Government of lndia

Ministry of Agriculture & Farmers welfare

Department of DARE & ICAR

(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.) :

for the months of June :

i) April-June, 2018 :

OR

ii) July-December,2018 :

(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 has actually been paid by me and has not/will not be claimed by any other source.

Date :

Signature:

Name: