

## FORM – 2

### REIMBURSEMENT OF TUTION FEE

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

Name of the Child	Date of Birth	School/ Class in which Studying	Monthly tution fee Actually Payable	Tution fee Actually paid from July 20..... Feb. 20..... March 20 .... To June 20.....	Amount of Reimbursement claimed
1.	2.	3.	4.	5.	6.

2. Certified that the tution fee indicated against the child/ each of the children actually been paid by me (cash receipt/ counter foil of the Bank Credit Vouchers to be attached with the initial claim.)

3. Certified that :

(a) My wife / husband is not a Central Govt. Servant.

(b) My wife/ husband is a Central Govt. Servant but she/ he will not claim reimbursement of tution fee in respect of our child/ children.

(c) My wife/ husband is employed with \_\_\_\_\_ she / he is/ is not entitled to reimbursement to tution 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/ herself themselves from the school (s) without proper leave for the period of exceeding one month.

\_\_\_\_\_ school/ college

(Name and Location of the Institution)

Certified that Shri/ Kumari \_\_\_\_\_ Son/ Daughter of Shri/Smt. \_\_\_\_\_ passed out from class \_\_\_\_\_ in \_\_\_\_\_. He / She had paid tution fees for the period from \_\_\_\_\_ to \_\_\_\_\_ as per details given below:

Tution Fees :

Science Fees :

Music Fees :

\_\_\_\_\_ :

\_\_\_\_\_ :

o Certified that Sh./ Km. \_\_\_\_\_ is at present a student of class \_\_\_\_\_ and has paid tuition fees for the period from \_\_\_\_\_ To \_\_\_\_\_ as per details given below:-

1. Tuition Fees :
2. Science Fees :
3. Music Fees :
4. \_\_\_\_\_ :
5. \_\_\_\_\_ :

Certified that this is a school/ college run by Central Government / State Government / Union Territory Administration/ Municipal Corporation/ Municipal Committee/ Panchayat Samiti / Zilla Parishad.

Certified that this is school/ college recognized by the education authorities of \_\_\_\_\_ State/ Union Territory Administration.

Date: \_\_\_\_\_

Principal/ Head master/Head.....  
(Stamp of the Institution)

o Strike out whatever is not applicable

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 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 schools which is/ are recognized school (s) not applicable to schools run by Central Government / State Government / Union Territory Administration/ Municipal Corporation/ Municipal Committee/ Panchayat Samiti / Zilla Parishad.
8. 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 payments, if any made.

(Signature of the Govt. Servant)

Name in Block Letters \_\_\_\_\_  
Designation \_\_\_\_\_  
Office \_\_\_\_\_

Dated : \_\_\_\_\_

o (Strike out which is not applicable)

X employer other than Central Govt. to be mentioned.