

RE-IMBURSEMENT OF CHILDREN EDUCATION ALLOWANCE/ HOSTEL SUBSIDY

1. Certified that the child/children mentioned below in respect of whom re-imbursement of tuition fee is claimed is/are wholly dependent upon me.

S.no	Name of the child/Children	Date of Birth	School in which studying	Class in which studying payable	Yearly tuition fee actually	Tuition fee actually paid		Amount of re-imburement claimed
						From	To	

2. Certified that the tuition fees indicated 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 not a Central Government Servant.
- ii) My wife/husband is not a Central Government Servant but she/he will not claim reimbursement of tuition fee in respect of out child/children.
- iii) My wife/husband is employed with _____ she/he will is not entitled to re-imbursement of tuition fee in respect of our child/children.

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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 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 I or my wife/husband has/have not claim the children's educational allowance in respect of he/she children mentioned above.
7. Certified that my child/children in respect of whom re-imbusement of tuition fee is claimed is/are studying in the school(s) which is/are recognized school(s) (Not applicable to schools run by the Central Government/State Government/Union Territory Administration/Municipal Corporation Committee/Panchayat Samithi/Zilla Parishad).
8. In the eve of any change in the particulars above which affect my eligibility for re-imbusement of tuition fees. I undertake to intimate the same promptly and also to refund excess payments, if any made.

(Signature of the Government Servant)

Name in block letters:

Designation:

Office: Tobacco Board,

Date:

Place: Guntur

(Strike out what is not applicable)

ANNEXURE – I

(Name and location of the Institution)

Certified that Shri / Miss. _____

Son/daughter of Mr./Mrs. _____

Student of _____

Class _____ since _____. He/she is not in receipt of scholarships of

Rs. _____ per month from _____. He/she has paid Tuition Fee

Rs. _____ per month for the period from _____

to _____ as per details given below:

1. Tuition Fee @ Rs. _____ per month
2. Science Fee @ Rs. _____ per month
3. Music Fee @ Rs. _____ per month
4. Special Fee @ Rs. _____ per month
5. @ Rs. _____ per month

It is also certified that the _____ School /
College is recognized by the Educational authorities of _____ State
(Not applicable for Government Schools and Schools run by Municipal Corporations/
Committees or Schools run by Panchayat Samithi or Zilla Parishads).

Date from which continuously
Studying in the same class.

Place:

Date :

Principal/Head Master/Head Mistress.