

THE MERCHANT NAVY OFFICERS' WELFARE FUND

"Udyog Bhavan", 4th Floor, 29 Walchand Hirachand Marg, Ballard Estate, Mumbai -400 001
Tel No: (91-22) 22619321 Fax: (91-22) 22644670 Email: mail@mnowf.com

APPLICATION FOR REIMBURSEMENT OF CHILDREN EDUCATION

For Office Use Only

Inward Date : _____ Inward No. _____ By : _____ Claim No. : _____

IN CAPITAL LETTERS - Please fill the Form correctly after reading the instruction : (Over Leaf)

(A) Officers Name : _____ Rank: _____

Name of Company : _____ Date of Joining : _____

Are you permanent employee of the Company? (Yes/No) ___ Are you on short Term Contract? (Yes/No) ___

Is your Company remitting donation to MNOWF Corpus on your behalf? (Yes/No) _____

Are you member of Company's Provident Fund? (If Yes) Provident Fund Account No. _____

Your MUI Membership No. (If any) _____ Company Employee/Staff Code No. _____

(B) Name of the Child : _____ Date of Birth : _____

Relationship : _____ Name of Course / Degree : _____ Year : _____

Name of the Institute/College _____ Whether it is affiliated

to recognized University? (Yes/No) _____ Name of the University : _____

(C) Officer's Bank Details, (Name of the A/c Holder) : _____

Name of the Bank : _____ A/c No. _____

Name of the Branch : _____ Bank Address : _____

IFSC CODE

Permanent Residence Address : _____

Pin Code : _____

Tel No. : _____ Mob No. : _____ Email Id : _____

(D)

Course Fees for the Academic Year 20__ to 20__

	<u>Amount Claimed</u>	<u>Admissible</u>	<u>Remarks</u>
1. College Fees :			
2. Books and Study Materials :			
3. Coaching Class Fees :			
4. Examination Fees :			
5. Any Other Fees :			
Total			

PLEASE SEE INSTRUCTION OVERLEAF:

I hereby declare that the foregoing statements are true in every respect and are made without any reservation. I also declare that I am working under the INSA-MUI Agreement and I abide by the rules and regulations of the Fund.

Signature of Officer/Wife: _____

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Payment Details : Trustees: 1. _____

Amount Paid : _____

Cheque No. : _____ 2. _____

Date : _____

Prepared By : _____ Manager : _____

(P.T.O.)

Instructions to be followed :

1. Health Statement Form
2. Certificate stating you are employed on INSA-MUI Terms of Agreement and the date of your employment with the company preferably with supporting evidence such as photo copy of appointment letter or annual Provident Fund Certificate etc.
3. From the college authorities, a declaration giving (1) full name of the course / degree to be given for which your son/daughter is studying (2) the academic year of which reimbursement is requested (3) the university to which college is affiliated. (Bonafied Certificate)
4. In case of provisional admission, the proof of final admission to be submitted.
5. You are requested to submit the original fees receipt from the institute as the same are essential for audit purpose and reimbursement.
6. Amount shows against each Item No. 1 to 5 in the Claim form must be supported by separate receipts, vouchers, cash memos must be attached along with claim form.
7. Officer's children up to the age of 25 years are entitled for the Education reimbursement benefits, subject to the condition that they are unmarried, unemployed and are solely dependent on Officer.
8. The maximum amount per claim per annum will be Rs. 25,000/- and will paid for one professional course only (4 Years).
9. Claim should be submitted immediately after clearing first year and so on. Any delay in submission of claim would result in claim being time barred and will not be payable.
10. The application for reimbursement will be further processed when the above requirement are met.
11. Reimbursement of education expenses will be made by Cheque only. Please ensure to submit correct details of your Bank Account.
12. All correspondence related to Education Claims should be send directly to "**The Merchant Navy Officers' Welfare Fund**", Udyog Bhavan, 4th Floor, 29 Walchand Hirachand Marg, Ballard Estate, Mumbai - 400 001.

THIS CERTIFICATE TO BE SIGNED BY OFFICER OR HIS WIFE IN CLAIMS OF THEIR CHILDREN

Certificate that my son/daughter _____

Age _____ is unmarried, unemployed and solely dependent on me.

Date : _____

Signature: _____
(Officer /wife)