

INDIAN STATISTICAL INSTITUTE

Reimbursement Claim for Telephone/Mobile/Data Card/Broad Band from the eligible Faculty members/Officials as per Office Order Nos. D.O./20935 dated 4th July, 2013 & D.O./20950 dated 10 July, 2013

CLAIM BILL FOR THE MONTH OF:						
NAME:						
DESIGNATION:						
LOCATION:						
GRADE PAY:						
RESIDENTIAL ADDRESS:						
CONNECTIVITY TYPE	SERVICE PROVIDER	NUMBER	ACCOUNT NUMBER	NET AMOUNT (Before Tax)	TAX	GROSS AMOUNT
LAND LINE (with Broad Band)						
LAND LINE (without Broad Band)						
MOBILE						
DATA CARD						
TOTAL						

DECLARATION

I, hereby declare that the statements in this application are true to the best of my knowledge and belief.

Date:

(Signature of the employee)

Roll No:

Unit: