

**स्थानान्तरण पर यात्रा भत्ते के अग्रिम हेतु आवेदन**  
**APPLICATION FOR ADVANCE OF T.A. ON TRANSFER**

1	नाम Name	_____
2	पदनाम Designation	_____
3	स्थायी/अस्थायी Whether temporary/permanent	_____
4	कार्यालय/स्थान जिसमें कार्यरत है Office/Station in which working	_____
5	मूल वेतन तथा ग्रेड वेतन Basic pay and Grade pay	_____
6	स्थान जहाँ स्थानान्तरित किया गया Station to which tranferred	_____
7	संख्या तथा स्थानान्तरण आदेश की दिनांक No. and Date of the transfer order	_____
8	परिवार के सदस्यों का उनकी और उनके साथ सम्बंध सहित विवरण Details of family members along with their age and relationship	_____
9	अग्रिम की आवश्यकता जिसके लिये है Whether the advance is required for	_____
अ	स्वयं के लिये अथवा Self alone, or	_____
ब	स्वयं तथा परिवार के लिये Self and family ,or	_____
स	केवल परिवार केलिये Family alone	_____
10	आवश्यक अग्रिम की रकम Amount of advance required	_____

मैं घोषणा करता हूँ कि मेरे द्वारा दी गयी उपर्युक्त जानकारी सत्य है।  
I declare that the particulars furnished above are correct.

स्थान  
Station  
दिनांक  
Date

सरकारी कर्मचारी के हस्ताक्षर  
Signature of the Government servant

# अवकाश के आवेदन का प्रारूप एस.आर-1

## FORM OF APPLICATION FOR LEAVE S.R.1

टिप्पणी: मद संख्या 1 से 11 प्रत्येक प्रार्थी को भरनी चाहिए, चाहे वह राजपत्रित हो या अराजपत्रित

NOTE: Items 1 to 11 must be filled in by all applicants whether gazetted or non-gazetted.

1. प्रार्थी का नाम/ Name of applicant
2. पद/ Post held
3. विभाग/ Department, Office and Section
4. वेतन/ Pay
5. वर्तमान पद पर मिलनेवाला मकान भत्ता या अन्य प्रतिकार भत्ते/ House rent allowance, conveyance allowance, or other compensatory allowance drawn in the present post.
6. मांगी गयी छुट्टी की किस्म अवधि और उसके शुरू होने की तारीख/ Nature and period of leave applied for and date from which required.
7. रविवार और छुट्टी के दिन, यदि कोई हो, जिन्हें छुट्टी के पहले/बाद में जोड़ना चाहते हैं/ Sundays & Holidays if any, proposed to be prefixed/ suffixed to leave.
8. छुट्टी का कारण/ Ground on which leave is applied for
9. पिछली छुट्टी से लौटने की तारीख, उस छुट्टी की किस्म तथा अवधि/ Date of return from last leave, and the nature and period of that leave.
10. मेरा विचार अगामी छुट्टी में के खण्ड वर्षों के लिये छुट्टी यात्रा की रियायत लेने का है/ नहीं है। / I propose / do not propose to avail myself of Leave Travel Concession for the block years \_\_\_\_\_ during the ensuring leave.
11. छुट्टी के अवधि में रहने का पता/Address during leave period :

तारीख/  
Date

12. नियंत्रण अधिकारी की टिप्पणी और/या सिफारिश  
Remarks and / or recommendation of the Controlling Officer

तारीख/ Date :

प्रार्थी के हस्ताक्षर/signature of applicant

प्रार्थी का नाम/Name of  
the applicant

पदनाम/Designation

### छुट्टी की अनुमत्यता के बारे में प्रमाण पत्र Certificate Regarding Admissibility of Leave

प्रमाणित किया जाता है कि \_\_\_\_\_ से \_\_\_\_\_ तक \_\_\_\_\_ दिन के लिए नियमावली के नियम \_\_\_\_\_ के अधीन \_\_\_\_\_ (छुट्टी की किस्म) अनुमत्य है।

13. Certified that \_\_\_\_\_ (nature of leave) for \_\_\_\_\_ days, from \_\_\_\_\_ to \_\_\_\_\_ is, admissible under Rule \_\_\_\_\_ of the CCS (Leave) Rules, 1972.

तारीख/ Date

हस्ताक्षर/Signature

पदनाम / Designation

14. \* संस्वीकृति देने वाले अधिकारी के आदेश

\* Orders of the sanctioning authority:-

तारीख / Date

हस्ताक्षर / Signature

आकस्मिक अवकाश

Casual Leave

दिनांक:

सेवा में,  
वरिष्ठ लेखापरीक्षा अधिकारी (प्रशासन)  
कार्यालय प्रधान निदेशक वाणिज्यिक लेखापरीक्षा तथा  
पदेन सदस- लेखापरीक्षा बोर्ड ,।  
मुंबई-400 051

विषय: आकस्मिक अवकाश की स्वीकृति हेतु।

महोदय,

मुझे होने के कारण मैं दिनांक से तक दिन के लिये कार्यालय आने में असमर्थ रहा/रही हूँ।

कृपया उक्त दिन के लिये मुझे आकस्मिक अवकाश की स्वीकृति प्रदान करें।

सधन्यवाद

भवदीय,

( )

दिनांक :

सेवा में,  
वरिष्ठ लेखापरीक्षा अधिकारी/प्रशासन  
प्रधान निदेशक वाणिज्यिक लेखापरीक्षा तथा पदेन सदस्य  
लेखापरीक्षा बोर्ड, प्रथम  
मुंबई 400 004

विषय: प्रतिपूरक छूटटी हेतु ।  
महोदय,

संने दिनांक और  
कार्य किया (ड्यूटी) किया था । उसके बदले मुझे दिनांक  
के दिन प्रतिपूरक अवकाश देने की स्वीकृति प्रदान करें ।  
धन्यवाद ।

इन दिनों में अधिक  
और

भव दी य,

कार्यभार ग्रहण-प्रतिवेदन  
JOINING REPORT

श्रीवा में

वरिष्ठ लेखापरीक्षा अधिकारी/प्रशासन  
कार्यालय प्रधान निदेशक वाणिज्यिक लेखापरीक्षा तथा  
पट्टेन सदस्य, लेखापरीक्षा बोर्ड - 1,  
मुम्बई - 400 051

महोदय,

मैं दिनांक ..... से ..... तक ..... दिनों के अवकाश पर  
रहने के पश्चात् पूर्व/बाद की छुट्टी जिसे नियमित किया गया है, आज दिनांक .....  
... को कार्यालय में उपस्थित होकर अपना कार्यभार ग्रहण करता/करती हूँ।

1. चिकित्सक द्वारा प्रदत्त स्वस्थता प्रमाण-पत्र संलग्न है।
2. कार्यभार ग्रहण करने की तारीख

Sir,

I am to report my return to duty this office from my absence from.....  
to be regularized from leave granted to me from.....to.....  
with permission of prefix and suffix.

1. Fitness Certificate of Doctor is enclosed
2. Joined duty on .....

भवदीय,

( )

पट्टेनाम.....

**APPLICATION FOR ADVANCE OF  
T.A. ON TOUR**

1. Name... .. \_\_\_\_\_
2. Designation ... .. \_\_\_\_\_
3. Whether permanent/Temporary ... .. \_\_\_\_\_
4. Office/Section in which working ... .. \_\_\_\_\_
5. Basic pay + NPA + SI... .. \_\_\_\_\_
6. Place to be visited and period of halt at  
each station... .. \_\_\_\_\_  
\_\_\_\_\_
7. Purpose of tour... .. \_\_\_\_\_  
\_\_\_\_\_
8. Has the tour programme been approved  
by competent authority? ... .. \_\_\_\_\_
9. Duration of journey (in days) ... .. \_\_\_\_\_
10. Rail/Road fare by the entitled class/class by  
Which the Government servant proposes to  
travel for both outward and inward journey \_\_\_\_\_
11. Daily allowance entitled -
  - (i) For journey period ... .. Rs. \_\_\_\_\_
  - (ii) For the halts ... .. Rs. \_\_\_\_\_
  - Total ... .. Rs. \_\_\_\_\_
12. Total T. A. + D. A. (10 + 11) ... .. \_\_\_\_\_
13. Amount of advance required ... .. \_\_\_\_\_
14. Whether any earlier advance is outstanding. If  
So, the date on which T.A. bill was submitted ... .. \_\_\_\_\_

I declare that the particulars furnished above are correct.

Station:

Date:

Signature of the Government servant

## APPLICATION FOR L.T.C. ADVANCE

1. Name of the official (in Block letters) \_\_\_\_\_
2. Designation and Staff No. \_\_\_\_\_  
 (b) Permanent or Temporary  
 [If not permanent, Surety Bond from a permanent official to be enclosed with the Application]
3. Unit/Office to which attached \_\_\_\_\_
4. Basic Pay + NPA + SI in the present Grade \_\_\_\_\_
5. Date of appointment in the Dept. \_\_\_\_\_
6. Place of home town as declared in the Service Book \_\_\_\_\_
7. Particulars of LTC availed for previous Block Years (i) Block Years \_\_\_\_\_  
 (ii) Home Town \_\_\_\_\_  
 (iii) Anywhere in India \_\_\_\_\_
8. Block year for which now proposed to avail \_\_\_\_\_
9. Whether avails CL or EL (Nature of leave to be mentioned) \_\_\_\_\_
10. Whether LTC advance already taken has been settled in full or pending settlement, date of the settlement of the previous case \_\_\_\_\_
11. Place of visit (farthest point) \_\_\_\_\_
12. Proposed Date of onward journey \_\_\_\_\_
13. Probable Date of return journey \_\_\_\_\_
14. Particulars of family members availing the facility - \_\_\_\_\_

Sl. No	Name	Relationship	Age	Whether dependent

15. Class of accommodation proposed to be availed in the Railway journey \_\_\_\_\_
16. Amount of advance required \_\_\_\_\_

Dated : \_\_\_\_\_

Signature : \_\_\_\_\_

Designation : \_\_\_\_\_

Staff No. : \_\_\_\_\_

## APPLICATION FOR L.T.C. ADVANCE

1. Name of the official (in Block letters) \_\_\_\_\_
2. Designation and Staff No. \_\_\_\_\_  
 (b) Permanent or Temporary  
 [If not permanent, Surety Bond from  
 a permanent official to be enclosed  
 with the Application]
3. Unit/Office to which attached \_\_\_\_\_
4. Basic Pay + NPA + SI in the present Grade \_\_\_\_\_
5. Date of appointment in the Dept. \_\_\_\_\_
6. Place of home town as declared in  
the Service Book \_\_\_\_\_
7. Particulars of LTC availed for previous  
Block Years (i) Block Years \_\_\_\_\_  
 (ii) Home Town \_\_\_\_\_  
 (iii) Anywhere in India \_\_\_\_\_
8. Block year for which now proposed to avail \_\_\_\_\_
9. Whether avails CL or EL  
(Nature of leave to be mentioned) \_\_\_\_\_
10. Whether LTC advance already taken has  
been settled in full or pending settlement,  
date of the settlement of the previous case \_\_\_\_\_
11. Place of visit (farthest point) \_\_\_\_\_
12. Proposed Date of onward journey \_\_\_\_\_
13. Probable Date of return journey \_\_\_\_\_
14. Particulars of family members availing  
the facility - \_\_\_\_\_

Sl. No.	Name	Relationship	Age	Whether dependent

15. Class of accommodation proposed to be  
availed in the Railway journey \_\_\_\_\_
16. Amount of advance required \_\_\_\_\_

Dated : \_\_\_\_\_

Signature : \_\_\_\_\_

Designation : \_\_\_\_\_

Staff No. : \_\_\_\_\_



## DECLARATIONS

I, \_\_\_\_\_, Hereby certify that the above particulars furnished by me are true and correct

I also undertake to refund the LTC advance in full immediately in case of failure to perform the proposed journey for which advance was taken.

I also declare that I will not visit other than the place mentioned in the application without obtaining prior approval of the competent authority.

I also agree to refund one half of the advance if the return journey could not be performed within 90 days from the date of the advance.

I also agree to credit forthwith to the office any excess amount of advance left with me for any reason whatsoever.

I also agree to produce evidence of purchase of tickets, etc., for myself/members of my family, as the case may be, for the forward journey within 10 days or before the commencement of the journey, whichever is earlier, from the date of drawing the advance. I am aware that failure to comply with the above requirement will entail recovery of the advance in one lumpsum from the next drawal of my salary, together with the penal interest @ 2½% over and above the normal interest.

I am aware that if I do not submit LTC bills within one month from the date of return journey the outstanding LTC advance is recoverable in one lumpsum from my next salary together with the penal interest @2½% over and above the normal interest.

I am also aware that my claim will be forfeited if I fail to submit the bills within 3 months from the date of completion of journey.

I also understand that if the LTC is availed for self, the cost is reimbursable only when the journey is preformed after availing any kind of leave and not during week-end holidays/other holidays/RH alone.

Signature : \_\_\_\_\_

Designation : \_\_\_\_\_

Staff No. \_\_\_\_\_

## REMARKS OF THE UNIT OFFICER

Forwarded. Official applied CL/EL as at Col. 9 and the same has been sanctioned.

Unit Officer

CENTRAL GOVERNMENT HEALTH SCHEME  
CHECK LIST FOR REIMBURSEMENT OF MEDICAL CLAIMS

1. CGHS Token No. and place of Issue :
2. Validity of CGH Card (For pensioners) & Entitlement : from \_\_\_\_\_ to \_\_\_\_\_  
: Pvt / Semi Pvt / General
3. Full name of Card Holder (Block Letters) :
4. Status (Govt. Servant / Pensioner / Other) :
5. The following documents are submitted (Please tick (✓) the relevant column) :
  - (a) Medical 20C : From \_\_\_\_\_ : Yes / No
  - (b) Photocopy of CGHS Card : Yes / No
  - (c) Essentiality Certificate : Yes / No
  - (d) No. of original bills / vouchers have been verified : \_\_\_\_\_
  - (f) Copy of discharge summary : Yes / No
  - (g) Copy of Permission letter : Yes / No
  - (h) Whether the hospital has given breakup for lab investigations : Yes / No
  - (i) Original papers have been lost the following documents are submitted -
    - I. Photocopies of claim papers : Yes / No
    - II. Affidavit on Stamp Paper : Yes / No
  - (j) In case of death of card holder the following documents are submitted -
    - I. Affidavit on Stamp Paper by Claimant : Yes / No
    - II. No objection from other legal Heirs on Stamp papers : Yes / No
    - III. Copy of death certificate : Yes / No

Dated : \_\_\_\_\_

Signature of CGHS Card holder

Tel. No : (O)

(R)

E-mail :

Name of the Bank \_\_\_\_\_ Branch \_\_\_\_\_ S.B. Ac. No. \_\_\_\_\_

CENTRAL GOVERNMENT HEALTH SCHEME  
MEDICAL 2004 FORM FOR REIMBURSEMENT OF  
MEDICAL CLAIMS OF CGHS BENEFICIARIES

Computer No. \_\_\_\_\_

(To be filled by the Claimant)

1. CGHS Token No. and place of issue :
2. Validity of CGHS Token Card & Entitlement : from \_\_\_\_\_ to \_\_\_\_\_  
: Pvt. / Semi Pvt. / General
3. Full name of Card Holder (Block Letters) :
4. Full Address :
5. Telephone : (O) \_\_\_\_\_  
(R) \_\_\_\_\_
6. E-mail address If, any :
7. Name of the Bank \_\_\_\_\_ Branch \_\_\_\_\_ S.B./Ac. No. \_\_\_\_\_
8. Name of the Patient & relationship with the card holder :
9. Status tick (✓) (Govt. Servant / Pensioner / Serving employee or pensioner of autonomous body / Member of Parliament / Ex-M.P. / Ex-Governor / Former Judge of Supreme Court / Former Judge of High Court / Freedom Fighter / Legal Heir / others)
10. Basic Pay / Basic Pension :
11. Name of the Hospital with Address :  
(a) OPD treatment and investigations  
(b) Indoor Treatment
12. Date of admission \_\_\_\_\_ Date of Discharge \_\_\_\_\_ (in case of Indoor Treatment only)
13. Total amount claimed :  
(a) OPD Treatment  
(b) Indoor Treatment
14. Details of Permission :
15. Details of Medical advance If, any :

**DECLARATION**

I hereby declare that the statements made in the application are true to the best of my knowledge and belief and the person for whom medical expenses were incurred is wholly dependant on me. I am a CGHS beneficiary and the CGHS card was valid at the time of treatment. I agree for the reimbursement as is admissible under the rules.

Dated :

Signature of CGHS Card Holder

Essentiality Certificate-cum-statement of expenditure certified by treating specialist (to be submitted in duplicate)

.....  
(Strike out whichever is not applicable)

1. Name of the patient and relationship with card holder :

2. Details of Expenditure :

A. OPD Treatment	Diagnosis
I) Name of the Hospital	:
II) Total No. of Vouchers	:
III) Amount claimed	:

(indicate serial number of individual vouchers with name and address of the shops with date against each sub heading in a separate annexure wherever required)

	Amount Claimed	Amount admissible (for office use)
(a) Medicine	_____	_____
(b) Consultation Fees (specify number of consultations)	_____	_____
(c) Laboratory charges (Break-up in a separate annexure)	_____	_____
(d) Disposable Surgl-Sundries	_____	_____
(e) Special devices like hearing aid / artificial appliances etc. (Specify)	_____	_____
(f) Miscellaneous (Specify)	_____	_____
Total	_____	_____

(P.T.O.)

B. Indoor Treatment : Diagnosis \_\_\_\_\_

(To be marked N.A. wherever necessary)

(Details of Hospital Bill and other vouchers pertaining to the period of Indoor treatment)

(a) Name of the Hospital with address \_\_\_\_\_

(b) Period of Bill : From \_\_\_\_\_ To \_\_\_\_\_

(c) Amount Claimed :

(Indicate serial number of individual vouchers with name and address of the shops with date against each sub heading in a separate annexure wherever required)

	Amount Claimed	Amount admissible (for office use)
(i) Room Rent ICU / ICCU / Ward from _____ to _____	_____	_____
(ii) Charges for	_____	_____
a) O.T.	_____	_____
b) O.T. Consumables	_____	_____
c) Anaesthesia	_____	_____
d) Procedure	_____	_____
(iii) Medicines	_____	_____
(iv) Implants like pacemaker joint replacement Coronary stent etc. (details)	_____	_____
(v) Artificial devices (details)	_____	_____
(vi) Lab Charges (Break-up given in Annexure)	_____	_____
(vii) Spl. Nurse / Aya If any	_____	_____
(viii) Miscellaneous	_____	_____
Total	_____	_____

Signature of Claimant  
Name in Block Letters  
Address & Telephone No. If any.

1. Certified that the relevant bills / Vouchers have been verified by me and the expenditure shown above is correct and the treatment services provided are essential and minimum that required for the recovery of the Patient.
2. Certified that the services of special Nurse / Aya were required from \_\_\_\_\_ to \_\_\_\_\_ that were absolutely essential for the recovery of the Patient.
3. Specific procedure / operation performed was \_\_\_\_\_

Signature of the Treating Specialist  
with official seal

Considered by Medical Superintendent of the Hospital  
with seal (for Indoor treatment only).

# Medical Charges Reimbursement Bill

बिल सं./ Bill No. \_\_\_\_\_

मंत्रालय / विभाग / कार्यालय / Ministry/Department/Office of : \_\_\_\_\_

मास / वर्ष के लिए / For the month /Year \_\_\_\_\_

लेखा शीर्ष / Head of account \_\_\_\_\_

क्रम सं. / Sl No.	स्थापन अनुभाग और पदधारी का नाम Section of Establishment and name of the incumbent	कुल दावा Gross Claim	अग्रिम की वसूली Recovery of advance	शुद्ध संदेय रकम Net Amount payable	टिप्पणियां Remarks
1	2	3	4	5	6
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

संदाय के लिए अपेक्षित शुद्ध राशि रुपए (शब्दों में) / Net amount required for payment (in words) Rupees \_\_\_\_\_

1. प्रमाणित किया जाता है कि मैंने अपना यह समाधान कर लिया है कि इस तारीख से 1 मास/ 2 मास/ 3 मास पहले लिखे गए बिलों में सम्मिलित राशि, उन को छोड़कर जिसके ब्यौरे नीचे दिए गए हैं, (जिसकी कुल राशि इस बिल से कटौति करके प्रतिसंदत्त कर दी गई है ) उसमें नामित सरकारी सेवकों को संवितरित कर दी गई है और उनकी बिल की कार्यालय प्रतियों में, या एक अलग निस्तारण पंजी में ले ली गई है। प्रतिसंदत्त

1. Certified that I have satisfied myself that the amounts included in bills drawn 1 month / 2 months/ 3 months previous to this date, with the exception of those detailed below (of which the total amount has been refunded by deduction from this bill) have been disbursed to the Government servants therein named and their receipts taken in the office copies of the bill or in a separate acquittance roll.

2. वापस किए गए चिकित्सा प्रभारों के व्यौरे  
स्थापन अनुभाग पदधारी का नाम  
Details of Medical Charges Refunded  
Section of Establishment and  
Name of incumbent

अवधि/Period

राशि /Amount

3. प्रमाणित किया जाता है कि आवश्यकता प्रमाणपत्र,  
रसीदें आदि इसके साथ संलग्न हैं।

संदाय प्राप्त किया हस्ताक्षर

Received payment Signature

Certified that Essentiality certificates,  
receipts etc. are appended.

आहरण अधिकारी का पदनाम

Designation of Drawing Officer

पारित/ Passed for Rs.

वर्ष के लिए विनियोजन

र.

के लिए पारित इस बिल सहित व्यय

नियंत्रक अधिकारी के हस्ताक्षर

Appropriation For 20

Signature of the Controlling Officer

Expenditure including this bill

स्थान/ Station

पदनाम / Designation

तारीख / Dated

र. के संदाय के लिए पारित

Passed for payment of Rs. (Rupees)

चैक संख्या द्वारा संदाय / Payment through Cheque No.

वेतन और लेखा अधिकारी / PAY AND ACCOUNTS OFFICER  
चैक द्वारा धन निकालने वाला आहरण और संवितरक अधिकारी / Cheque Drawing D.D.O.

तारीख / Dated

वेतन और लेखा कार्यालय (पश्चात्तवर्ती जांच) में प्रयोग के लिए  
For Use in Pay and Accounts office  
(Post Check)

चैक द्वारा धन निकालने वाला आहरण और संवितरक अधिकारी / Cheque Drawing D.D.O.

र. के लिए स्वीकृति / Admitted for Rs.

र. पर आपेक्ष / Objected to Rs.

आपेक्ष का कारण / Reasons for objection :

कनिष्ठ/ज्येष्ठ लेखापाल  
Jr./Sr. Accountant

कनिष्ठ लेखा अधिकारी  
Jr. A.O.

वेतन और लेखा अधिकारी  
Pay and Accounts Officer

भारत सरकार का प्राधिकार  
Authority vide Government of India

कार्मिक पी.जी.ए. एवं तथा पेंशन मंत्रालय, कार्मिक एवं प्रशिक्षण विभाग, नई-दिल्ली.  
Ministry of Personal, P.G. and Pensions Department of Personal & Training New Delhi

आदेश संख्या. एन.ए-27012/02/2017-Estt.AL) 16 August, 2017

(यह आदेश दिनांक 1 जूलाई, 2017 से लागू होगा/This order shall be effective from 1st July, 2017)

संस्थान/स्कूल/विद्यालय के प्रमुख द्वारा प्रमाण पत्र CERTIFICATE FROM THE HEAD OF  
INSTITUTION/SCHOOL

(संतान शिक्षा भत्ता के प्रतिपूर्ति हेतु/FOR REIMBURSEMENT OF CEA)

यह प्रमाणित किया जाता है, कि.....का दाखिला/नामांकन.....

It is certified that master/Kumari.....having, Admission No.....

जन्म तिथी.....पुत्र/पुत्री, श्री/श्रीमती.....

D.O.B.....Son/Daughter of Mr/Mrs.....

कक्षा.....विभाग.....रोल नः-.....में पढ रही है।

Was studying in class.....Sec.....Roll No.....

वर्तमान अकादमिक वर्ष.....से .....तक स्कूल/विद्यालय का नाम.....

During the previous academic year from.....To.....School/institution,

namely.....

जिसका पंजीकरण क्रमांक.....एवं पाठ्यक्रम.....है।

Vide affiliation Regd.No./Code.....and Pattern.....Curriculum.

स्थान:-

Place:-

प्राचार्य के हस्ताक्षर

Singature of Principal

दिनांक:-

Date:-

(स्कूल की मुहर/Affix School Stamp)



भारतीय लेखापरीक्षा तथा लेखा विभाग  
(Indian Audit and Accounts Department)

कार्यालय \_\_\_\_\_  
Office \_\_\_\_\_

(सरकारी अधिकारी द्वारा यह विवरण अर्धवार्षिक आधार पर प्रशासन अनुभाग को प्रस्तुत करें)  
(Statement to be furnished on half-yearly basis by the Government Office to Administration)

आवेदक का नाम: .....  
Name of the Applicant: -.....

पदनाम:- .....  
Designation .....

अनुभाग:- .....  
Section .....

मुल वेतन(रूपये में) एव वेतन लेवल:-.....  
Pay Level & Basic Pay (Rs):-.....

मैं यह प्रमाणित करती/करता हु कि मेरे द्वारा रूपये:-.....माह.....हेतु  
समाचार पत्र खरीदने में खर्च किये गये है।

I Certify that I have spent Rs.....Newspaper(s) for the months of

i)जनवरी-जून 20.....  
Jan-June 20.....

अथवा  
OR

ii)जुलाई-दिसंबर 20.....  
July-December-20.....

(किसी एक विकल्प को चिह्नित करें)

(only one option is to be ticked)

मैं यह घोषणा करता हूँ कि, 1) समाचार पत्र जिसके संबंध में प्रतिपूर्ति हेतु दावा किया गया है, उसकी खरीद मेरे द्वारा कि गई है। 2) धनराशि जिसकी प्रतिपूर्ति का दावा किया जा रहा है, उसका भुगतान वास्तविक रूप से मेरे द्वारा किया गया है एवं किसी अन्य स्रोत द्वारा उक्त के प्रतिपूर्ति का दावा नहीं किया गया है/जायेगा।

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 has not/will not be claimed by any other source.

दिनांक.....  
Date.....

हस्ताक्ष  
Signature

नाम  
Name