Details	Name of child	School in which studying and location of the school (state also whether it is a Govt. or Govt. aided school.	which	Details of Claim	Amount of Govt. Scholarship, if any	Amount of scholarship received from other sources (NB) Ment Scholarships specifically remarked for items other (tuition fees not to be mentioned)	Amount of reimbursement claim (to be restricted to fees approved by educational authorities) to ne filled by OE-I, section
1.	2.	3.	4.	5.	6.	7.	8.

Certified that My Child/Children mentioned above in respect of whom reimbursement of tuition fees is claimed is/are studying in the school mentioned on column (2) above which is/are recognized school and that the tuition fees indicated against each have been paid.

Certi	fied	that	1

My wife / husband is not in Govt. service

My wife /husband is in Govt. service and than no reimbursement would be claimed by her/him and also the pay draw by her/him does not exceed Rs. 121/-

My wife/husband is not employed outside the Central Govt.

My wife /husband is employed with

She is not entitled to reimbursement or unition fees in respect of our children. She/He is entitled to reimbursement of tuition fees in respect of our child as follows. Certified that none of the children mentioned above has been studying in the same class for more than two years.

Certified that I or my wife/husband have not claimed and will not claim the children's education allowance under the Ministry of Finance O.M. No. 019(1) Estt. (Spl) 62, Dt. 10-1-1966 in respect of the Children mentioned above (strike off if not applicable)

- · Strike out which is not applicable.
- @ Employed other than Central Govt. to be mentioned.

AAO/OE-

SR.A.O/OE-I

SR.DAG(A)

Signature and Designation of the Govt. Servant Pay Rs.

BONAFIDE CERTIFICATE FROM THE HEAD OF INSTITUTION/SCHOOL

This	i	S	lo	certify	th	rat.	Masker/I	saby/Mr.
Miss							************	Rol
no	••••		Admissi	on No		.,,	*********	son e
bonafid	le stude	nt of this	school ar	nd studie	d in Class.		***********	durin
the fina	ancial y	ear/Acac	lemic year	r		and as	per Schoo	ol records
his/her	date of	birth is .	· · · · · · · · · · · · · · · · · · ·	***********				
This is t	to also	certify th	at the abo	ve name	d child had	studied	in this sch	ool in the
							od moral ch	
				,				
**During	3	the	yea	r	Master/	I.	Baby/	Mr./
Miss	••••••	***********		•••••••				had
resided i	in the r	residentia	l complex	(Hostel)	of the sch	hool and	paid an ar	nount of
							••••••	
							in the re-	
complex.					a dirig and		til tile re-	BICIONETER
This	Instit	tution/Sc	chool	is	affiliated	i ro	ecognized	by
			***********	*********	aı	id the aff	iliation/rec	ognition
Number is	s	••••••	**********					
Dated:								
Place:		/ .						

Signature Head of the Institution/School (with Stamp and seal)