

Name and location of Institution / School / College

Certified that _____

Son of / daughter of Shri / Smt. _____

was a student of Class since _____ . He / She was in receipt of / not

receipt of Scholarship of Rs. _____ per month for the period

from _____ to _____ who has paid tuition fee

@ Rs. _____ per month for the period from _____ to _____

as detail given below :-

- 1) Tuition fees Rs. _____ per month
- 2) Science fees Rs. _____ per month
- 3) Music fees Rs. _____ per month

It is also certified that _____

School / college is recognised by the educational authority of Madhya Pradesh / Maharashtra State. (Not applicable for Government / Schools and Schools run by Municipal Corporation / Zilla Parishad.)

Date from which continuously studying in the same class.

PRINCIPAL / HEAD MASTER / HEADMISTRESS

Date :

Place :

MOIL LIMITED

1A, KATOL ROAD, NAGPUR - 440 013

PROFORMA FOR REIMBURSEMENT OF TUITION FEES

- 1) Name of the Employee : _____
- 2) Date of last claim : _____
- 3) Place of Duty : _____
- 4) Period of which reimbursement : _____
was claimed
- 5) Period of which present claim : _____
pertains.

Name of Candidate/ Student	School in which studying & location of the school. (State also whether it is a Govt. or Govt. aided/ non-aided school)	Class/ in which studying.	Monthly tuition Fees paid actually (Receipts to be attached)	Amount of scholarship if any	Amount of scholarship from other sources (N.B. Merit scholarships. specifically earmarked for items other than Tuition fees need not be mentioned	Amount of reimbursement claimed
	1	2	3	4	5	6
1) _____						7
2) _____						
3) _____						
4) _____						

(3)

- 1) Certified that my children mentioned above in respect of whom reimbursement of tuition fee is claimed was / were studying in the School(s) mentioned in column (2) which is Recognised School and that the Tuition fees indicated against each actually been paid by me.
- 2) Certified that:
 - 1) My wife / husband is not in Govt. / MOIL Service.
 - 2) I have not claimed and will not claim the children Education Allowance in respect of the children mentioned above from any other Source.
 - 3) The child / children mentioned above has / have not been studying in the same class for more than 2 years.

* Strike off whatever is not applicable.

Place: _____

Date: _____

Signature & designation of the employee

FOR OFFICE USE ONLY

Forwarded to Personnel Officer for further action.

Particulars verified and found in order / not in order.

Forwarded to Accounts Deptt. for checking & payment.

Signature of Controlling Authority.
P.O. / W. O.