जवाहरलाल स्नातकोत्तर आयुर्विज्ञान शिक्षा एवं अनुसंधान संस्थान
Jawaharlal Institute of Postgraduate Medical Education and Research
(स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार के अधीन राष्ट्रीय महत्व का संस्थान)
(An Institution of National Importance, Ministry of Health & Family Welfare, Government of India)
धन्वंतरि नगर, पुदुच्चेरी / **Dhanvantari Nagar, Puducherry – 605 006**

REIMBURSEMENT OF NEWSPAPER

Name :

Employee Number :

Mobile Number :

Designation :

Department :

Pay Level :

I certify that I have spend Rs._____ towards purchase of Newspaper (s) for the month of *(Note : Only one option is to be ticked)*

i) **January to June 20_____**
(OR)
ii) **July to 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 of the Employee**