

SAHA INSTITUTE OF NUCLEAR PHYSICS
KOLKATA

REIMBURSEMENT OF TUITION FEE

1. Certified that my 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 actually payable	Tuition fee actually paid from	Account of Reimbursement claimed
1	2	3	4	5	6	7
1.						
2.						
3.						

2. Certified that the tuition fees indicated against the child/each of the children had actually been paid by me (cash receipt/counterfoil of the Bank credit vouchers to be attached with the initially claim)

3. Certified that;

- i) my wife/husband is/is not a Central Government servant
- ii) my wife/husband is a Central Government servant and that 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/is not entitled to reimbursement of tuition fee in respect of our child/children.

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4. Certified that during the period covered by the 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 has/have been not 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 schools (s) (Not applicable to schools run by Central Govt./State Govt./Union Territory Administration/Municipal Corporation/Municipal Committee/Panchayat Samiti/Zilla Parishad).
8. In the event 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.

(Signature of the employee)

Name in block letters_____

Designation _____

Identity No. _____

Date _____

(Strike out whatever is not applicable)