**ICMR-National Institute for Implementation Research on Non Communicable Diseases, Jodhpur**

**Claim for Mobile/Internet Reimbursement**

**Name :**

**Designation :**

Kindly arrange to reimburse Telephone/Mobile/Internet charges of **........................................** for the period from .................................. to .......................................details given below. The amount may be credited to my bank account.

**Mobile No. :** **Internet/Broadband No.:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S.No.** | **Mobile Bill Month** | **Mobile Bill** | **Int/Broadband Bill Month** | **Internet/Broadband** | **Total Claimed Amount** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Total-Mobile/Internet Charges** |  |

1. Certified that the above telephones are used by me for Office Purpose - as Mobile Services or as Internet Services.

2. Certified that I have incurred the above expenditure towards telephone charges during the period mentioned above.

**Date :**

**Signature**