



कर्मचारी राज्य बीमा निगम
(श्रम एवं रोजगार मंत्रालय)
EMPLOYEES' STATE INSURANCE CORPORATION
(Ministry of Labour & Employment, Govt. of India)



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File No.D- 34/19/2/1996- Gen.

Dated:-25.02.2021

To

1. All Addl. Commissioner & Regional Directors/ Directors/ Jt. Directors (I/c)/ DD (I/c) - ROs/ SROs
2. NTA/ D(M)D/ Directorate Medical Noida.
3. All Medical Superintendents, ESIC Hospitals/ Dean, ESIC Medical Colleges/ Dental Colleges/ Paramedical Colleges
4. All Jt. Directors (Fin.)/ All Dy. Directors (Fin.)/All Asstt. Directors (Fin.)

Subject:- Reimbursement of Newspapers purchased/ Supplied to Medical Officers at their residence - reg.

Sir/Madam,

In Supersession of this office letter No. D-34/19/1/92-Genl. dt. 29.06.2000 on the above subject, I am directed to inform that it has now been decided to provide newspapers at the residence of Medical Officers as per entitlement indicated herein.

S. No.	Level of Officers	Reimbursement to be made per month (in Rs.)
1.	All Medical officers drawing pay in level 10 & above	Rs. 500/-

2. It has been decided that in place of the existing practice of getting monthly reimbursement of newspaper on production of newspaper bills, reimbursement for newspaper may be made at the new rates based on the certification given by the entitled Officer.
3. A Certificate as per Annexure, to the effect that expenditure has been incurred on newspaper, shall be provided by the officers on half yearly basis to the office for reimbursement
4. These instructions will be effective from the date of issue of this circular.
5. This is issued with the approval of Director General.

Yours faithfully,

Encl:- Annexure

Sanjeev Kumar Shahi
(Sanjeev Kumar Shahi)
Assistant Director (General)

Copy to:

1. PPS/ PS to D.G./F.C. for information.
2. PPS/ PS to all Divisional Heads for information.
3. All ACs/ CE, Hqrs. Office for information.
4. Cash Branch/ Fin. & A/cs Branch Hqrs. Office.
5. ICT Division, Hqrs. office for information & necessary action.
6. Rajbhasha Shakha/ Guard file.
7. W.C.M for uploading on ESIC website.

EMPLOYEES' STATE INSURANCE CORPORATION

Office _____

Branch _____

[Statement to be furnished on half-yearly basis by the Government Officers to administration]

Name of the Applicant: _____

Designation: _____

Department: _____

Pay Level & Basic Pay (₹): _____

I certify that I have spent ₹ _____ towards purchase of Newspaper(S) for the months of:

i) Jan-June, 20____

OR

ii) July-December, 20____

[Only one option is to be ticked]

I further declare that: i) The Newspaper(s) 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: