ICMR-NATIONAL INSTITUTE OF VIROLOGY

20-A, Dr. Ambedkar Road, PB No.11, Pune-411 001.

(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.) _____

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

i) Jan-June, 20____

OR

ii) July-December, 20____

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:_____