

SHOBHIT UNIVERSITY

Family Declaration Form (FD Form)

(Note: This a diachronic progressive Form. Do not mark any space Not Applicable. Make entry as and when there are changes in the family, due to Marriage, Child birth, Death, or Separation)

1. Name of the employee:	Photo of the employee
2. Father's name:	
3. Mother's name:	
	Signature

4. Permanent address:
5. Present address:
6. Marital status of the employee:
7. Joining date: as (status/rank/design).....
.....
8. If married/when married, fill up the details in the table below (leave the entry blank if not applicable/not yet applicable):-

FAMILY MEMBERS DETAIL TABLE

Sl #	Name	Relation with the employee (Husband/ Wife/ Son/Daughter)	Date of Birth	Occupation	If in a job, eligible for making children education claim or not?	Dependent on the employee	
						YES	NO

(in case of married off/ separation/ death/ adoption of a member from/into the employee's family, mention so in red ink below the name and effective date of that entry. In case a child mentioned in the table above is not born in the family but adopted, an entry in red ink below her/his name will be made with the words "adopted legally")

9. Next of kin (Name):

Relation with the employee:

10. Who should be informed in case of death of the employee?

Name:.....

Address:.....

.....

Tel no: Email id:.....

Shobhit University

School Fee Re-imbursement Request Form (SFRR Form)

(use one Form for one child)

1. Name of the employee:
2. Designation in the university:
3. Current Monthly salary
4. Number of Children mentioned in the FD Form:
5. Details of the child whose fee is claimed:-
 - 5.1. Name of the Child:.....
 - 5.2. Class for which the claim is made:.....
 - 5.3. Name and address (with pin code) of the school/ college:
.....
.....
.....
 - 5.4. Telephone number of the School/ Principal/ Head:
.....
 - 5.5. Total fees paid:

5.6. Give breakup of the fees paid:-

Sl#	Fee head	Amount paid (in Rs.)	What proof of payment is attached?
1	Tuition fee		
2			
3			
4			
5	Others (.....)		
Total amount claimed			

(Signature of the child)

(Signature of the claimant)

SFRC Form (continued)

Undertaking

I declare that information given above is true and I have personally paid the amounts for the education of my child as fees to the school/college mentioned above; and that no part of my claim is untrue/fraudulent or invalid. I also declare that I have not availed/ received full/ partial financial support from other sources i.e. central/ state government/ NGO.

(Signature of the claimant)

---X-X---

PART II

(Meant for the use of the Accounts Office)

Checking report of the claim:-

Sl#	Point of consideration	Satisfactory	Not-satisfactory
01	Child's name is mentioned in the FD Form		
02	School and class is genuine		
03	Fees paid are genuine and verifiable		
04	The claim is valid as per policy		
05	Totality of the claim		

Claim: Passed / Not passed / With held for want of following information/
action:...

.....

Signature:

(.....) (.....)

Member 3

Member 2

(.....)

Member 1: Chairman

PART III

Action taken by the accounts section;

.....

(Accounts officer)