All India Institute of Medical Sciences, Kalyani
NH-34 Connector, Basantapur, Suguna, Kalyani, Nadia (WB)-741245

**CLAIM FORM FOR REIMBURSEMENT OF MONTHLY CHARGES TOWARDS LAND LINE / MOBILE / BROAD BAND CHARGES**

1. Name of the Faculty/Officer :
2. Designation :
3. Grade Pay :
4. Date of Joining :
5. Residential Address :
6. Telephone/Mobile/Broad band No : Land Line No……
   Service Provider ……..
   Mobile No ……..
   Service Provider ……..
   Broad Band No ……..
   Service Provider ……..
7. Whether Broad band/ Internet facilities Taken from the office at the residence : YES / NO
8. Whether Broad band/ Internet facilities Taken on own at the residence : YES / NO
9. Name of the months / Year for which reimbursement have been classified : ……
10. Break-up of the expenditure incurred pl mention the amount in Rs. (Each monthly amount may be mentioned and added for 3 months / 6 months as applicable against each column) : Land Line ……
    Mobile ……..
    Broad band / Internet……..
    Total Rs ……
    Amount claimed
    As per the ceiling Rs ……..
10. Bill No with date (Pl enclose the original Bills / receipts in support of the claim) : Land Line ……..
    Mobile……..
    Broad Band / Internet……..

**Declaration**

I hereby declare that the above telephone/Mobile/Broad band is/are issued on my name and Information as given above are true to the best of my knowledge.

Date: Signature:

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**CLAIM FORM FOR REIMBURSEMENT OF MONTHLY CHARGES TOWARDS NEWSPAPER**

Ministry of _____

Department of_____

(Statement to be furnished on half-yearly basis by the Government Officer to Administration)

Name of the Applicant :_____

Designation :_____

Department :_____

Pay Level & Basic Pay (Rs) : _____

Date of Joining :_____

I certify that I have spent Rs _____towards purchase of Newspaper(s) for the month of

(i) January - June 20____
OR
(ii) July - December 20 ___

(Only One Option is to be ticked)

I further declare that (i) The Newspaper (s) in respect of which reimbursement is claimed is/are purchased by me.
(ii) the amount for which reimbursement is being claimed has actually been paid by me and has Not/Will Not be claimed by any other source.

Date _____

Signature_____

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**FORMAT FOR SUBMISSION OF CLAIMS FOR LEARNING RESOURCE ALLOWANCE (LRA) FOR THE YEAR**

**FROM _____TO _____**

Name of the Faculty :

Designation :

Department :

Date of Joining :

| SL No | Name of the items purchased/Short term course | Invoice No & Date | Amount in INR | Transaction details, if, purchased online |
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"Certified that all these above items are admissible under the LRA and used by me as a resource material for learning"

Date: Signature of the Faculty/Official