

**Annexure**

**Savitribai Phule National Institute of Women and Child Development**  
**(SP-NIWCD)**  
**5, Siri Institutional Area, Hauz Khas, New Delhi – 110 016**

[Statement to be furnished on Quarterly basis by the Officers of SP-NIWCD Officers to General Administration Section]

Name of the Applicant:.....

Designation:.....

Pay Level & Basic Pay (Rs.):.....

Bank Name:.....

Bank Account No.:.....

IFSC Code:.....

**CERTIFICATE**

I certify that I have spent Rs..... towards purchase of hospitality items for the official meetings during the period:

From January to March, 20.....

From April to June, 20.....

From July to September, 20.....

From October to December, 20.....

The said amount may kindly be reimbursed to the undersigned.

I further declare that i) the hospitality items for the official meeting in respect of which reimbursement is claimed, is/are purchased by me. ii) The amount for which reimbursement is being claimed has actually been paid by me and has not/will not be claimed by any other source.

Date:

Signature: .....

Name:.....