

National Centre for Radio Astrophysics
Tata Institute of Fundamental Research
Pune University Campus, Pune

Date:_____

To

The Accounts Officer,
NCRA, Pune.

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Sub: **WASHING ALLOWANCE**

We, the following staff members of NCRA/GMRT have been wearing Uniform regularly during _____200____. We may please be paid washing Allowance for the month.

Sr No.	Name	Design.	Comp. Code	Sign. of staff member	Obsvn. of RO YES/NO	Whether recommended pay of W.A.

Certified payment of Washing Allowance to the above staff members.

Reporting Officer

Through Administration