
CLAIM FORM FOR REIMBURSEMENT OF NEWSPAPERS PURCHASED/SUPPLIED TO OFFICERS AT THEIR RESIDENCE

Auth : Govt of India, Deptt of Expenditure OM No 25(12)/E-Coord-2018 dt 03 Apr 2018 adopted vide IISER Berhampur Office Order No IISERBPR/RO/OO/2019/47 Dtd Oct 21, 2019

Sr. No.	Level Of Officer/Official	Ceiling(in ₹) Amount in Rupees	Pay level
1	Secretary/Spl Secretary/Or equivalent	As per actuals	17
2	Addl. Secretary or equivalent	1100/-	15
3	Joint Secretary and equivalent	850/-	14/14A
4	Director/Deputy Secretary/Under Secretary/Section Officer or equivalent	500/-	10, 11, 12, 13A1 & 13A2

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

Name of Employee			
Designation		P.F. No	
Pay in Pay Band		G.P./A.G.P.	
Department / Section			

I certify that I have spent ₹_____towards purchase of Newspaper(s) for the month 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 being paid by me and has not/will not be claimed by any other source.

Date: **Signature of the employee**

Passed for Rs. :	**(Rs. in words)**		
Prepared by	**Checked by**	**Recommended by**	**Approved as per Rules**
Office Assistant	**Jr. Supdt. / Supdt.**	**AR(F&A)**	**DR/Registrar**