SAVITRIBAI PHULE
NATIONAL INSTITUTE OF
WOMEN AND CHILD DEVELOPMENT

SAVITRIBAI PHULE NATIONAL INSTITUTE OF WOMEN AND CHILD DEVELOPMENT
5, Siri Institutional Area, Hauz Khas, New Delhi - 110016

FORM FOR REIMBURSEMENT OF CHILDREN EDUCATION ALLOWANCE

CLAIM FOR THE ACADEMIC YEAR:

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

1.	Name of the Govt. Servant	:	
2.	Personal No.	:	
3.	Designation	:	
4.	Name of the Unit	:	
5.	If Spouse is employed, state whether in Central Govt., PSU, State Govt. (give details with name of the Spouse)	:	
6.	Designation, Office & B.U. No.of spouse, if spouse is employed in Railway	:	

7. **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
1st Child				
2nd Child				

8. Re-imbursement of Expenditure:-

Sequence	**Period**	**Rate of CEA (Rs.)**	**Amount claimed**	**Remarks**
1st Child				
2nd Child				
	Total amount claimed Rs.			

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

10. Amount of CEA / Hostel Subsidy already received up to previous quarter:

11. The Academic year for which CEA / Hostel Subsidy is applied now: _____

12. (a)Whether the child for whom the CEA is applied for is a disabled child : Yes / No
(b) If yes, indicate the nature of disability:
(c) Date of disability certificate:
(d) Indicate the percentage of disability:

13. Whether the Bonafide certificate from Head of Institution has been attached : Yes / No

14. For Hostel Subsidy, the Bonafide certificate from mentioning the amount is attached:

15. If Yes at Item No. 14, Amount claimed for Hostel Subsidy: Rs___ ___

16. (a)Certified that I or my wife / husband is / is not a Central Government servant.
(b) Certified that my wife / husband Sri / Smt ..... 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.

17. Certified that my child in respect of whom re-imbursement of Children Education Allowance is applied is studying in the School / Jr. College which is recognized and affiliated to Board of Education / University.

18. 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:_____

Place:_____

(Signature of Govt. Servant)

Name: .....
Design. :
.....

Authority vide Government of India Ministry of Personal P.G and Department of Personal &Training New Delhi Order No. A-27102/02/2017-Estt. (AL) 16 August 2017
(This order shall be effective from 01 Jul 2017)

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

Ref No..... **Date:**.....

It is certified that Master/Kumari _____ having Admission No_____D.O.B_____ Son / Daughter of Mr /Mrs _____ is a bonafide student of this school/Institution and studied in Class _____ Sec _____Roll No._____ during the previous Academic year namely _____ vide affiliation Regd. No./Code _____ and pattern _____curriculum.

Place: _____

Date:- _____

Signature of principal
(Affix School Stamp)

SELF DECLARATION

I _____ 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 affect my eligibility for Children Education Allowance. I undertake to intimate the same promptly and refund excess payment, if any made to me.

Signature of Govt. Servant

Name: _____
Designation:_____

Place: _____

Date: _____