

**NATIONAL INSTITUTE OF PLANT GENOME RESEARCH, NEW DELHI**  
**Residential Telephone/Broad Band/Mobile Reimbursement Claim Form**

1. Name : .....
2. Designation : .....
3. Scale of Pay : .....
4. SB A/c No. : .....

Whether broadband facility available (Strike Off the inapplicable one: YES / NO)

Telephone Number	Details of Claim	Amt (₹)
	Billing Period From To	
Land line		
Mobile		
Total		

Certified that the above information is true to the best of my knowledge and the payment has/have been made by cash/cheque/credit card. Bills in original duly verified is/are enclosed.

Signature of the Claimant

**TO BE VERIFIED AND FILLED IN BY THE OFFICE**

1. Maximum entitlement for the above category : .....
2. Amount to be reduced for non-availability of Broad Band (₹400/-) .....
3. Net Amount eligible (1-2) .....
4. Service Tax admissible on the above .....
5. Total Amount eligible for reimbursement (3+4) .....
6. Actual Billed Amount .....
7. Amount to be passed for reimbursement (5 or 6 whichever is less) .....

Financial Sanction of ₹..... (Rupees ..... only) may kindly be accorded for reimbursement to ..... on account of telephone facility as per GoI norms. The entry has been made at Page No. .... Sl. No. .... in the concerned register.

Dealing Assistant

Administrative Officer

COA

**FOR FINANCE AND ACCOUNTS BRANCH**

Passed for payment of ₹..... (Rupees ..... only).

Dealing Assistant

Finance Officer

Received a sum of ₹..... (Rupees ..... only).

Signature of the Claimant