

Application Form: Reimbursement of Children Education Allowance

Name : _____ Designation : _____
 Department / Section : _____ Employee Code : _____
 Date of Joining (Regular) : _____ eTicket Number : _____

Note: Applicant to please also sign the declaration obverse

Particulars of Child

Name : _____ Date of Birth : _____
 Class : _____ School : _____

Period for claim (Check “Quarter”)

April – June July – September October – December January – March

Amount Claimed

SN	Particulars	Bill No. & Date	Amount
1	Tuition Fee*		
2	Purchase of Text Books (One Set/per child/per year)		
3	Purchase of Note Books (One Set/per child/per year)		
4	Purchase of Uniform (Two Sets/per child/per year)		
5	Purchase of School Shoe (One Set/per child/per year)		
	TOTAL		

Enclosures

- a) Declaration
- b) Original Bills

Place : _____ Signature of Employee : _____
 Date : _____ Name : _____

*Note : *Tuition Fee means – Tuition Fee, Admission Fee, Lab. Fee, Special Fee charged for Agriculture, Electronics, Music or any other subject, fee charged for practical work under the programme of work experience, fee paid for the use of any aid or appliance by the child, library fee, games/sports fee and fee for extra-curricular activities*

To be filled by A/C Section

Passed for Rs _____ (In Words) _____ on account of Children Education Allowance.

Date : _____ Checked by : _____ Finance Officer : _____

DECLARATION

I hereby declare that

- a) The children/child mentioned above in respect of whom reimbursement of Children Education Allowance is claimed are wholly dependent upon me.
- b) During the period covered by the claim the child attended the school regularly and did not absent himself/herself from school without proper leave for a period exceeding one month.
- c) In the event of any change in the particulars given above which affect my eligibility for Children's Educational Allowance, I undertake to intimate the same promptly and also to refund excess payments, if any made.
- d) The claim does not include any item other than those indicated against S No. (a) to (e) under 8 above.
- e) The above expenses have not been claimed for Income Tax Benefits.
- f) The reimbursement of the above expenses has not been claimed by the spouse who is also a Govt. Servant (This is applicable in case both the spouses are Govt. Servants).
- g) The facts and figures given in the reimbursement bill are true to the best of my knowledge and belief.

Note/Checklist:

- 1. A scanned copy of the original bill (converted to a single pdf) will be submitted to THAPAR ONLINE SUPPORT SYSTEM at <https://eticket.thapar.edu>.
- 2. After Creating the Online request (eTicket), send all the original bills/documents to the Finance Section through your Department/School/Centre/Section/Unit. No Xerox copy will be accepted. eTicket number should be mentioned on the Reimbursement form.
- 3. The Amount will be credited with your Salary (In Month End).

Place : _____

Date : _____

Signature of Employee: _____

Name : _____