

राष्ट्रीय प्रौद्योगिकी संस्थान रायपुर NATIONAL INSTITUTE OF TECHNOLOGY RAIPUR

(An Institute of National Importance)

G.E. Road, Raipur - 492010 (C.G.)

.in 📓 : registrar@nitrr.ac.in

No./NITRR/Estt./2023/907

Raipur, Dated 19/07/2023

OFFICE ORDER

Subject: Reimbursement of Newspaper purchased/supplied to faculty/ officers at their residence-guidelines reg.

It is hereby informed that the Ministry of Finance, Department of Expenditure's Order no. 25(12)E Coord-2018 dated 3rd April, 2018 on the above subject, will be applicable for the Institute and amount of reimbursement of newspaper purchased/ supplied to Faculty/Officers of the Institute at their residence, as per their entitlement/level as per 7th cpc in accordance with aforesaid OM are as below and the same will be reimbursed:

S. No.	Level of Faculty/Officers as per Pay Matrix of 7 th CPC	Reimbursement to be made per month (in Rs.)
1.	Level-17	As per actual
2.	Level- 15 to16	Rs. 1,100/-
3.	Level- 14 &14A	Rs. 850/-
4.	Level- 8 to13, 13A1 & 13A2	Rs. 500/-

A certificate as per the Annexure A, to the effect that expenditure has been incurred on newspaper shall be provided by the officers on half- yearly basis to the Finance & Account Section for reimbursement. This order will be effective from the date of issue of this order. This issues with the approval of the Director NIT Raipur.

Encloser: A Certificate as per Annexure 'A'.

Copy to:

- 1. The Director, NIT Raipur
- 2. Dean (FW).
- 3. The Registrar.
- 4. Deputy Registrar (F&A).
- 5. All regular employee (above Pay Level-7).
- 6. Establishment Section.
- 7. Webmaster for uploading Institute Website.

Joint Registrar NIT Raipur

Annexure A

(Statement to be furnished on half- yearly basis by the NIT Staff)

Name of Applicant: _____

Designation:

Pay Level & Basic Pay (Rs.): _____

I certify that I have spent Rs. towards purchase of Newspaper(s) for the months of

 January to June 20.... or
July to 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:....