



अखिल भारतीय आयुर्विज्ञान संस्थान
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
साकेत नगर भोपाल (मध्यप्रदेश) – 462020
Saket Nagar, Bhopal (M.P.) – 462020

Newspaper Reimbursement Form

[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.) : _____

I certify that I have spent Rs. _____ towards purchase of Newspaper(s) for the months of:

i) Jan- 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 : _____

Name : _____