



DR. RAM MANOHAR LOHIA INSTITUTE OF MEDICAL SCIENCES,

VIBHUTI KHAND GOMTI NAGAR LUCKNOW-226010

PH. NO. 0522-4918502, 4918504 FAX NO. 0522-4918506

RE-IMBURSEMENT OF CHILDREN EDUCATION ALLOWANCE FORM

(Payable as per Ref.-293/RMLIMS/2013 date 29-04-2013)

1- Certified that the children/child mentioned below in respect of whom re-imbursement of Children Education Allowance claimed is wholly dependent upon me:-

Name of the Child & Date of Birth	School in which studying	Class in which studying & A/Y	Total Education Fee paid	Total amount of re-imbursement claimed
1	2	3	4	5
(1)				
#Tuition fees (for the month of _____ to _____)				Rs. _____
Purchase of Books (one set/per child/per A/Y)				Rs. _____
Purchase of Note Books (one set/per child/per A/Y)				Rs. _____
Purchase of Uniforms (Two set/per child/per A/Y)				Rs. _____
Purchase of School shoes (Two set/per child/per A/Y)				Rs. _____
Total to be filled in column 4 above				Rs. _____
(2)				
#Tuition fees (for the month of _____ to _____)				Rs. _____
Purchase of Books (one set/per child/per A/Y)				Rs. _____
Purchase of Note Books (one set/per child/per A/Y)				Rs. _____
Purchase of Uniforms (Two set/per child/per A/Y)				Rs. _____
Purchase of School shoes (Two set/per child/per A/Y)				Rs. _____
Total to be filled in column 4 above				Rs. _____
GRAND TOTAL (1+2)				Rs. _____

2- Certified that the Education Allowance indicated against the Child/Children has been actually been paid by me (Original receipts duly verified are enclosed.)

3- Certificate/undertaking are detailed on back side of this form.

Signature of the Employee : _____
 Name of the Employee : _____
 Designation/Department : _____
 I.D. Number : _____
 Bank A/C Number : _____
 Tel/Mob. Number : _____
 Encl. : _____
 Place & Date : _____

For Office use only

Passed for payment of Rs. -----(Rs.-----)

Dealing Assistant

Asstt. Accountant

A. Accounts Officer

Finance Controller



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NOTE: Copy of school fee card & Bank challans/Paid up receipts/purchase receipts in original are to be enclosed.

1. Certified that: (i) My spouse is not State/Semi Govt./Central Government Servant. (ii) My spouse is Central Government Servant and that she/he not claimed/will not claim children's educational allowance in respect of our child/children.
2. Certified that during the period covered by the claim the child attended the school regularly and did not absent himself/herself from the 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.

NOTE: # Tuition fee means Tuition fee, Admission fee, Lab fee, Special fee charged for agriculture, Electronics, Music or any 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.

Signature of the Employee :-----

Name of the Employee :-----

Designation/Department :-----