

ALL INDIA INSTITUTE OF MEDICAL SCIENCES
(DEPARTMENT OF TELECOMMUNICATION)
ANSARI NAGAR, NEW DELHI-110029

Ref.F.18-4/Engg./A.E.(T)/2014-15/ 424

Dated the 5th Dec., 2014.

MEMORANDUM

Subject:- Re-imburement of telephone bills to all Group 'A' officers at the AIIMS, New Delhi.

I am directed to convey the approval of the Director to continue the reimbursement of telephone/ Mobile bills to all Group 'A' Officer without any restrictions for the telephone/Mobile connection provided in their name at their residence as per earlier **circular No. F.20-8/2007/Estt.I dated 19.3.2007**. The reimbursement shall be to the prescribed limit as laid-down by the Institute.

All Group 'A' officer are therefore requested to submit the information in Performa (Available in the telephone exchange) duly filled and recommended & forwarded by the Head of the Department for reimbursement of telephone/Mobile bill for the telephone/Mobile connection provided in their name at their residence.



(B.S.Chauhan)
Assistant Engineer (Tele.)

DISTRIBUTION:-

All Section/Departments

C.C. :-

1. PPS to Director
2. PS to Dy. Director Admn.
3. The Medical Superintendent (Main)

Copy to :- For kind information please

Superintending Engineer

Executive Engineer (A/C&R)

Prof. J. S. Chauhan
CF :- for circulation on web site.
J. S. Chauhan

ALL INDIA INSTITUTE OF MEDICAL SCIENCES
(DEPARTMENT OF TELECOMMUNICATION)

Subject:- Form for Reimbursement facility of telephone bills.

Name _____

Designation _____

Department _____

Group _____

Pay Scale _____

Place of working _____

Appointment Date/Joining Date _____

Date of eligibility for reimbursement _____

Application forwarded through HOD _____ Yes/No _____

Broadband facility availability at residence _____ Yes/No _____

Residential Address _____

Telephone Number/Mobile Number _____

Husband/Wife both are eligible for reimbursement _____ Yes/No _____

Supporting document to be attached _____

- i) Latest Pay Slip
- ii) Photo copy of paid telephone bill from the date of eligibilities.
- iii) Proof of eligibility for reimbursement (Appointment/Promotion letter)

Signature _____