

**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 28<sup>th</sup> August 2019)

**Book Allowance**

To,

The Registrar,  
King George's Medical University UP,  
Lucknow.

***Through Proper Channel***

Salary Employee Code : KGMU...../.....  
Resident Name : .....  
Designation : .....  
Department Name : .....  
Pay Level & Basic Pay (Rs.) : .....

I certify that I have spent Rs. ....  
towards purchase 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)

Name : .....

Name of HOD: .....

A/c No. : .....

**For Office Use Only**

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

Passed for payment of **Rs.....(Rupee.....)**

Salary Asstt.

Accountant

Finance & Account Officer

Finance Officer