

DYAL SINGH COLLEGE, LODHI ROAD, NEW DELHI -110003

NOTICE

11<sup>th</sup> March 2020

All the members of the Teaching and Non- Teaching Staff are hereby informed to submit their claim for re-imbusement of Children's Education Allowance for the financial year 2019-20 latest by 25 March 2020.

*Anita Goel*  
11/03/2020  
(Dr. Anita Goel)  
Officiating Principal  
*Dr. Anita Goel* 8168

**Copy to:-**

Notice Board  
Circulation among the Staff  
College Website

**DYAL SINGH COLLEGE, LODI ROAD, NEW DELHI-110003**

**FORM FOR RE-IMBURSEMENT OF CHILDREN'S EDUCATION ALLOWANCE**

1. Certified that the Child/Children mentioned below in respect of whom reimbursement of Education Allowance is claimed, is /are wholly depended upon me:-

Name of the Child	Date of Birth	School in Which studying	Class in which studying	Monthly Tuition fee and other fee paid (permissible for re-imburement) Rs.	Details of Purchases for reimbursement if any. Rs.	Total amount claimed for re-imburement Rs.

2. Certified that the fee and details of purchases indicated against the child/each of the Children has actually been paid by me vide certificate (s)/ Receipt (s) enclosed along with the form.
3. Certified that:-
  - I. My wife/husband is/is not a Central Government Servant.
  - II. My wife/husband is a Central Government Servant but she/he will not claim reimbursement of education allowance in respect of our child/children.
  - III. My wife/husband is employed with \_\_\_\_\_ she/he is not entitled reimbursement of education allowance 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 class for more than \_\_\_\_\_ years.
6. Certified that I or my wife/husband have/has not claimed and will not claim the Children's Education Allowance in respect of the children mentioned above from any other govt. organization.
7. In the event of any change in the particulars given above which affect my eligibility for reimbursement of education allowance I undertake to intimate the same promptly and also to refund excess payments made.

Dated \_\_\_\_\_

(SIGNATURE OF THE GOVT. SERVANT)

Name in Block letters \_\_\_\_\_

Designation & Office \_\_\_\_\_

\*Employer other than Central Government to be mentioned.