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|  | **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)** |

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(Statement to be furnished on half-yearly basis by the Faculties/ Officers to the Administration)

Name of the Applicant:

Designation:

Department:

Pay Level & Basic Pay (in Rs.):

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

1. **Jan- June 20\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Or**

1. **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 the reimbursement is being claimed has actually been paid by me and has not/ will not be claimed by any other source.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:

Name: