

**NATIONAL INSTITUTE OF IMMUNOLOGY, NEW DELHI**

**RESIDENTIAL TELEPHONE/MOBILE/BROADBAND REIMBURSEMENT CLAIM FORM**

NAME:

DESIGNATION

SALARY SB ACCOUNT NO.:

PAY LEVEL

CATEGORY

Max Allowed

₹

Scale of Pay	Category	Max. Allowed
Level 17 (Director)	I	4250/-+Taxes
Level 14 (SS-VII)	II	2700/- + Taxes
Level 13,13A,14 (SS-VI,V,IV & SM)	III	2250/- +Taxes
Other Officers/Staff	IV	As per utilisation

WHETHER BROADBAND FACILITY AVAILABLE (DELETE THE UNAPPLICABLE ONE)

Yes

**Details of Claim**

Mobile/Landline	Number	Billing period		Billing Amount Amount(₹)
		From	To	

Total

Certified that the above information are true to the best of my knowledge and the payment(s) has/have been made by cash/cheque/credit card copy/copies of bill is/are enclosed. I further certify that the device is on my name and I have not claimed the above reimbursement from any other sources.

Signature of the claimant

For Office use:-

- |   |       |
|---|-------|
| 1. Maximum entitlement for the above category             | _____ |
| 2. Amount to be reduced for non-availability of Broadband | _____ |
| 3. Net amount eligible                                    | _____ |
| 4. Service Tax admissible on the above @18%               | _____ |
| 5. Total amount eligible for reimbursement                | _____ |
| 6. Actual billed amount                                   | _____ |
| 7. Amount passed for reimbursement.                       | _____ |

Authorized Signatory

Note:- Take a print out (adjust to single page) and sign the claim form and send to Admn.II alongwith paid bills.