ALL INDIA INSTITUTE OF MEDICAL SCIENCES(AIIMS), DEOGHAR

(Statement to be furnished on half yearly basis to Accounts Branch)

Name of	the applicant	:
Designat	tion	:
Departm	nent	:
Pay Leve	el & Basic Pay (Rs.)	:
I the mon		towards of newspaper(s) for
i.	January -June, 20	
	OR	
ii.	July – December, 20	
(0	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	
(ii)	by me. 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: -