



पूर्वोत्तर इंदिरा गांधी क्षेत्रीय स्वास्थ्य एवं आयुर्विज्ञान संस्थान, शिलांग
NORTH EASTERN INDIRA GANDHI REGIONAL INSTITUTE OF HEALTH & MEDICAL SCIENCES, SHILLONG
(भारत सरकार, स्वास्थ्य एवं परिवार कल्याण मंत्रालय, स्वायत्त संस्थान)
(An Autonomous Institute, Ministry of Health and Family Welfare, Government of India)
निदेशक ब्लॉक, मावडीयांगडीयांग, शिलांग - 793018 मेघालय
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F. No.

No.NEIGR-Accts/45/2024-2025

Dated ____ November 2024.

CIRCULAR

Subject :- Provision for purchase/reimbursement of Briefcase/Official bag/ladies purse- regd.

In continuation to Institute's Circular No.NEIGR-Estt-I/294/2024/7 Dated 04.10.2024 relating to provision for purchase/reimbursement of Briefcase/Official Bag/ladies purse, **once in three years**, the reimbursement claim by entitled Officers/Officials will be accepted on submission of the following to Accounts Section :-

1. Bill is to be submitted in **original** for reimbursement.
2. Bill wherein purchase of Briefcase/Official Bag/ladies purse is made after the effective date i.e. **04.10.2024**.
3. Bill is to be submitted alongwith a **Certificate** as per Annexure 'A' enclosed.
4. Bill submitted should be in the **name of the entitled Officer/Official** claiming for reimbursement.

This is issued with the approval of the competent authority.

(Lt. Cdr. Pawan Deep)
Deputy Director (Admn)

Memo.No. NEIGR-Accts/45/2024-2025/

Dated 14 November 2024.

Copy to:-

1. The Dean, NEIGRIHMS, Shillong.
2. The Medical Superintendent, NEIGRIHMS, Shillong.
3. All HODs/HOD i/c, NEIGRIHMS, Shillong.
4. All Section/Unit Heads - College of Nursing, Security, Store Officer, Library, Administration, Nursing Section, Engineering Section (Civil & Electrical), Academic Section, Examination Cell, Accounts Section, GAD/ Establishment-I/II/III, Dietary, MRD, Sanitation, Laundry, CSSD, Casualty, Director's Section, BME etc.
5. Accounts Officer, NEIGRIHMS, Shillong for information and necessary action.
6. PA to the Director, NEIGRIHMS, Shillong for favour of information of Director.
7. Programmer, IT Cell, NEIGRIHMS, Shillong to upload in the Institute's Website.

(Lt. Cdr. Pawan Deep)
Deputy Director (Admn)

Purchase of Official bag/Briefcase/Ladies purse Reimbursement Claim Form

(To be filled in BLOCK LETTERS)

1. Name of the official :
2. Designation & Department/Section:
3. Employee Code No. :
4. Pay level :
5. Mobile/Telephone No. :
6. Details of bill submitted:-
(I) Invoice/Bill no. With date:

(Signature)

Name of official:

Designation:

Date:

CERTIFICATE

Certified that expenditure has been incurred and paid by me, and the bills/cash memos enclosed is related to purchase of briefcase/office bag/ladies purse.

(Signature)

Name of official:

Designation:

Date: