्ज चिकित्सा विश्वविद्यालय में देय भत्तों(वित्तीय वर्ष 2023-24 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 एस0जी0पी0जी0आई0 के समतुल्य भत्तों का प्रतिपूर्ति किया जाना सम्भव नहीं होगा।

भवदीय

संलग्नक सम्बन्धित प्रोफार्मा।

Available on www.kgmuonline.co.in → Circular

वित्त अधिकारी
किंग जार्ज चिकित्सा विश्वविद्यालय
उत्तर प्रदेश लखनऊ

KING GEORGE'S MEDICAL UNIVERSITY U.P. LUCKNOW

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,

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

Name of the Child # (I st)	Name of School	Academic Year & Class	Total Education Fees # / Expenses paid	Total Amount of Re-imburement 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 # (II nd)	Name of School	Academic Year & Class	Total Education Fees # / Expenses paid	Total Amount of Re-imburement 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 Signature :.....

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 2023-24

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

Sr. No.	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)

Name :

A/c No. :

(Signature Of HOD)

Name of HOD :

For Office Use

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

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

(Salary Assistant)

(Accountant)

(Finance & Accounts 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)

Name :

A/c No. :

(Signature Of HOD)

Name of HOD :

For Office Use

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

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

(Salary Assistant)

(Accountant)

(Finance & Accounts 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	Broadband (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)

Name :

A/c No. :

(Signature Of HOD)

Name of HOD :

For Office Use

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

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

(Salary Assistant)

(Accountant)

(Finance & Accounts 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)

Name :

A/c No. :

(Signature Of HOD)

Name of HOD :

For Office Use

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

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

(Salary Assistant)

(Accountant)

(Finance & Accounts 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)

Learning Resource Allowance(L.R.A.)

To,

Registrar,
King George's Medical University,
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.No.		Items	Bill No & Date	Amount
Total				

(This bill is 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)
Name :
A/c No. :

(Signature Of HOD)
Name of HOD :

For Office Use

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

(Salary Assistant) (Accountant) (Finance & Accounts Officer) (Finance Officer)

Directions (LRA) as per Sanjay Gandhi Post Graduate of Medical Sciences- Lucknow

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 Sl. 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 fee 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 with IMMEDIATE EFFECT.

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

To,

Registrar,
King George's Medical University,
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 :-

S. No.	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-

S.No.	Mode of Conveyance	Maximum per month (in Rs)	Maximum per month (in Rs)
1	Four Wheeler	3300/-+DA	160/-+DA
2	Four Wheeler	1080/-+DA	80/-+DA
3	Foot Allowance	900/-+DA	60/-+DA

Name of faculty

Designation

Department

Employee ID

Bank A/c No.

Verification of HOD

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)

Name :

A/c No. :

(Signature Of HOD)

Name of HOD :

For Office Use

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

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

(Salary Assistant)

(Accountant)

(Finance & Accounts Officer)

(Finance Officer)