(Proforma For RE-imbursement of Newpapers Bill)

Department of Telecommunication Library & Information division Sanchar Bhawan

Name of the Officer:-						
Designation :-			Tele No.			
Please Tick the Quarter for I	RE-imburseme	ent.		ų	l	
Claims to be preferred quar	terly by 15th.	January/ 15th .	April/ 15th J	July / 15th octo	ober	
Name of the Newspapers	Name of the month	No. of issues	Rate	Total	Deduction @ 15%	Amount to
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Declaration:- I certify that a	li these news	papers were re	eceived by r	me at my resd (To be signed Addresss :-	Signature	er himself)
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	(FOR THE U	SE OF LIBRARY	& INFORM	ATION DIVISION	ON)	
Passed for Rs.		(Rupees)
			LIBRARY &	INFORMATION	I OFFICER	
Passed for Rs.		(Rupees)

ADG (Cash)