



# ALL INDIA INSTITUTE OF MEDICAL SCIENCES

Saket Nagar, Bhopal (M.P.) – 462020

## APPLICATION FORM FOR REIMBURSEMENT OF TELEPHONE / MOBILE / BROAD BAND CHARGES FOR FACULTY / OFFICERS OF AIIMS BHOPAL

(To be filled by officer claiming reimbursement)

Name					
Designation					
Department					
Account No.					
Claimed for Month of					
Telephone Nos	Bill No.	Date	Period		Amount
			From	To	
Tel.					
Mob.					
Broad Band					
<b>GRAND TOTAL</b>					

Admissible amount claimed for landline/ Mobile/ Broadband charges

**Please find attached ;**

**1. Bills & Payment receipt are verified.**

**2. Original /Copy of all bills and payment receipts.**

Signature (with stamp)

**PART-II**

**(To be filled by Administration Brach)**

Bill and pay branch may please find enclosed above bills for Rs. \_\_\_\_\_ regarding reimbursement of telephone / mobile / Broadband charge submitted by Shri/Smt./Ms. \_\_\_\_\_, After scrutiny of the claim, the admissible amount comes to Rs. \_\_\_\_\_ for payment.

**Certified That :**

1. Necessary entries have been made at page No. \_\_\_\_\_ Sl No. \_\_\_\_\_ in the Telephone Bill Register.
2. The bills is / are in order and may be paid by pay bill Brach. Steps have been taken to ensure that double payment is not made on this account.

Bill Clerk

Passed for payment Rs. \_\_\_\_\_

(In words) Rs. \_\_\_\_\_

\_\_\_\_\_ only

D.D.O.  
AIIMS BHOPAL