

**Savitribai Phule National Institute of Women and Child Development**  
**5, Siri Institutional Area, Hauz Khas, New Delhi – 110 016**

No. e-Office Comp. No.108097

Date: 8<sup>th</sup> September, 2025

**OFFICE MEMORANDUM**

**Subject: Hospitality Facilities for various categories of Officers in SPNIWCD - reg.**

Competent Authority of the Institute has considered and approved for providing hospitality facilities for senior officers of the Institute in the line of MoWCD as per the details given below:

Sl. No.	Level of Officer	Ceiling Per Month (Rs.)
1	Additional Director/Joint Director/JTA	3,000/-
2	Deputy Director/DTA/Editor	2,000/-

2. As the matter is approved in the line of MoWCD, the procedure followed by MoWCD will be applicable to the Institute. Accordingly, it is decided that the claims will be reimbursed on production of a "**self-certificate**" on quarterly basis instead of production of bills of the hospitality items on monthly basis. The entitled officers as mentioned above may submit their claim to General Section in case of Headquarter and administration in case of Regional Centre with self-certificate as per the prescribed proforma (**copy enclosed**) within the aforementioned ceiling to the effect that the expenditure has actually been incurred by them on hospitality for official meeting, etc.

3. The claim by any officer being on leave of any kind for full calendar month will not be admissible for reimbursement of hospitality charges.

4. This order will be effective from the next quarter i.e. w.e.f. 1<sup>st</sup> October, 2025. Any claim prior to this date is not admissible.

This issues with the approval of the Competent Authority vide e-Office Computer No.108097.

  
(Hemambika Varma) 8/9/25  
Editor & Deputy Director (Admn.) I/c

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**Annexure**

**Savitribai Phule National Institute of Women and Child Development**  
**(SP-NIWCD)**  
**5, Siri Institutional Area, Hauz Khas, New Delhi – 110 016**

[Statement to be furnished on Quarterly basis by the Officers of SP-NIWCD Officers to General Administration Section]

Name of the Applicant:.....

Designation:.....

Pay Level & Basic Pay (Rs.):.....

Bank Name:.....

Bank Account No.:.....

IFSC Code:.....

**CERTIFICATE**

I certify that I have spent Rs..... towards purchase of hospitality items for the official meetings during the period:

From January to March, 20.....

From April to June, 20.....

From July to September, 20.....

From October to December, 20.....

The said amount may kindly be reimbursed to the undersigned.

I further declare that i) the hospitality items for the official meeting 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:.....