

REIMBURSEMENT OF TUITION FEES

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 fees payable	Tuition fees actually paid from to	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 ,
- i) my wife/husband is/isn't a central government employee
 - ii) my wife/husband is a central government employee but she/he will not claim reimbursement of tuition fee in respect of our child/children
 - iii) my wife/husband is employed with(employer other than central government to be mentioned) She/he is/is not entitled for 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 for more than two years.
6. Certified that I or my wife/husband have 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(s) which is/are recognized school(s) (not applicable by schools run by Central Government/State Government/Union Territory Administration/Municipal Corporation/Municipal Committee/Panchayat Samiti/Zilla Parishat)
8. In the event of any change in the particulars above which affect my eligibility for reimbursement of tuition fees, I undertake to intimate the same promptly and also to refund excess payment, if any .

(Signature of the Govt. Servant)

Name in block letters :

Designation & Office :

Date:

(Strike out what is not applicable)