

REIMBURSEMENT OF TUITION FEE

Certified that the child / children mentioned below in respect of whom reimbursement of tuition fee is claimed is / are wholly dependent upon me :

Name of the Child	Date of Birth	School in which studying	Class in which studying	Monthly tuition fee actually payable	Tuition is actually paid from April 200 To March 200	Amount of reimbursement claimed
1	2	3	4	5	6	7
1						
2						
3						

2. Certified that the tuition fees indicated against the child / each of the children had actually been paid by me (Cash receipt / counter-foil of the Bank Credit Vouchers to be attached with the initial claim).

3. Certified that:

- I. My wife / husband is / is not a Central Government Servant.
- II. My wife / husband is a Central Government Servant but she / he will not claim reimbursement of tuition fee in respect of our child / children.
- III. My wife / husband is employed with _____ she / he is / is not entitled to reimbursement of tuition fees in respect of our child / children.

4. Certified that during the period covered by this claim the child / children attended the school(s) regularly and did not absent himself/ herself/ themselves from the school (s) without proper leave for a period of exceeding one month.

5. Certified that the child / children mentioned has / have not been studying in the same class more than two years
6. Certified that I or my wife / husband have / has not claimed and will not claim the children's educational allowance in respect of the children mentioned above.
7. Certified that my child / children in respect of whom reimbursement of tuition fee is claimed is / are studying in the school which is / are Recognized School (s) (not applicable to schools run by Central Government / State Government / Union Territory Administration / Municipal Corporation/ Panchayat Samiti / Zilla Parishad).
8. In this even of any change in the particulars above which effect may eligibility for reimbursement of Tuition Fees. I undertake to intimate the same from promptly and refund excess payments, if any made.

(Signature of the Govt. Servant)

Name in Block Letters _____

Designation & Office _____

Tel. Phone / Int. Com No.

Dated :

(Strike out what is not applicable)

* Employer other than Central Government to be mentioned.