

**Institute for Studies in Industrial Development  
New Delhi**

**Sub: Claim for reimbursement of Children Education Assistance**

- (1) Name of the Employee :
- (2) Designation of the Employee :
- (3) Name of Children and Class in which studies :
- |      |          |         |           |
|------|----------|---------|-----------|
| (i)  | (a) Name | (b) Age | (c) Class |
| (ii) | (a) Name | (b) Age | (c) Class |
- (4) Amount of Claim :
- |                 | Child (1) | Child (2) | Total |
|-----------------|-----------|-----------|-------|
| (i) Tuition Fee | -----     | -----     | ----- |
| (ii) Others     |           |           |       |
| (a)             |           |           |       |
| (b)             |           |           |       |
| (c)             |           |           |       |
| (d)             |           |           |       |
| <b>Total</b>    | -----     | -----     | ----- |
- (5) Period of which claimed :
- (i) Quarter – I 01-04-20---- to 30-06-20
- (ii) Quarter – II 01-07-20---- to 30-09-20
- (iii) Quarter –III 01-10-20---- to 31-12-20
- (iv) Quarter – IV 01-01-20---- to 31-03-20

Certified that the claim of Rs. \_\_\_\_\_ (Rupees .....

.....) has been incurred by me towards children education and is not claimed from any other source either by me or my spouse.

Date: \_\_\_\_\_ (Signature)

**Office Use**

Bills checked and claim admissible for Rs. \_\_\_\_\_, as detailed below:

S.No.	Particulars	Amount (Rs.)
1.	Total claim limit for the year _____	
	<u>Less:</u> already claimed and paid	-----
	Balance available	-----
	<u>Less:</u> amount of current claim admitted	-----
	Balance	-----

Payment of Rs. .... (Rupees .....)  
towards reimbursement of Children Education Allowance expenses to Shri/Smt./Ms.  
..... may kindly be approved.

Accounts Officer

Finance Officer

Director