

MATA SUNDRI COLLEGE FOR WOMEN

REIMBURSEMENT OF TUITION FEE

Form-1

1. Certificate 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 actual payable	Tuition fee Actually paid from	Amount of reimbursement claimed
					July 20 to	
					Dec 20.....	
					Mar 20 to June 20.....	
1	2	3	4	5	6	7

Contd.....2

2. Certified that the tuition fees indicating 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 a Central Government Servant but she/he will not claim reimbursement of tuition fees in respect of our child/children. She/he is/is nor entitled to
 - (iii) My wife/husband is employed with..... reimbursement of tuition fees in respect of our child/chilren.
4. Certified that during the period covered by this claim, the child/children attended that School(s) regularly and did not absent himself/herself/ themselves from the School(s) without proper leave for aperiod 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 or my wife/husband have/has not claimed and will not claim the children's education allowance in respect to 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 which is / are recognised School(s) not applicable to schools run by Central Government/State Government/Union Territory Administration/Municipal Corporation/Municipal Communities/Panchayat Samiti/Zila Parishad)
8. In the event of any change in the particulars above which effect my eligibility for Reimbursement of Tuition Fee, I undertake to intimate the same promptly and also to refund excess payment if any, made.

(Signature of the College Employee)

Name in Block letters.....

Designation & Officer.....

Dated :

(Strike out whatever is not applicable)

Employer other than Central Government to be mentioned.