FORM FOR REIMBURSEMENT OF TUITION FEE

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 STUDING	CLASS IN WHICH STUDDING	MONTHLY TUITION FEE ACTUALLY PAYABLE	TUITION FEE ACTUALLY PAID	AMOUNT REIMBURSEMENT CLAIMED

2. Certified that the Tuition fees indicated against the child/each of the children have actually been paid by i.e. Vide fee receipt and certificate (s) from the institution (s) attached.

3. Certificate that i) My Wife/Husband is in Indian Institute of Science service
ii) My wife/husband is/ is not in Indian Institute of Science service and Her/His pay does not exceed Rs. 1,200/- in the pre-revised scale but 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 not entitled for reimbursement of tuition fee in respect of our child/children.

4. Certified that during the period covered by this claim/the child/children attached 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 mentioned above has/have not been studying in the same class for more than two years.

6. Clarified 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 affect my eligibility for reimbursement of tuition fees I the undersigned to intimate the same promptly and also to refund excess payments if any made.

8. Certified that I am claiming Tuition fees for my first/second child. Whose name has been declared in the family particulars.

SIGNATURE……

NAME……...

DESIGNATION……

DEPARTMENT……

EMPLOYEE CODE No……

(Name and Location of the Institution)

1. Certified that the Information furnished by Mr/Mrs …… that Sl No. 4 and 5 overleaf are correct.

2. Certified that Shri/Kumari …… Son/Daughter of Shri/Smt…….. passed out from class in……. He/She had paid Tuition fees for the period from …….. to ……... as per details given below.

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

3. Certified that Shri/Kumari…….. is at present a student of class……. and had paid Tuition fees for the period from……. to…… as detail given below.

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

4. Certified that this is a school/College run by Central Government / State Government / Union Territory / Administration / Municipal Committee / Panchayat Samithi / Zilla parishad.

5. Certified that this is a school / college recognized by the educational authorities of……. State/Union Territory administration.

6. Certified that the fee structure has been approved by the education Department, Government of ……

Principal/Headmaster/Headmistress

Date:……

(Stamp of the Institution)

(Strike out whichever is not applicable)

INDIAN INSTITUTE OF SCIENCE
BANGALORE – 560 012
FOR OFFICE USE ONLY

DEBIT …… Dept/Salaried/Estiblishment

Tuition Fees Registered folio…….

Passed for payment for Rs……..

SUPID | DEPUTY FINANCIAL CONTROLLER | INTERANAL AUDIT