

SHAHEED BHAGAT SINGH COLLEGE

(UNIVERSITY OF DELHI)

Sheikh Sarai (Triveni) Phase-II, New Delhi-110017

CHILDREN EDUCATION ALLOWANCE CLAIM FORM

Certified that the child/children mentioned below in respect of whom reimbursement of tuition fee is claimed is/are wholly dependent upon me:-

wholly dependent upon me:-	
Name of child	This is to nee certify that the above agained child had stateed in this se
Date of Birth	In all and the control of the contro
School in which studying	Howher pears a good moral city actet.
Class in which studying	
Monthly tuition fee actually paid	(Homei) of the selection and produce an animal of Re
Tuition fee paid from	This Institution/School is altitized secondard by
to	rstraction Numbers a
Amount of Allowance claimed	-t
certificate(s) from institution(s) att	ed against the child/each of the children had actually be paid by me vide ached.
3. Certified that:	
ii) My wife/husband is Central	tral/State Government employee. /State Government employee and workingbut she will not claim children education ld/children.
	ered by this claim, children attended the school (s) regularly and did not school without proper leave period exceeding one month.
 Certified that I and my wife/husban child/children mentioned above. 	d have not claimed children's educational allowance in respect of the
	articulars given above which affect my eligibility for reimbursement of comptly and also to refund excess payment if any made.
Date:	
	Signature of Govt. Employee
	Name
8 2	

Designation

Department

BONAFIDE CERTFICATE FROM THE HEAD OF INSTITUTION/SCHOOL

This is to certify that Master/Baby/Mr./Miss	Roll no	Admission No
Son of Shri/Smt		
in Class during the financial year and as in words	d bandinam ny bini	
This is to also certify that the above named child had studied in	this school in the	previous academic year
He/She bears a good moral character.		
**During the year Master/baby/Mr./Miss	had resided in	the residential complex
(Hostel) of the school and paid an amount of Rs toward be	oarding and lodging i	n the residential complex.
This Institution/School is affiliated recognized by		and the
affiliation/recognition Number is		
Dated:		
Place:		 Consided that the mide continuous front instruction
	0	of the Institution/School
		(with Stamp and saal)
**(Strike out is not applicable)		4. Carinal that during th
without proper leave period excepting one month.		