

उ०प्र० आयुर्विज्ञान विश्वविद्यालय  
सैफई, इटावा (उ०प्र०)  
U.P. University of Medical Sciences  
Saifai, Etawah - 206 130 (U.P.)

REIMBURSEMENT CLAIM FOR LEARNING RESOURCE ALLOWANCE

Duration (Period) 2020-21

1. Employee ID/Biometric No ID .....
2. Name of Faculty / Officers .....
3. Designation .....
4. Office/ Section (Place of Posting) .....
5. Bank Account No. ....
6. Pay Level .....
7. Phone No. ....

Detail of Expenditure on Learning Resource Allowance:

Sl No	Name of the item purchased/ short term courses	Invoice No and Date	Amount in INR	Admitted/Not Admitted

(The bill in original with GST is enclosed for reimbursement)

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

Signature

For Office Use

This is certified that above mentioned Faculty/officer is eligible for LRA(as per AllMS,new delhi vide F-20-1/2018(A)-  
Estt-I,dt 14/01/2019.

UDA/O.S.

A.O. (Admin)

Recommendation of dean

Recommended for the reimbursement of above claimed LRA

Dean (Research Cell)

The bill is restricted for the amount of Rs ..... as per office order No. 2609/ UPUMS/  
Estt.II/2019-20 Dated 27-11-2019. Passed for Rs.....(Rs. in words.....) for F.Y.  
2020-21

Asstt. Acctt./JAO

AO

SAO

F.O.