अखिल भारतीय आयुर्विज्ञान संस्थान, भुवनेश्वर
All India Institute of Medical Sciences, Bhubaneswar
(A Statutory Body under aegis of Ministry of H & F.W., Govt. of India)
सिजुआ, डाक डूमुडुमा, भुवनेश्वर - 751019
Sijua, Post: Dumuduma, Bhubaneswar- 751019

==========

(CLAIM FORM FOR REIMBURSEMENT OF MONTHLY EXPENSES TOWARDS LANDLINE/MOBILE/BROADBAND CHARGES)

(Authority: AIIMS/BBSR/Admin/Re.imb/Telebills/15/3472 DTD.08.09.2022**)**

CLAIM PERIOD - mm/yyyy **to** mm/yyyy

1. **EMPLOYEE DETAILS**

Employee ID :	Department :
Name :	Pay Level :
Designation :	Residential Address :

2. **DETAILS OF LANDLINE/MOBILE/BROADBAND**

Sl.No.	Category	Number	Name of Service Provider
1.	Landline.		
2.	Mobile		
3.	Broadband/Internet		

3. **CLAIM DETAILS**

S.No	Category	Particulars (Please mention month-wise charges incurred)	Total Amount Claimed for all the Months
1.	**Landline**		
2.	**Mobile**		
3.	**Broadband/Internet**		
		GRAND TOTAL	

4. I hereby declare the following -

4.1 I have not taken any type of leave and training which is more than one calendar month(s) during the claim period as above.

4.2 The above telephone/ Mobile/ Broadband/ is/are issued in my name and I have enclosed original verified receipts.

4.3 The above claims are as per the terms & conditions mentioned in this Institute's OM No. AIIMS/BBSR/Admin/Re.imb/Telebills/15/3472 dated 08.09.2022

5. Period of Leave/Training etc- **from** …./…./…….. **to** …./…./……
(to be filled only if more than one calendar month in one spell)

Dated. :

Signature of the Claimant

For Office Use Only

Bill No. with Date (allotted by dispatch section)	