

**ALL INDIA INSTITUTE OF MEDICAL SCIENCES, Raipur**

**Application Form of Book Allowance for SR(Acad. & Non-Acad.), & JR (Acad.)**

1. Name of Resident Dr. :- \_\_\_\_\_

2. Employee Id :- \_\_\_\_\_  
(As per Salary Slip)

3. Designation:- \_\_\_\_\_

4. D.O.J :- \_\_\_\_\_

5. Department :- \_\_\_\_\_

6. Whether Claimed for which Year I/II/III:- \_\_\_\_\_

7. Details of Book Allowance obtained earlier :- I Year / II Year / III Year

**8. Details of Medical Book Purchased :-**

S.No.	Name of Book Purchased	Invoice No.	Price of the Book purchased	Eligible Amount
Total Amount =			₹.	₹.

**Note:- Pls. submit Original invoice along with books of that concerned year you are claiming. After Verification, Books will be returned.**

**Date :-**

**Signature of  
Resident Dr.**