



अखिल भारतीय आयुर्विज्ञान संस्थान, नागपुर

प्लॉट नंबर - 2, सेक्टर - 20, मिहान, नागपुर - 441108

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NAGPUR

Plot No - 2, Sector - 20, MIHAN, Nagpur- 441108

Website: - www.aiimsnagpur.edu.in

Form for Newspaper Reimbursement

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

Name of Applicant:

Designation:

Department :

Pay Level & Basic Pay (Rs.)

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

i) Jan to June, 20..... OR

ii) July to 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 been paid by me and has not/will not be claimed by any other source.

Date:

Signature

Name

