

GOVERNMENT OF INDIA
Dr. Ram Manohar Lohia Hospital, New Delhi
Performa of Tuition Fees

1. Government Employee Name.....
2. Father/Husband Name.....
3. Employee No.....4.Date of Joining Employee's.....
5. Present Address.....
6. Period of Tuition Fees Claim(Present) Rs.....
7. Period of Tuition Fees taken (Previous) Rs.....

8. Children Name.

S. No.	Child Name	Class & Date of Birth	Amount Claim Original Receipt	Admissible Amount	Recognize Name & Add. of School
1.					
2.					

9. (i) My wife/Husband in not in central Govt. Service. (ii) My wife/husband is central Govt. servant and that he/she will not claim. (Certificate attached with the application).

10. (i) Certified that during the period covered by the claim the child/children attended the School regularly and did not absent himself/herself/themselves from the school without proper leave for a period exceeding one month.
(ii) Original money receipt and cash memo should be attached with the application.

11. If any information have found wrong than I will be responsible.

Signature of Applicant : _____

Designation : _____

Department : _____

Mobile No. : _____

12. Verified and found corrected as per service record.

Concerned O.S/A.A.O

13. For Accounts Section: _____

Sr. Accounts Officer