



ALL INDIA INSTITUTE OF MEDICAL SCIENCES, JODHPUR (RAJASTHAN)

UNDERTAKING FROM THE PARENTS OF THE CHILDREN

(FOR REIMBURSEMENT OF CEA)

I hereby undertake that my Son/Daughter
Master/ Kumari..... is studying in class..... during the
academic session Apr 2017-March 2018 in School/Institution, namely.....
.....

I have paid a sum of Rupeestowards tuition fee of my ward
for the period from...../...../.....(DD/MM/YY) to/...../.....(DD/MM/YY).
Necessary certificate from the concerned School/authority shall be submitted in due course of time.
Kindly process my claim of Childrenn And Education Allowance submitted by me.

Place:-

Date:-

Signature

Name:.....

Designation:.....

Department:.....

Contact No:.....