STANDARD FORM CUM SELF-CERTIFICATE FOR CLAIMING REIMBURSEMENT OF CHILDREN EDUCATION ALLOWANCES SCHEME

1.	Name of the applicant					
2.	(a) Designation					
	(b) Department					
	(c) Date of appointment					
3.	Pay in pay band plus grade pay					
4.	Date of last claim					
5.	Period for which reimbursement					
	was claimed					
6.	Period for which present claim					
	pertains					
7.	Certified that the Child/Children men	tioned below in respect o	of whom			
	reimbursement of Children Education	n Allowance scheme is cla	nimed is/are wholly			
	dependent upon me					
8.		Child 1	Child 2			
a.	Name of the child/children					
b.	Date of birth					
C.	School in which studying					
d.	Class in which studying					
e.	Details of amount of allowances					
	claimed					
i.	Admission fee					
ii.	Tuition fee					
iii.	Sports/Games fee					
iv.	Fee for Extra-curricular activities					
V.	Computer fee					
vi.	Medical fee					
vii.	Exam Fee					
viii.	Science/Laboratory fee					
ix.	Library fee					
X.	Cost of one set text books/note					
	books					
xi.	Cost of two set of Uniforms					
xii.	Cost of one set of School shoes					
xiii.	Special fee charged for agriculture					
xiv.	Special fee charged for Electronics					
XV.	Special fee charged for Music					
xvi.	Special fee charged for any other					
	subject					
xvii.	Practical work/work experience fee					
xviii.	Fee paid for the use for any aid or					
	appliance					
xix.	Fee Paid for smart class					
XX.	Other					
	Total					
Total amount claimed Rs (Rupees						
only). Annual ceiling fixed for reimbursement of Children Education						
Allowance Scheme is Rs. 27,000/- per child – Max 02 children.						

8.	Certified that the child in respect of whom Children Education Allowance Scheme is								
-	claimed is wholly dependent upon me.								
9.	Certified that the Children Education Allowance Scheme indicated above had actually								
4.0	been paid by me.								
10.	Certified that								
a.	My wife/husband is not a Government servant								
b.	My wife/husband is a Government servant and she/he will not claim reimbursement								
	of Children Education Allowance Scheme in respect of child/children mentioned								
		above.							
C.	My wife/husband is employed with she/he is/is not								
	entitled to reimbursement of Children Education Allowance Scheme in respect of								
11	above child/children.								
11.	Certified that during the period covered by this claim the child attended the school								
	regularly and did not absent himself/herself from the school without proper leave								
12.	for the period exceeding one month.								
14.	In the event of any change in the particulars given above which affect any eligibility for reimbursement of children education allowance scheme, I undertake to intimate								
			and the excess pay						
13.	Details of	Name	Relationship	Age	y mauc				
13.	Family	Ivanic	Relationship	rige					
	1 anning								
14.	This is certified the	hat the present cl	aim is preferred f	or my first t	two children.				
	I								
_	ture of the faculty /		ant						
Name	÷								
	rtment :								
Date :									
Place:	·								
Numb	er of enclosures atta	ched:							
		_							
		F	for office use						
1.	Details of family verified from Service Book.								
2.	•								
	The claim has been preferred for the first two children. The details given above is examined and found correct with the records evailable in office.								
3.	The details given above is examined and found correct with the records available in office.								
4.	The claim is passed for payment for a sum of Rs (Rupees								
	only) is respect of the above named								
	children for the Ac	ademic vear.							

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

Ref.No.:						
Date:						
lt	is		certified	that	maste	r/Kumari
						having,
Admission		No				D.O.B
					Son/Daugh	iter of
Mr/Mrs						. was
studying	in	class				Sec
				Roll		No
			duri	ng the previous a	academic y	ear from
				to		
				School/i	nstitution,	namely
				vide	affiliation	Regd.
No./Code					and	Pattern
				Curr	iculum.	
Place:-						
Date:-						
				Sig	gnature of	Principal
				(A	Affix Schoo	l Stamp)