

**Annexure**

**Government of India**  
Ministry of Health & Family Welfare, Department of Health Research  
ICMR – National Institute of Epidemiology, Ayapakkam, Chennai – 600077

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

Name of the Applicant : \_\_\_\_\_

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

Department : \_\_\_\_\_

Pay Level & Basic Pay (Rs.) \_\_\_\_\_

I certify that i have spent **Rs.500/-** towards purchase of Newspaper(s) for the months 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: