

# INDIAN INSTITUTE OF TECHNOLOGY MANDI

Mandi-175001(Himachal Pradesh)

## REIMBURSEMENT OF CHILDREN EDUCATION ALLOWANCE

1. Certified that the child/children mentioned below, to whom reimbursement of admission fee, education fee, notebooks, uniform and hostel subsidy is claimed is/are wholly dependent upon me:

Sr. no.	Name of the child and date of birth	Class in which studying	Claim for reimbursement against the item # shown below:	Reimbursement of Hostel subsidy in an academic year (if any)	Fee actually paid		Total Amount of reimbursement
					Period (Academic Year)		
					From	To	
1.			1. Admission fee = ..... (If any) 2. School fee = .....  3. Text Books = ..... (one set only) 4. Note books = ..... (one set only) 5. Set of Uniforms = ..... (max. two sets) 6. School Shoes = ..... (max. one set)				
2.			1. Admission fee = ..... (If any) 2. School fee = .....  3. Text Books = ..... (one set only) 4. Note books = ..... (one set only) 5. Set of Uniforms = ..... (max. two sets) 6. School Shoes = ..... (max. one set)				

2. Certified that the expenditure indicated against the child/ each of the children had actually been paid by me (#cash receipt/ counterfoil of the Bank credit Vouchers with respect to each item must be attached with the claim)

3. Certified that my wife/husband is/ is not a Central Government servant. If yes, then she/he has not claimed and also will not claim the reimbursement of Children Education Allowance in respect of her/his child/children. (tick whichever is applicable)
4. Certified that I have two children or more than two children and I will claim the reimbursement for only these two children. (tick whichever is applicable)
5. In the event of any change in the particulars above which affect my eligibility for reimbursement of Children Education Allowance, I undertake to intimate the same promptly and also to refund excess payments, if any, made to me.
6. Certified that the child/children have been studying in a recognized school.

.....  
(Signature of Employee)

Date:.....

Name in Block Letters.....

Designation.....

Deptt./ Office.....

Employee No.....

Forward to Audit/ Accounts Wing

(.....)

Head of the school/ office.

**Audit & Accounts Wing**

Revenue  
Stamp  
for  
Rs.5000/

Pre Audited for ₹. \_\_\_\_\_

Passed for Payment for ₹ \_\_\_\_\_

Financial Year \_\_\_\_\_

Transferred in the Bank a/c No. \_\_\_\_\_

Cheque no. & date; \_\_\_\_\_  
If paid by cheque

AR(Audit & Accounts)

Jr. Acctt.

F&AO/Registrar