FORM-2

Para-25 REIMBURSEMENT OF TUITION FEE

(Ref: O.M. No.21013/1/2004-Estt.(Allowances), dated 23rd March, 2006)

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	Date of birth	School	in	Class	in	Monthly		Tution	fee	Account	of
Child		which		which		Tution	fee	actually	paid	reimburse	ment
		studying		studying		actually		from	July,	claimed	
						payable		200 to	Feb,		
								200 M	arch,		
								200	to		
								June, 20	0		
(1)	(2)	(3)		(4)		(5)		(6)		(7)	
1.											
2.											
3.											

 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 Govt. servant and that she/he will not claim reimbursement of tuition fee in respect of our child/ children.

(iii) my wife/ husband is employed withshe/he is/is not entitled to reimbursement of tuition fee in respect of our child/ children.

- 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.
- 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.

Place of Posting	Designation & Office
Date	(Signature of the Govt. servant) Name in block letters