



अखिलभारतीयआयुर्विज्ञानसंस्थान, रायपुर (छत्तीसगढ़) AIIMS Raipur
All India Institute of Medical Sciences, Raipur (Chhattisgarh)

Tatibandh, GE Road,
Raipur-492 099

www.aiimsraipur.edu.in

Date: 29 September, 2021

No. Admin/Newspaper Bill/AIIMS.RPR/1256

OFFICE ORDER

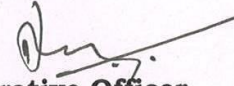
Subject: Reimbursement of Newspaper purchased/supplied to officers at their residence-guidelines reg.

In pursuance of Ministry of Finance, Department of Expenditure's Order no. 25(12)E. Coord-2018 dated 3rd April, 2018 on the above subject, the applicability of the provision of the said order has been considered by the competent authority of the Institute and it has been decided that the provision contained in the aforesaid OM shall equally applicable to the employees of the Institute. Accordingly, it has been decided that the amount of reimbursement of newspaper purchased/supplied to Officers at their residence, as per their entitlement/level as per 7th cpc in accordance with aforesaid OM are as under:-

S.No.	Level of Officers as per pay Matrix of 7 th CPC	Reimbursement to be made per month(in ₹)
1.	Level-17	As per actual
2.	Level-15 to 16	₹ 1,100/-
3.	Level- 14 & 14 A	₹ 850/-
4.	Level-8 to 13, 13 A1 & 13A2	₹ 500/-

A certificate as per the Annexure, to the effect that expenditure has been incurred on newspaper shall be provided by the officers on half-yearly basis to the Accounts Officer for reimbursement. This order will be effective from the date of issue of aforesaid OM ie.03.04.2018.

This issues with the approval of the Director AIIMS, Raipur.


Administrative Officer
AIIMS, Raipur (CG)

Copy to:

1. Director, AIIMS, Raipur.
2. Dean, AIIMS Raipur.
3. DDA, AIIMS, Raipur.
4. MS, AIIMS Raipur.
5. FA, AIIMS Raipur.
6. All Head of Departments and All Officers, AIIMS Raipur.
7. Accounts Officer cum DDO, AIIMS Raipur.
8. IT Cell for uploading on institute's website.



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[Statement to be furnished on half-yearly basis to Accounts Section.]

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 months of:

- i) Jan-June, 20____
OR
ii) July-December, 20____

[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 be claimed by any other source.

Date: _____

Signature:

Name: