



**अखिल भारतीय आयुर्विज्ञान संस्थान (एम्स), गुवाहाटी**  
**All India Institute of Medical Sciences, Guwahati**  
स्वास्थ्य और परिवार कल्याण मंत्रालय, भारत सरकार के तत्वावधान में एक वैधानिक निकाय  
(A statutory body under the aegis of Ministry of Health and Family Welfare, GoI)  
Changsari, Assam PIN - 781101

**CLAIM FORM FOR REIMBURSEMENT OF MONTHLY EXPENCES TOWARDS LAND LINE  
MOBILE/ BROADBAND CHARGES:**

- Name of the Faculty/ Officer :
- Designation :
- Grade Pay:
- Residential Address :
- Telephone/ Mobile/ Broad band No. as Land Line No. –  
Service Provider Name (Land)  
Mobile No –  
Service Provider Name (M)  
Broad Band No –  
Service Provider Name (BB)
- Whether Broad band/ Internet facilities taken from the office at the residence Yes/ No
- Whether Broad band/ Internet facilities taken on own at the residence Yes/ No
- Name of the months/ Year for which reimbursement have been classified
- Break-up of the expenditure incurred (PL. mention the amount in Rs. (Each monthly amount may be mentioned and added for 3 months/ 6 months as applicable against each column)  
Land Line Rs.  
Mobile Rs.  
Broadband/ Internet Rs.  
Total Rs.  
Amount claimed  
As per the ceiling Rs.
- Bill No. with date (Pl. enclose the original bills/ receipts in support of the claim)  
Land line  
Mobile  
Broad Band/ Internet –

**Declaration :-**

I hereby declare that the above telephone/ mobile/Broad band is/ are issued on my name and information as given above are true to the best of my knowledge.

Date:-

Signature & Seal :-