INDIAN COUNCIL OF AGRICULTURAL RESEARCH
KRISHI BHAVAN: NEW DELHI

F. No. FIN/ 22/01/2016-CDN (A&A) **Dated the 3rd May ~~April, 2018~~**

ENDORSEMENT

A copy of Ministry of Finance, Department of Expenditure O.M. No. 25(12)/E.Coord-2018 dated 3rd April, 2018 regarding Reimbursement in respect of Newspapers purchased/supplied to officers at their residence-guidelines. As approved by the Competent Authority O.M. No. 25(12)/E.Coord-2018 dated 3rd April, 2018 has been uploaded on ICAR Web-Site www.icar.org.in for information, guidance and compliance.

(Sanjeevan Prakash)
Deputy Director (F)

Distribution :

I **ICAR Research Institutes etc :**

1. Directors/Joint Directors/Project Directors of all Research Institutes/Project Directorates/National Research Centers and Bureaux.
2. Project Coordinators/Coordinated Research Projects/Zonal Project Directorates.
3. The Finance & Accounts Officers of all Research Institutes, Project Directorates and National Research Centers .

II **ICAR Headquarters :**

1. All Officers/Sections, ICAR, Krishi Bhavan, New Delhi including Krishi Anusandhan Bhavan I & II, NASC, Pusa, New Delhi.
2. ADG (CDN)/ADG (PIM)/PD, DKMA
3. ND, NAIP/ Chairman, ASRB
4. NC, NFBSFARA
5. Director(DARE)
6. DS (WS)/ US(Cash)
7. Cash I, II and Audit II Sections, ICAR, Krishi Bhavan, New Delhi
8. Sr. PPS to Secretary, DARE & DG, ICAR/PPS to Additional Secretary (D) & Secretary, ICAR/PPS to AS&FA, DARE/ICAR
9. Incharge, ARIC, Directorate of Knowledge Management Units (DKMU), KAB-I, Pusa, New Delhi-12 for placing the above mentioned Office Memorandum in ICAR Web-Site
10. Secretary (Staff Side), CJSC, NRC on Meat, Hyderabad.

No. 25(12)/E.Coord-2018
Government of India
Ministry of Finance
Department of Expenditure
(E. Coord. Branch)

North Block, New Delhi
Dated: 3rd April 2018

OFFICE MEMORANDUM

Subject: Reimbursement in respect of Newspapers purchased/ supplied to officers at their residence-guidelines regarding.

Department of Expenditure, Ministry of Finance, vide order no. 1(24)/E.IIA/96 dated 13th September, 1996, had issued guidelines on the subject cited above. It has been felt that these guidelines are dated and need to be updated. It has therefore, 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 rates mentioned below based on the certification given by the entitled officer:

S.No	Level of Officers	Reimbursement to be made per month (In Rs.)
1.	Secretary/Secretary equivalent	As per actuals
2.	Additional Secretary/ Additional Secretary equivalent	Rs.1100
3.	Joint Secretary/Joint Secretary equivalent	Rs. 850
4.	Director/ Deputy Secretary / Under Secretary/Section Officer or equivalent	Rs. 500

2. A certificate as per the 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.

3. This issues in supersession to all earlier guidelines of Department of Expenditure on the subject.

4. The orders will be effective with immediate effect.

3/4/18.
(H.Atheli)
Director

To:

1. All Ministries/ Departments of the Government of India
2. All Financial Advisors of Ministries/ Department of the Government of India
3. Office of Comptroller & Auditor General of India

11/4/18 US (A/C)
P.I. P.G.
13.4.18
Pmt - JK
12/4/18

Annexure

Government of India

Ministry of _____

Department of _____

[*Statement to be furnished on half-yearly basis by the Government Officer to Administration*]

Name of the Applicant:_____

Designation: _____

Department: _____

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.

Date:_____

Signature:

Name: