

Annexure - I

Statement for reimbursement

Name of Applicant
Designation
Department
Pay Level & Basic Pay (Rs)

I certify that I have spent towards purchase of Newspaper(s) for the month of:

1. January-June 20....

OR

2. 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: