

REIMBURSEMENT OF TUITION FEE

1. Certified that the child/children mentioned below in respect of whom reimbursement of tuition fee 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 to	Tuition fee actually paid from	Amount of reimbursement claimed

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2. Certified that the tuition fee indicated against the child/each of the children had actually been paid by me vide receipts from the institution(s) attached.
3. Certified that:
- (i) My wife/husband 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 fee 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/themselves from the school(s) without proper leave for period of exceeding one month.
5. Certified that the child/children mentioned has/have not being studying in the same class for more than two years.
6. Certified that the I or my wife/husband have/has not claimed and will not claim children's Education Allowance in respect of the children mentioned above.
7. In the event of any change in the particulars given above which affect my eligibility for reimbursement of tuition fee, I undertake to intimate the same promptly and also to refund excess payment, if any made.
8. Certified that my child/children is/are actually studying in a Recognized School and I am actually incurring expenditure on the tuition fee.
9. Certified that Children Education Allowance is for my first/Second child/first two children.

(Signature of the Govt. Servant)

Name in Block Letters _____

Designation & Office _____

I.D. No. _____

Phone No. _____

Dated _____

(Strike out which is not applicable)

Employer of the than Central Government to be mentioned



_____ School/College

_____ Name and

location of the Institution). Certified that this is a school/college recognized by the
Education authorities of _____ State/Union Territory Administration.

PRINCIPAL/HEAD MASTER/HEAD MISTRES
(Stamp of the Institution)

Dated _____ IVT BlueSoleil Bluetooth 6.0.227.0.2008FULL.rar