

उत्तर प्रदेश आयुर्विज्ञान

विभवविद्यालय

सैफई, इटावा – 206 130 (उ०प्र०)

Uttar Pradesh University of Medical Sciences

Saifai, Etawah - 206 130 (U.P.)

To

The Dean (Faculty of Medicine)

UPUMS

Saifai

Sub:-**Reimbursement of Book Allowance:-**

THROUGH PROPER CHANNEL

Sir/Madam,

I am working as Junior Resident (MD/MS)* in the Department of.....Since.....I herewith request you to reimburse me Rs.....**as book allowance for the financial yearduring which I have worked as.....

I hereby undertake that I have incurred expenditure on purchasing of books and journals related to my speciality of more than Rs.....From April 01.....till today. Also, in case I resign my post before 31st March....., I undertake to refund the book allowance amount to the University.

Date:-

Yours Sincerely

(Dr.....
Junior Resident(.....
Department.....
Mobile No:-.....
Bank Account No.....
Biometric ID.....
Date of joining on above post.....

(Recommendation of HOD)

*Please strike out whatever is not applicable. No column should be left blank.

**Maximum admissible amount is Rs.2000/- for JR(MD/MS). If you spent a smaller amount, please indicate that.

Note:-Enclose the Bills.

Accounts

Passed for payment of Rs.....

J.A.O

A.O

S.A.O

F.O