**BIRBAL SAHNI INSTITUTE OF PALAEOSCIENCES, LUCKNOW**

**Reimbursement of Tuition Fee**

1. Certified that the 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 **July to Feb.**  **March to June** | Amount of reimbursement claimed  |
|  |  |  |  |  |  |  |  |

2. Certified that the Tuition Fees indicated against the Child/ each of the Children had actually been paid by me vide Certificate(s)

 from the Institution(s) attached.

3. Certified that: i) My Wife/Husband is/is not a Central Government Servant.

 ii) 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, Child/Children attended the School(s) regularly and did not absent

 himself/herself/themselves from the School(s) without proper leave for leave for a period of exceeding one month.

5. Certified that the Child/Children mentioned has/have not been studying is 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 event of any change in the particulars given above which effect 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 Institute Employee)

 Name in Block Letters .........................................

Date:.......................... Designation ........................................................

\* Employer other than Central Government to be mentioned

....................................................................................................................................................................................... School/College (Name and Location of the Institute)

Certified .............................................the ....................................................Shri/Kumari ................................................................. Son/Daughter of Dr./Shri/Smt./ .................................................................... Passed out from Class ........................... in ..................... He/She had paid Tuition Fees for the period from July 20 .. to Feb. 20..../March 20.... to June 20...... as per details given below:-

1. Tuition Fees 2. Science Fees 3. Music Fees

\*Certified that the Shri/Km. ................................................................... is at present a student of Class......... since................ and had paid Tuition Fees for the period from July 20 .. to Feb. 20..../March 20.... to June 20...... as per details given below:-

1. Tuition Fees 2. Science Fees 3. Music Fees

\*Certified that this is a School/College run by Central Government/State Government/Union Territory Administration/Municipal

 Corporation/Municipal Committee/Panchayat Samiti/Zila Parishad.

\*Certified that this is a School/College recognized by the education authorities of ................................ State /Union Territory

 Administration

Date ........................................ Principal/Head Master/Head Mistress

 (Stamp of the Institution)

(\*Strike out whatever is not applicable)