Director, Hospital
Please make arrangement to pay the communication claims as per Circular No. TC 446 Full Name
Designation: Specialist Medical Officer Grade Medical Officer (Please ✓)
Relevant Month for the Payment
Mobile Nos: Service Provider Total
Internet Connection No: Service Provider
Land/Fixed Line No Service Provider
Total amount: In figure:
In word:
I declare that above bills do not contain, a) IDD communication charges b) Equipment cost of mobile phones and internet facilities c) Cost on television connection charges. To the best of my knowledge above facts are true and accurate.
Signature of Claimant Date: