

National Institute of Plant Genome Research

PROFORMA FOR RE-IMBURSEMENT OF CHILDREN EDUCATION ALLOWANCE

I hereby apply for the reimbursement of Children Education Allowance for my child/children and relevant particulars are furnished below: -

1.	Name & Designation of Employee	:			
2	Details of the child/children for whom CEA/Hostel subsidy claimed: -				
	Sequence	Name of child	DOB	standard (A.Y.)	Name & Place of the School/Institution
	1 st Child				
	2 nd Child				

3. Re-imbursement of expenditure: -

Sequence	Period	Rate of CEA	Amount Claimed	Remarks
1 st Child		@ 2250/-PM		
2 nd Child		@ 2250/-PM		
Total amount claimed ₹				

4. Distance of Hostel of child from residence of employee (in case of Hostel Subsidy):

5. The Academic year for which CEA/Hostel subsidy is applied now: _____

6. (a) Whether the child for whom the CEA is applied for is a disabled child:

(b) If yes, indicate the nature of disability:

(C) Date of disability certificate:

(d) Indicate the percentage of disability:

7. Whether the bonafide certificate from Head of Institution/self-attested copy of report card/fee receipts has been attached:

8. For Hostel Subsidy, the bonafide certificate from Head of Institution/self-attested copy of report card/fee receipts mentioning the amount has been attached:

9. If yes at item number 9, amount claimed for hostel subsidy: ₹_____

10. (a) Certified that I or my wife/husband is not a Central Government Servant.

(b) Certified that my wife/husband Smt/Shri _____ is presently working as : _____ in _____ and that he/she shall not apply/has not applied for the Children Education Allowance for the child/children mentioned above.

(c) Certified that I or my wife / husband-has not claimed this re-imbursement from any other source and will not claim the same in future.

11. Certified that my child in respect of whom re-imbursement of Children Education Allowance is applied is studying in the school which is recognised and affiliated to Central Board of Education.

12. Certified that I am claiming the CEA in respect of my two eldest surviving children only. The information furnished above are complete and correct and I have not suppressed any relevant information. In the event of any change in the particulars given above which affect my eligibility for reimbursement of Children Education Allowance, I undertake to intimate the same promptly and also to refund excess payments if any made. Further, I am aware that if at any stage the information/documents furnished above is found to be false, I am liable for disciplinary action.

Date: _____

(Signature of employee)

Name: _____

Designation: _____

Phone No: _____

II
(FOR USE IN ADMINISTRATION)

Claim of Dr./Sh./Ms._____ on account of re-imbursement of CEA in respect of his/her wards as mentioned overleaf for the period from _____to _____is restricted/allowed to ₹_____, as per Rule. This may be considered for approval, please.

The entry has been made at Page No. Sl. No. in the concerned register.

A.S.O

Administrative Officer

Controller of Administration

(FOR FINANCE AND ACCOUNTS SECTION)

Passed for payment of ₹____/- (Rupees_____only)

Finance Officer

Received a sum of ₹_____(Rupees_____only)

Signature of the claimant

CERTIFICATE FROM THE HEAD OF INSTITUTION/ SCHOOL
(FOR REIMBURSEMENT OF CEA)

Ref. No.....

Date:.....

It is certified that Master/Kumari _____ having Admission No. _____
D.O.B. _____ Son/Daughter of Mr./Mrs. _____ was studying in
Class _____ Sec. _____ Roll No. _____ during the Previous Academic Year From
_____ to _____ School/Institution, namely _____ vide affiliation Regd. No./
_____ Code _____ and pattern _____
Curriculum.

Place: _____

Date: _____

Signature of Principal
(Affix.School Stamp)

Self-Declaration

I _____ (name) do hereby certify that
my Son/Daughter namely _____ studied in class
_____ Sec _____ Roll no. _____
during previous Academic year _____ in
_____ School.

In the event of any change in the particulars given above which effect my eligibility for Children Education Allowance. I undertake to intimate the same promptly and refund excess payment, if any made to me

Signature of employee

Name: _____

Designation: _____

Lab/section _____