



संजय गाँधी स्नातकोत्तर आयुर्विज्ञान संस्थान, लखनऊ
Sanjay Gandhi Post Graduate Institute of Medical Sciences
Raebarely Road, Lucknow-226014 (India), Phone No.: +91-(522) 2494054, 2494188

(Statement to be furnished on half-yearly basis by the faculty/ Officer/ Employee)

Name of the Applicant: _____

Employee ID: _____

Designation: _____

Department & Location: _____

Pay Level & Basic Pay (Rs.) _____

I certify that I have spent Rs. _____ towards purchase of Newspaper(s) for the months of:

I.) January to June, 20__

OR

II.) July to 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 been will not be claimed by any other source.

Date:.....

Place:.....

(Signature of Applicant)

Name:.....

A/c No.:.....

Mob. No.:.....

Email ID:.....

For Office Use Only

Passed for payment of Rs. _____ (Rs. _____)

Asstt. Acct.

JAO/AAO

SAO/FO