

REIMBURSEMENT OF TUITION FEE

1. 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 fee actually paid. From Jan to March, April to June, July to September and October to Dec. (2013-14)	Amount of reimbursement claimed

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 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 /not entitled to reimbursement of tuition fees in respect of 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 exceeding one month.

5. Certified that the child/children mentioned has/have not been studying in the same class for more than two years.

6. Certified that I or my wife/husband have/has not claimed and will not claim the child/children education allowance in respect of the child/children mentioned above.

7. Certified that my child/children in respect of whom reimbursement of tuition fees is claimed is/are studying in the schools which is/are recognized school (s) (Not applicable to schools run by Central Government/State Government/UTA /Administration/Municipal Corporation/ Municipal Committee/ Panchayat Samiti /Zila Parishad.

8. In the event of any change in the particulars above which effect my eligibility from reimbursement of tuition fees, I undertake to intimate the same promptly and also refund excesses payments, if any, made.

(SIGNATURE OF THE GOVERNMENT SERVANT)

Name in Block Letters _____

Designation and Office _____

Dated: _____

(Strike out which is not applicable)

*Employer other than Central Government to be mentioned.