

GARGI COLLEGE

SIRI FORT ROAD, NEW DELHI – 49

REIMBURSEMENT OF TUITION FEE FOR CHILDREN OF STAFF

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

| S. No. | Name of Child | Date of Birth | School in which studying | Class in which studying | Monthly tuition fee actually payable | Tuition fee actually paid from April..... to March..... | Amount reimbursement claimed |
|--------|---------------|---------------|--------------------------|-------------------------|--------------------------------------|--|------------------------------|
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| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
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| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
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2. Certify that the tuition fees indicated against the child/each of the children had actually been paid by me vide certificate (&) from the institution (s) attached.

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 fee in respect of our child/children.
- (iii) My wife/husband is employed with she' he is/not entitled to reimbursement of tuition fees 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 a period 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 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. In the even of any change in the particulars given above which affect my eligibility for Reimbursement of Tuition fees, I undertake to intimate the same promptly and also to refund excess payments, if any, made. (Strike out whatever is not applicable)

(Signature of the Govt. servant)

Name in block letters.....

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Designation.....

Deptt.

Dated.....