No. 110 - Staff Entt. (Rules)/AR/05-2018

भारत के नियंत्रक-महालेखापरीक्षक का कार्यालय . 9. दीन दयाल उपाध्याय मार्ग,

नई दिल्ली-110 124



OFFICE OF THE COMPTROLLER & AUDITOR GENERAL OF INDIA 9, DEENDAYAL UPADHYAYA MARG. NEW DELHI-110 124

दिनांक / DATE 18-06-2018

To

All Heads of Department in the IA&AD (As per mailing list),

Sub: - Supply of newspapers at office cost to officers working in IA&AD.

Sir/ Madam,

In consonance with Ministry of Finance OM No. 25(12)/E.Coord-2018 dated 3rd April, 2018 regarding reimbursement of Newspapers purchased/supplied to officers at their residence, it has been decided that in place of the existing practice of getting monthly reimbursement of newspaper on production of newspaper bills, reimbursement for newspaper may be made at the rates mentioned below based on the certification given by the entitled officer:

Sl.	Level of Officers	Reimbursements
No.		to be made per
		month (in Rs.)
1.	CAG/DAI	As per actual
2.	ADAI/DG/PAG	1100
3.	AG/PD	850
4.	Sr. DAG/DAG/Director/Dy. Director/ Sr.AO/AO/	500
	Sr.PPS/PPS/Sr. PS/PS/AAOs(Adhoc, RT, &	
	Probationer)/DEO Grade F & G/Supervisor/Hindi	×
	Officer/Welfare Assistant/Legal Assistant	Ŷ

2. A certificate as per Annexure-'A' to the effect that expenditure has been incurred on newspaper shall be provided by the officers on half yearly basis to the office for reimbursement.

3. The orders will be effective from April, 2018

Yours faithfully,

(V.S. Venkatanathan) Asstt. Comptroller and Auditor General (N)

Encl: Annexure-'A'

Indian Audit and Accounts Department. Office

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

Name of the Applicant:	· · · · · · · · · · · · · · · · · · ·
Designation:	
Section:	
Pay Level & Basic Pay (Rs.):	
I certify that I have spent Rs. Newspaper(s) for the months of :	towards purchase of
i) Jan-June, 20	

OR ii) July-December, 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: