## F.No. NIHFW/WMS/20-45/2017 The National Institute of Health and Family Welfare (Workshop & Maintenance Section)

## (Performa)

## CLAIM FOR REIMBURSEMENT OF TELEPHONE CALL CHARGES OF RESIDENTIAL TELEPHONE/MOBILE/BROADBAND/MOBILE DATA/DATA CARD

(Ministry of Finance, Deptt. of Expenditure OM NO.24()3/E.Coord/2018dated26.3.2018)

{To be submitted quarterly to W.M. Section}

1.	Name of Applicant	:					
2.	Designation						
3.	Pay Level & Basic Pay	:					
4.	Period of Claim	:					
5.	Limit Prescribed by MoF OM per Month	ì					
6.	Amount Claimed	:					
7.	Leave availed/Training undergone, if any, during the	: e above pe	eriod:				
. 8.	Details of Bills/Receipts Atta	ched	;				
(for in	ertify that I have not availed ternet purpose) provided by t n case of both Husband & Wi	the Institut	te as well	as the abo	ve bill is claim	ed by under	signe
Date:				¥	Signature		
					Name		
					Deptt./Section	1	******