

Indian Sign Language Research and Training Centre (ISLRTC)

Department of Empowerment of Persons with Disabilities, Divyangjan Ministry of Social Justice& Empowerment, Govt. of India Module No.403-406, 4th Floor, NSIC Business Park, Okhla Industrial Estate, New Delhi - 110020 Telephone: 26327558/26327550, Email- <u>islrtcnewdelhi@gmail.com</u>

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

Name of the Applicant	:	
Designation	:	
Department	:	
Pay Level & Basic Pay (₹	.):	
I certify that I have spent month of:-	₹towards purchase of	Newspaper (s) for the

- (i) January June, 20____
- (ii) July December, 20____

[only one option is to be ticket]

I further declare that : i) The Newspaper (s) in respect of which reimbursement is claimed, is/are purchases 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:_____

FOR OFFICE USE ONLY

Passed for payment of
for thetotowards Reimbursement of Newspaperfor thevide.The claim had been entered in Newspaper claim Register at Page no.and S.No.

Prepared by

Checked by