

EMP. CODE:
SESSION:

SBI A/C No. :

SCHOOL OF OPEN LEARNING
(CAMPUS OF OPEN LEARNING)
UNIVERSITY OF DELHI, DELHI-110007.

Form-2
Para-25

RE-IMBURSEMENT OF TUITION FEE

CERTIFIED THAT THE CHILD/CHILDREN MENTIONED BELOW IN RESPECT OF WHOM RE-IMBURSEMENT 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: ACTUAL PAYABLE | TUITION FEE | |
|-------------------|---------------|--------------------------|-------------------------|-------------------------------------|-----------------------------------|---------------------------------|
| | | | | | Actually paid from April to March | Amount of re-imburement claimed |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| | | | | | | |
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2. Certified that the tuition fees indicating 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:-
 1. My wife/husband is/is not Central Government Servant.
 2. My wife/husband is a Central Government Servant but she/he will not claim re-imburement of tuition fees in respect of our child/children.
 3. My wife/husband is employed with _____ she/he is/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 that School(s) regularly and did not absent himself/herself/themself 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. Certified that my child/children in respect of whom reimbursement of tuition fee is claimed is/are studying in the School which is/are recognized School(s) (not applicable to Schools run by the Central Government/State Government/Union Territory Administration/Municipal Corporation/Municipal Committee/Panchayat Samiti Zila Parishad).
8. In the even of any change in the particulars above which effect my eligibility for Reimbursement of Tuition Fee, I undertake to intimate the same promptly and also refund excess payment, if any made.

(SIGNATURE OF THE GOVT. SERVANT)

NAME IN BLOCK LETTERS - _____

DESIGNATION _____

Dated: _____

(Strike out whatever is not applicable)

* Employer other than Central Government to be mentioned.