



राष्ट्रीय औषधीय शिक्षा एवं अनुसंधान संस्थान, अहमदाबाद  
(औषध विभाग, रसायन एवं उर्वरक मंत्रालय, भारत सरकार)

NATIONAL INSTITUTE OF PHARMACEUTICAL  
EDUCATION AND RESEARCH (NIPER) - AHMEDABAD  
(DEPT. OF PHARMACEUTICALS, MINISTRY OF CHEMICALS AND FERTILIZERS, GOI)

**Form No A3**  
**Form for claiming Telephone Reimbursement**

1. Name : \_\_\_\_\_
2. Designation & Pay level: \_\_\_\_\_
3. Claim made for reimbursement of expenditure incurred for the usage of Telephone facilities for the period from.....To.....are as under:-

Service Provider Company	Phone No.	Monthly Claim			Total Amount Claimed
		1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	
Total					

**Instructions: -**

1. Submit the telephone bills reimbursement claims quarterly) to the Finance & Accounts Section.
2. Self-attested original proof of payment must be submitted with the Form.
3. If you have taken long leave please indicate the leave days .....

**Certified that**

1. The above telephone number is in my name.
2. The Mobile expenditure claimed above are used for official purpose and have been actually paid by me.
3. No separate claim is made for the expenditures incurred in the above Phones from other source admissible under the Institute rules.

Date: \_\_\_\_\_

Signature of the Claimant

FOR OFFICE USE ONLY			
1.	Claim made for the period:	From Month & Year:	To Month & Year:
2.	Total amount claimed for reimbursement of expenditure		
3.	Total amount admissible for reimbursement of expenditure		
Passed for Rs. _____			

Accountant

Internal Auditor

FAO

Registrar

Director