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| *उत्तरी कैरोलिना इन्फ़ेंट-टॉडलर प्रोग्राम* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| *परिवहन प्रतिपूर्ति प्राधिकरण और चालान* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **सेक्शन 1: सामान्य जानकारी – प्रारंभिक हस्तक्षेप सेवा समन्वयक (EISC ) और माता-पिता/अभिभावक द्वारा पूरी की जानी है** : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CDSA को अधिकृत करना: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | पता: | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| डाक पता: : | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| बच्चे का नाम: |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | जन्म तिथि: | |  | | | | | | | | उसका ID #: | | | |  |
|  | अंतिम | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | पहला | | | | | | | | | | | | | | M.I | | | | माह / दिन / वर्ष | | | | | | | | |  | |  | |
| भुगतान के लिए अधिकृत माता-पिता/अभिभावक: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | |
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| माता-पिता/अभिभावक का फ़ोन नंबर: | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | |
| डाक पता: | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | |  | | | |
|  | | | | गली | | | | | | | | | | | | | | | | | | | | | | | | शहर | | | | | | | | | | | | | | | | | | | | राज्य | | | | ज़िप कोड | | | | | | आवासीय प्रांत | | | |
| EISC का नाम: | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | EISC का फ़ोन नंबर: | | | | | | | | | | | | |  | | | | | |
|  | | अंतिम | | | | | | | | | | | | | | | | | | | | | | | | | पहला | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | |
| IFSP प्राधिकृत आरंभ तिथि: | | | | | | |  | | | | | | | | | | प्रति | | |  | | | | | | | अंतिम तिथि | | | | | | | | | | | | | | IFSP परिणाम संख्या: | | | | | | | | | | | | | | | | | |  | | |
| (\*उपयोग की तिथि के लिए निर्देश देखें) | | | | | | | माह / दिन / वर्ष | | | | | | | | | |  | | | माह / दिन / वर्ष | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | |
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| **सेक्शन 2: यात्रा प्राधिकरण अनुमोदन – EISC द्वारा पूरा किया जाना और वित्त अधिकारी द्वारा अनुमोदित किया जाना है** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | राज्य माइलेज दर | | | | | | | | वार्षिक पारिवारिक सेवा प्रतिशत (AFSP) | | | | | | | |  | | परिवार की यात्रा दर | | | | | | | | | प्रति राउंड मील | | | |  | | | अधिकृत यात्राओं का # | | | | | | | अधिकतम प्रतिपूर्ति | | | | | |  | | | | | | | | | | | |
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|  | | | | | | | | | | अनुमानित अन्य यात्रा व्यय (बस, टैक्सी, आदि) | | | | | |  | | AFSP | | | | | | अधिकृत यात्राओं का # | | | | | | | | | अधिकतम प्रतिपूर्ति | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
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| EISC हस्ताक्षर और तिथि | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | वित्त अधिकारी के हस्ताक्षर और दिनांक | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **सेक्शन 3: परिवहन सेवाओं के लिए चालान – माता-पिता/अभिभावक द्वारा मासिक रूप से पूरा किया जाना चाहिए** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| प्रतिपूर्ति के लिए, सेक्शन 3 की सभी शर्तें पूरी करें और इस फ़ॉर्म को CDSA (उपर्युक्त पता) में अपने EISC को ***उस महीने की 20 तारीख* *से पहले* *जमा कर दें* *जिसमें सेवा प्रदान की गई थी। (20******तारीख के बाद प्रदान की गई सेवाओं के लिए, अगले महीने में चालान प्रस्तुत करें।)***  आप आवश्यकतानुसार अपने EISC से अतिरिक्त फ़ॉर्म प्राप्त कर सकते हैं। | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **यात्रा की तिथि:** | | | | | | **गंतव्य स्थान** (कृपया स्पष्ट रूप से प्रिंट करें) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **कुल यात्रा की गई दूरी या परिवहन का प्रकार**  (संलग्न रसीद आवश्यक) | | | | | | | | | | | | | | | | | | | | | | |
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| **मैं प्रमाणित करता हूँ कि मेरे बच्चे को उपरोक्त तिथियों और समय पर परिवहन सेवाएं प्राप्त हुईं।** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| माता-पिता/अभिभावक के हस्ताक्षर | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | प्रतिपूर्ति के लिए EISC को भेजे जाने की तिथि | | | | | | | | | | | | | | | | | | | | | | | |
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| **सेक्शन 4: प्रतिपूर्ति प्राधिकरण – वित्त अधिकारी द्वारा पूरा किया जाना है** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | कुल अधिकृत प्रतिपूर्ति | | | | | | | | | | | | | | | | | |  | | प्रतिपूर्ति को अधिकृत करने वाले वित्त अधिकारी के हस्ताक्षर और तिथि | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |