

TELEPHONE REIMBURSEMENT**[LANDLINE / INTERNET / MOBILE]****FORM - 11**
 राष्ट्रीय डिज़ाइन संस्थान असम
 National Institute of Design Assam

CLAIM MONTH : Month _____ Year _____

Name of the Employee : _____ Emp ID : _____

Designation : _____ Dept. / Section : _____

Pay Level : _____

I hereby apply for the reimbursement of Landline / Internet / Mobile Charges, the connections of which are in my own name, and for which the bills are already paid during the above month by the undersigned. The relevant particulars are furnished below :-

A Landline Number : _____ Actual expenditure : Rs. _____

B Broadband / Internet Number : _____ Actual expenditure : Rs. _____

C Mobile Number : _____ Actual expenditure : Rs. _____

Undertaking

I, the undersigned declare that the information furnished above are complete and correct and I have not suppressed any relevant information. I am aware that if at any stage the information / documents furnished above is / are found to be false, I shall be liable for disciplinary action.

Place: _____

Date : _____

Signature of the employee
FOR OFFICE USE ONLY (ACCOUNT SECTION)

Period To		Admissible Reimbursement in Rs.			Total in Rs.
Month	Year	Landline	Internet	Mobile	
	20.....				
Total admissible amount in Rs.					

The entitlement has been checked and found to be in order / restricted wherever applicable. A total amount of Rs./- (Rupees only) may be paid to Dr./Mr. /Ms., towards reimbursement of telephone facilities for the month of 20.....

Dealing Official
Signature of CFA
Registrar / Director