

ALL INDIA INSTITUTE OF MEDICAL SCIENCES
PATNA

[Statement to be furnished on half-yearly basis by the Employee to Administration (O/o Administrative Officer)]

Name of the Applicant: _____

Designation: _____

Department/ Office: _____

Pay Level & Basic Pay (₹) _____

I certify that I have spent ₹ _____ (Rupees _____)

towards purchase of Newspaper(s) for the months of :

(i) January-June,20_____

(ii) 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