

**NATIONAL INSTITUTE OF TECHNOLOGY CALICUT**  
**FORM OF APPLICATION FOR CLAIMING REIMBURSEMENT OF TUITION FEES OF CHILDREN**  
**OF STAFF MEMBERS UNDER CHILDREN EDUCATION ALLOWANCE SCHEME**  
(Ref. OM No.12011/03/2008 (Allowance) Dt. 02/09/08)

1. Name and Employee ID No. (*in block letters*) : \_\_\_\_\_
2. Designation and Department : \_\_\_\_\_
3. Pay in the Pay Band and Grade Pay : \_\_\_\_\_

**Details of child for which the claim is made for:**

1. Names of Child : \_\_\_\_\_
2. Age and Date of Birth of the Child : \_\_\_\_\_
3. Class and Name of School : \_\_\_\_\_
- 4) Academic year of study : \_\_\_\_\_

**The quarter to which the claims are made for (Tick)**

I Quarter	II Quarter	III Quarter	IV Quarter
April- June	July – September	October – December	January – March

**Details of Amounts Claimed**

Particulars	Bill No. & Date	Amount (Rs)
(a) * Tuition Fee		
(b) Purchase of Text Books (One Set/per child/per year)		
c) Purchase of Note Books (One Set/per child/per year)		
(d) Purchase of Uniform (Two Sets/per child/per year)		
(e) Purchase of School shoe(One Set/per child/per year)		
(f) Details of other fees / Hostel subsidy if claimed		
<b>TOTAL</b>		

**Note:**\* Tuition Fee means Tuition fee, Admission fee, Lab fee, Special fee charged for Agriculture, electronics, music or any other subject, fee charged for practical work under the programme of work experience, fee paid for the use of any aid or appliance by the child, library fee, games/sports fee and fee for extra curricular activities.

**Enclosures:** a) Declaration (b) Original Bills

Place: .....

Signature of the Employee with date

**NB: Separate applications should be submitted for each child.**

**DECLARATION FOR CLAIMING REIMBURSEMENT OF TUITION FEES OF CHILDREN OF STAFF MEMBERS UNDER CHILDREN EDUCATION ALLOWANCE SCHEME**

I hereby declare that

1. The child mentioned above in respect of whom reimbursement of Children Education Allowance is claimed are wholly dependent upon me.
2. During the period covered by the claim the child attended the school regularly and did not absent himself/herself from school without proper leave for a period exceeding one month.
3. In the event of any change in the particulars given above which affect my eligibility for children's educational allowance, I undertake to intimate the same promptly and also to refund excess payments, if any made.
4. The claim does not include any item other than those indicated against Sl. No.(a) to (e) under 8 above.
5. The above expenses have not been claimed for Income Tax benefits.
6. The reimbursement of the above expenses has not been claimed by the spouse who is also a Govt. servant (*This is applicable in case both the spouses are Govt. Servants*).
7. The claims are made only for the two eldest surviving children, except when the number of children exceeds two due to second child birth resulting in multiple births.
8. The facts and figures given in the reimbursement bill are true to the best of my knowledge and belief.

Place: .....

Signature: .....

Date: .....

Name: .....

Employee Id No. .....

Designation and Department:.....