

**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.