



सत्यमेव जयते

GOVERNMENT OF INDIA
MINISTRY OF AGRICULTURE & FARMERS WELFARE
(DEPARTMENT OF AGRICULTURE, CO-OPERATION & FARMERS WELFARE)
DIRECTORATE OF PLANT PROTECTION, QUARANTINE & STORAGE
N. H. IV, FARIDABAD - 121001 (HARYANA)

Statement to be furnished on half-yearly basis by the officer

Name of the Officer : _____
Designation : _____
Division/Section : _____
Pay Level & Basic Pay : _____
Unique Code No. : _____

Bank Mandates

Bank Name : _____
Account No. : _____
IFSC Code No. : _____

Claimed Period : Jan-June OR July-Dec.

I certify that I have spent Rs _____ (Rupees _____ only) towards purchase of Newspaper(s) for the above said months.

I further declare that

1. The Newspaper(s) in respect of which reimbursement is claimed, is/are purchased by me.
2. 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 : _____

Mobile No. : _____

Entries have been made in Library Newspaper Claim Register at page No. _____ Sr. No. _____
The above mentioned claim has been checked and found in order.

Library

S.O. (CIL)

DD (PP)/I/o the Lib.