

REIMBURSEMENT OF TUITION

1. Name _____
2. Designation _____
3. Period of Reimbursement (Please mark the relevant column).

i.	April to June	
ii.	July to September	
iii.	October to December	
iv.	January to March	

4. Details of Reimbursement:

Sr. No.	Name of Child	Name of School/College	Name of Board/University affiliated to	Tuition Fee (in Rs.)	Other Expenses (in Rs.)	Total (in Rs.)	Amount claimed for Reimbursement

5. Document Attached:

- (i) Original Receipt No. _____ Dated _____ Rs. _____
- (ii) Original Receipt No. _____ Dated _____ Rs. _____
- (iii) Original Receipt No. _____ Dated _____ Rs. _____
- (iv) Original Receipt No. _____ Dated _____ Rs. _____

I hereby declare that:

1. The amount claimed by me has not been before and will not be claimed hereafter.
2. I will avail Children Education Allowances upto maximum of 2 Children only.
3. My spouse will not claim the above allowance.
4. In the event of any change in the particulars above which effect my eligibility for Reimbursement of Tuition Fees, I undertake to intimate the promptly and also refund excess payment, if any.

Date: _____

(Signature of the govt. Servant)

Name: _____

Designation: _____

Office: _____