

**SHYAMA PRASAD MUKHERJ COLLEGE (for women)**  
**University of Delhi**  
**PUNJABI BAGH (west) : NEW DELHI – 110026.**

Reimbursement of Tuition Fees

1. 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 studying	Class in which studying	Monthly Tuition Fee Actually Payable	Tuition Fee Actually Paid From _____ To _____	Other Items	Amount of Reimbursement Claimed
1	2	3	4	5	6	7	8

2. Certified that the Tuition fees & other items indicated against the child/each of the children had actually been paid by me original slips/ certificate(s) from the institution(s) attached.
3. Certified that:-  
 (i) My wife/husband is/is not a Government Servant.  
 (ii) My wife/husband is Govt. Servant but she/ he will not claim reimbursement of tuition fee in respect of our child/children.  
 (iii) My wife/husband is employed in \_\_\_\_\_  
 She/he is/ is not entitled to reimbursement of tuition fee in respect of our child/children.
4. Certified that during the period covered by this claim, the child/children attended 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 has/have not been studying in the same class for more than two years.
6. In the event of any change in the particulars given above which affect the eligibility for reimbursement of tuition fee, I undertake to intimate the amount promptly and also to refund excess payment if any, made.

**(Signature of the employee)**

Name in Block Letters \_\_\_\_\_

Designation \_\_\_\_\_

Department \_\_\_\_\_

Dated:- \_\_\_\_\_

Verified by: - S.O.Admn./S.P.A. \_\_\_\_\_