

BHARAT SANCHAR NIGAM LIMITED
 (A Govt. of India Enterprise)
 Sanchar Bhavan, 20 Ashoka Road, New Delhi
REIMBURSEMENT OF NEWSPAPER CLAIM.

NAME : _____

DESIGNATION: _____

Employee No: _____

TELE. NO. : _____

QUARTER/ MONTH : _____

OFFICERS ABOVE THE RANK OF JT. DDG MAY PREFER THE CLAIM BY 10TH OF EVERY MONTH AND THE OFFICER UPTO THE RANK OF JT. DDG MAY PREFER THE CLAIM QUARTERLY TO S.O. (CASH), B.S.N.L.

<u>SL. NO.</u>	<u>NAME OF NEWSPAPER</u>	<u>NAME OF NEWSPAPER AGENT AND ADDRESS</u>	<u>MONTH</u>	<u>ACTUAL AMT. PAID</u>	<u>PAYMENT AFTER DEDUCTING 15 %</u>

CERTIFICATE

1. Certified that the Newspaper(s) mentioned in the claim were actually received by me at my residence.
2. Certified that the rates charged in the bills are correct.
3. Certified that I have not submitted any other claim for the above quarter.
4. The bills in original from Vendor / Newspaper Agent are enclosed.
5. Residential Address : _____
6. Posted in / Transferred to B.S.N.L. on _____ as _____
7. Retired on _____ as _____

SIGNATURE OF THE CLAIMANT

(FOR THE USE OF CASH SECTION)

Please Pay Rs. _____ (Rupees _____)