

## REIMBURSEMENT OF TUTION FEE

01. Certified that the Child / Children mentioned below in respect of whom reimbursement of tuition fee is claimed is are wholly dependent upon me.

Sl. No.	Name of the Child	Date of Birth	School in which studying	Class in which studying	Monthly tuition fee actually payable	Tuition fee actual paid from May/June	Amount of reimbursement claimed
1	2	3	4	5	6	7	8

02. Certified that the tuition fees indicated against the Child / each of the Children had actually been paid by me (Cash Receipt) counterfoil of the Bank Credit Vouchers to be attached with the initial claim.
03. Certified that
- i) My wife / husband 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 not entitled to reimburse of tuition fee of our child / children.
04. 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.
05. Certified that the child / children mentioned has / have not been studying in the same class for more than two years.

06. Certified that I or my wife / husband have / has not claimed and will claim the children's educational allowance in respect of the children mentioned above.

(\* Employer other than Central Government to be mentioned.

07. 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 Municipal Committee / Panchayat Samithi / Zilla Parishad).

08. In the event of any change in the particulars above which effect my eligibility for reimbursement of tuition fees I undertake to intimate the same promptly and also to refund excess payment, if any made.

(Signature of the Government Servant)

Name :  
(IN BLOCK LETTERS)  
Designation :  
& Office :

Date :

(Strike out what is not applicable)

**ANNEXURE**

Name \_\_\_\_\_ School / College.

(NAME AND LOCATION OF THE INSTITUTION)

Certified that Mas./Kum. \_\_\_\_\_  
Son/Daughter of Mr/Mrs \_\_\_\_\_  
He/She is not in receipt of Scholarship of \_\_\_\_\_ per  
month from \_\_\_\_\_. He / She has paid  
Tution Fee @ Rs. \_\_\_\_\_ per month for the period from \_\_\_\_\_  
to \_\_\_\_\_ as per details given below : -

01. Tution Fee @ Rs. \_\_\_\_\_ per month.
02. Science Fee @ Rs. \_\_\_\_\_ per month.
03. Music Fee @ Rs. \_\_\_\_\_ per month.
04. @ Rs. \_\_\_\_\_ per month.
05. @ Rs. \_\_\_\_\_ per month.

It is also certified that \_\_\_\_\_ school  
/ college is recognized by the educational authorities of  
\_\_\_\_\_ state. ( Not applicable for Government Schools and  
schools run by Municipal Corporation / Committees).

(Dates from which continuously studying in the same class)

PRINCIPAL/  
HEADMASTER/  
HEADMISTRESS

Place :

Date :