ANNX-I

भारत सरकार Government of India

स्वास्थ्य और परिवार कल्याण मंत्रालय Ministry of Health and Family Welfare

प्रधान मंत्री स्वास्थ्य सुरक्षा योजना PMSSY

अखिल भारतीय आयुर्विज्ञान संस्थान All India Institute of Medical Sciences

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मंगलिगिरि, आंध्रप्रदेश Mangalagiri, Andhra Pradesh

F.NO: AIIMS/MG/Admin/Estt/08/2019-20/LRA APPLICATION

Dated:

APPLICATION FORM FOR LRA CLAIM

Name of the Faculty Member/Group 'A' Officer:

Designation:

Department:

Date of Joining:

SI.NO	Name of the Item	Invoice No. & Date	Amount (In Rs.)	Transaction details If purchased online

This is to certify that all the procured items are exclusively used by me as resource material for learning and research only and the amount of LRA claimed as reimbursement has been wholly, substantially and specifically utilized for the purpose of training, research and teaching activities and I indemnify Director, AIIMS from any liability in this regard.

Date:

Name & Signature Of the Faculty Member/ Group 'A' Officer

IMPORTANT NOTE:-

- 1. Details of Purchase may be submitted only in the prescribed format attached in annexure-I.
- 2. For Purchase/subscription made in foreign currency, proof of relevant conversion on the same date of purchase in INR is required to be furnished and payment will be made accordingly.
- 3. Proof of Purchases/subscription made online original invoice and debit/credit card are bank statement are required to be furnished.
- 4. All the bill should have TIN No./CST Number/GST No./Invoice Number even material purchased though online trade.
- 5. Revenue stamp to be affixed and Cross Signed in bills having purchase value of Rs. 5000 and above.
- The bills should be certified on the reverse side and submitted in triplicate to the LRA Committee.
- 7. The Clime may be similarly rejected if not found in order on the above basis.
