

**INDIAN MARITIME UNIVERSITY
HEAD QUARTERS
UTHANDI, CHENNAI – 600 119.**

(Statement to be furnished on half-yearly basis by entitled Officer to the Concerned Administration)

Name of the Applicant : _____

Designation : _____

Department : _____

Pay Level & Basic Pay (Rs.) : _____

I certify that I have spent Rs. _____ towards purchase of Newspaper(s) for the month of :

(i) Jan – Jun _____

OR

(ii) Jul – Dec _____

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

Date: _____

Signature:

Name :

Design/Per.No.:

(For Office use only)

Amount Entitled : Rs. _____

Amount Claimed : Rs. _____

Amount Allowed : Rs. _____

Passed for payment of Rs. _____ towards reimbursement of Newspaper Allowance to _____ for the period/month _____.

Asst.

AR(A)

DR(A)

DR(F)

DFO/FO(i/c)

Registrar