



राष्ट्रीय पर्यावरणीय स्वास्थ्य अनुसंधान संस्थान
NATIONAL INSTITUTE FOR RESEARCH IN ENVIRONMENTAL HEALTH

भारतीय आयुर्विज्ञान अनुसंधान परिषद
INDIAN COUNCIL OF MEDICAL RESEARCH
कमला नेहरू चिकित्सालय भवन, भोपाल
Kamla Nehru Hospital Building, Bhopal - 462001

Name of the Applicant: _____ Designation: _____
Department: _____ Grade Pay (Rs) _____

S.No.	Period	Name of the News Paper (s)	Claim Amount (Rs)
1			
2			
3			
4			
5			

Note: 1. 15% of the total cost of the Newspaper (s) shall be deducted towards cost of the old Newspaper.

2. Reimbursement will be done only for Indian Newspapers not for any magazine, periodicals, calender or any other monetary purchase with newspaper agency.

Further declared that :

- The Newspaper (s) mentioned above, in respect of which reimbursement is claimed are purchased by me.
- The bills for which reimbursement is being claimed have actually been paid by me and has not/will not be claimed by any other source. All original self certified receipts / vouchers are attached.

Date: _____

Signature: _____

(FOR FINANCE OFFICE USE)

- Amount claimed Rs _____
- Amount passed for Rs _____