



सावित्रीबाई फूले राष्ट्रीय महिला एवं बाल विकास संस्थान

**Savitribai phule National Institute of Women and Child Development**

5, सीरी इंस्टीट्यूशनल एरिया, हौज़ खास, नई दिल्ली – 110016

5, Siri Institutional Area, Hauz Khas, New Delhi – 110016

*(Statement to be furnished on half-yearly basis by the Government Officer to the 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 months of :

I) Jan-June, 20\_\_

**OR**

II) July-Dec, 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 been paid by me and has not/will not be claimed by any other source.

Date: \_\_\_\_\_

Signature:

Name: