

SWAMI SHRADDHANAND COLLEGE

UNIVERSITY OF DELHI

FORM 3
(Para - 26)

..... School / College
(Name and location of the institution)

X Certified that Shri/Kumari
Son / Daughter of Shri / Smt.
From class in He /She has paid tuition fees for the
period from August / April to as per details given below:-

1. Tuition fees
2. Science fees
3. Music fees
4.
5.

X Certified that Shri / Kumari is not presently a
student of class since and has paid tuition fees for the period
from to March / July
as per the details given below:-

1. Tuition fees
2. Science fees
3. Music fees
4.
5.

X Certified that this is a School / College run by Central Government / State Government /
Union Territory Administration / Municipal Corporation / Municipal Committee / Panchayat Samiti / Zilla
Parishad.

X Certified that this is a School / College recognised by the education authority of
..... State / Union Territory Administration.

Date

Principal / Headmaster/
Headmistress
(Stamp of the Institution)

X Struck out whichever is not applicable.

Note : 1 Certificate from the Head of the Institution should be furnished in the month of April and
August, every year, covering the period as shown below:-

Month of the Certificate	Period to be covered by the Certificate
April	August of the preceding year to March of Current Year.
August	April to July of Current Year.

Note-2: If the student has been continuously studying in the same class during the periods.
August to March: The first part of the Certificate April to July will not be necessary.

SWAMI SHRADDHANAND COLLEGE

FORM 2
(Para-25)

(UNIVERSITY OF DELHI)
ALIPUR, DELHI-110036

REIMBURSEMENT OF TUITION FEE

1. Certified that the child/children mentioned below in respect of whom reimbursement of tuition fees is claimed is/are wholly dependent upon me:

S. No.	Name of the Child	Date of Birth	School in which studying	Class in which studying	Monthly tuition fee actual payable	Tuition fee actually paid from July 20..... to Feb. 20..... March 20..... to June 20.....	Amount of reimbursement claimed
1.							
2.							
3.							

2. Certified that the tuition fees indicated against the child/each of the children had actually been paid by me (cash receipt / counter foil of the bank credit vouchers to be attached with the initial claim).

3. Certified that:

- (i) my wife / husband is not a Central Government Servant.
 - (ii) my wife / husband is a Central Government Servant but she / he will not claim reimbursement of tuition fees in respect of our child / children.
 - (iii) my wife / husband is employed with
- She / He is not entitled to reimbursement of tuition fees 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 from the school(s) without proper leave for a period of 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. Certified that I or my wife / husband have / has not claimed and will not claim the children's educational allowance in respect of the children mentioned above.
7. Certified that my child / children in respect of whom reimbursement of tuition fee is claimed is / are studying in the school which is / are recognized school(s) (Not applicable to school run by Central Government / State Government / Union Territory / Administration / Municipal Corporation / Municipal Committee / Panchayat Samiti / Zilla Parishad.)
8. In the event of any change in the particulars above which effect my eligibility for Reimbursement of Tuition Fee, I undertake to intimate the same promptly and also to refund excess payments, if any made.

Dated

(Strike out which is not applicable)

employer other than Central Government to be mentioned.

(Signature of the Government Employee)

Name in block letters

Designation & Office

SWAMI SHRADDHANAND COLLEGE

(UNIVERSITY OF DELHI)
ALIPUR, DELHI-110036

DECLARATION CERTIFICATE

Name of Employee _____

Designation _____

Address _____

No. of Children _____

S. No.	Name of the Child	Date of Birth	Class in which studying	Name of the School in which studying
1.				
2.				
3.				
4.				
5.				

Certified that the above children are wholly dependent upon me and information given above is correct to the best of my knowledge and brief.

Date

Signature of the Employee