

ICMR-National Centre for Disease Informatics and Research, Bengaluru

Annexure

Ministry of Health and Family Welfare

Department of Health Research

[Statement to be furnished on half-yearly basis by the Government Officer to Administration]

Name of the Applicant :

Designation :

Department/Institute :

Pay Level & Basic Pay (Rs.) :

I certify that I have spent Rs. _____ towards purchase of Newspapers(s) for the months of:

(i) January – June, 20__

OR

(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: