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संत लौंगोवाल अभियांत्रिकी एवं प्रौद्योगिकी संस्थान
(मानव संसाधन विकास मंत्रालय, भारत सरकार के अधीन सम विश्वविद्यालय)
लौंगोवाल, जिला-संगरूर, पंजाब - 148106
Sant Longowal Institute of Engineering & Technology
(Deemed to be-University under Ministry of Human Resource Development, Government of India)
Longowal, Distt. Sangrur, Punjab-148106

संदर्भ सं/ Ref.No. SLIET/Adm/10516-25

दिनांक / Date: 15/09/2020

OFFICE ORDER

Consequent upon approval of Board of Management vide Resolution No. 36.13 of 36th meeting regarding reimbursement of newspapers purchased/supplied to officers at their residence as per Office Memorandum No. 21(12)/E.Coord-2018 dated 3rd April, 2018, the following Officers/Officials are entitled for reimbursement of newspapers expenses at residences as under :

Sr. No.	Name of the Post	Monthly Reimbursement
01	Director	As per actual
02	Registrar	850.00
03	Deputy Registrar/Assistant Registrar/ AAO/ Superintendent	500.00

The amount shall be reimbursed on submission of bills/receipts by the concerned officers/officials of the Institute. Reimbursement of newspaper expenses shall be allowed on the basis of self-certification by the officers/officials as per Annexure-1.

These orders are effective w.e.f. 22.06.2020

This bears the approval of the Competent Authority dated 10.09.2020.


Registrar 14/9/2020

Copy to :-

- 01 Director for kind information.
- 02 Officers concerned.
- 03 Deputy Registrar (A&A)
- 04 Faculty In-charge (ACSS) - with the request to upload on the Institute website alongwith Self-Certification Proforma.
- 05 File copy.

"Proud to be Part of Team SLIET"



Sant Longowal Institute of Engineering and Technology
Longowal, Distt. Sangrur, Punjab – 148106
(Deemed to be University under MHRD, GOI)

ANNEXURE-1

(Statement to be furnished on half-yearly basis by the Officers to Accounts Section)

1. Name of the Applicant :
2. Designation :
3. Department/Section :
4. Pay Level & Basic Pay (Rs) :

I certify that I have spent Rs. _____ 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.

Dated :

(Signature)
Name : _____

Deputy Registrar (A&A)