



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. (Refer overleaf)

(A) Officers' Name : _____ Rank : _____

Name of Company : _____ Initial Date of Joining : _____

Ship's Name and Date of Signed Off: _____

(Attach photo copy of relevant page of CDC)

Are you a permanent employee of the Company? (Yes/ No) _____ Are you on Short Term Contract? (Yes/ No) _____

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

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

Your MUI Membership No. (If any) _____ on Authorised Leave from: _____ to _____

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

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

Name of the Institute / College : _____ Whether it is affiliated

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

(C) (Officers' Bank details): Name of the A/c Holder : _____

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

Name of the Branch : _____ Bank Address: _____

Permanent Residence Address: _____

Pin Code: _____

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

Course Fees for the Academic Year 20 _____ to 20 _____

1. College Fees	:	<u>Amount Claimed</u>		
2. Books and Study Materials	:		<u>Admissible</u>	<u>Remarks</u>
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 : _____

Payment Details : _____ **For Office use Only** : _____

Amount Paid : _____ Trustees 1. _____

Cheque No. : _____ 2. _____

Date : _____

Prepared By _____ Manager : _____

(PTO)

INSTRUCTION TO FOLLOWED FOR EDUCATIONAL REIMBURSEMENT:

1. Fill Declaration form for the first time Claiming for Education Reimbursement.
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, Officers are requested to submit photo copy of relevant page of CDC of last Vessel sign off while filling of Claim Forms.
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. (Original 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. The expenses to be reimbursed includes, college Fees, Cost of books, Examination Fees, and fees paid to Recognised Coaching Classes.
7. The college/Institute, where the child is studying, should be affiliated to recognized University (Recognizes by University Grant Commission)
8. Amount written in the Claim form must be supported by separate receipts, vouchers, cash memos must be attached along with claim form.
9. Officer's children up to the age 25 years are entitled for the Education reimbursement benefits. subject to the condition that they are unmarried, unemployed and are solely dependent on officer.
10. The maximum amount per claim per annum will be Rs. 25,000/- and will paid for one professional course only (4 years)
11. 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.
12. The application for reimbursement will be further processed when the above requirement are met.
13. Reimbursement of medical expenses will be processed exclusively through NEFT/RTGS. Please ensure that you submit accurate details of your savings bank account along with a copy of cheque.
14. Education Reimbursement form can be obtained from the fund office from request or you can download Claim Forms from website **www.mnowf.com**
15. Management has the sole discretion to increase, decrease, modify or reject any claim without assigning any reason.
16. For more details please refer Medical & Education Brochure.
17. 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 CLAMS OF THEIR CHILDREN

Certificate that my son / daughter _____

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

Date : _____

Signature : _____

(Officer / Wife)