

**ICMR – National Institute of Nutrition  
Government of India  
Ministry of Health and Family Welfare  
Department of Research  
-oOo-**

**{Statement to be furnished on half-yearly basis by the Government Officer to administration}**

**Name of the Applicant        ::**

**Designation                        ::**

**Department                        ::**

**Pay Level & Basic Pay (Rs.): Level**

**I Certify that I have spent Rs. \_\_\_\_\_ towards purchase of Newspaper(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**

**Designation**

**Bank A/c No.**