(Proforma For RE-imbursement of Newpapers Bill)

Department of Telecommunication Library & Information division Sanchar Bhawan

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Name of the Officer:-						
Designation :-			Tele No.			
Please Tick the Quarter for I	RE-imburseme	ent.		,	(
Claims to be preferred quar	terly by 15th .	January/ 15th	April/ 15th	July / 15th octo	ber	
Name of the Newspapers	Name of the month	No. of issues	Rate	Total	Deduction @ 15%	Amount to
				0	0	C
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	<u>l , .,.</u>	1	TOTAL	0	0	C
Declaration:- I certify that a	ll these news	papers were r	eceived by	(To be signed Addresss:	Signature	er himself)
	(FOR THE U	SE OF LIBRARY	' & INFORI	MATION DIVISIO	ON)	
Passed for Rs.		(Rupees)
			LIBRARY 8	INFORMATION	I OFFICER	
Passed for Rs.		(Rupees)

ADG (Cash)