



NORTH EASTERN REGIONAL INSTITUTE OF SCIENCE
AND TECHNOLOGY (NERIST)
(Deemed University)
Nirjuli, Itanagar, Arunachal Pradesh

DECLARATION /UNDERTAKING FROM THE OFFICIAL

I, Prof./Dr./Mr./Ms. _____
holding the responsibility of _____
of the Department/Section/Office _____
of North Eastern Regional Institute of Science and Technology (NERIST), Nirjuli,
Arunachal Pradesh, hereby declare my **MOBILE/TELEPHONE** no
_____ can be circulated as my official contact number on all
types of institute documents/webpage/brochures etc. as long as the aforesaid office is
held by me and the entitled amount is reimbursed by the Institute.

In lieu of the above reimbursement I do hereby undertake on _____
(date), that:-

- i). the above number can be made the official contact number of the undersigned and shall be functional 24x7.
- ii). the claim for the reimbursement of the telephone/mobile bill alongwith paid receipt shall be submitted to the Finance Section, NERIST on or before 20th day of every month.

Date: _____

(Signature)

Name:

Designation:

Department/Section:

*A Copy of declaration /undertaking has to be forwarded by Chairman (Telephones) to the Finance Section, NERIST for record.