

SUPPLEMENTARY CLAM FOR CHILDREN EDUCATION ALLOWANCE CLAIM FOR THE ACADEMIC YEAR 2017-2018 AND/OR 2018-2019

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

	Name of the	Employee						
2.	PF. No.							
3.	Designation							
4.	Deptt./ Sect	ion						
5.	Name of the	recognized School						
6.	state whethe	employed. Yes / N er in Central Govt., details with nar						
7.	Details of the child /children for whom CEA claimed :-							
	Sequence	Name of child	Year	Amount Claimed (In Previous Years)	Balance amount Claimed			
	Sequence	Name of child	Year 2017-18					
		Name of child		(In Previous				
	1 st Child	Name of child	2017-18	(In Previous				
	1 st Child 1 st Child	Name of child	2017-18 2018-19	(In Previous				

- 1. 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.
- 2. 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 Employee) Name:

Annexure 'B'



INDIAN INSTITUTE OF TECHNOLOGY KANPUR

SELF DECLARATION

Ι		Designation				P.F	No.		
of Deptt/Sec		do	hereby	certify	that	тy	Son/	Daug	ihter
namely Master / Ms		sti	udied in(Class		_ Se	c		Roll
No	during	Previou	s Ad	cademic	Year		2017-	18	in
			Sch	100l.					

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 the Claimant

Name:_____

P.F. No.:_____

Place:_____

Date:_____



SELF DECLARATION

Ι		Designation				<i>P.F</i>	No.
	of Deptt/Sec		_ do hereb	y certify tha	t my S	on / Daug	hter
name	ly Master / Ms		studi	ed in Class _		Sec	
Roll	No	during	Previous	Academic	Year	2018-19	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 the Claimant

Name:_____

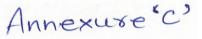
P.F. No.:_____

Place:_____

Date:_____



Kanpur- 208016



CHILDREN EDUCATION ALLOWANCE/HOSTEL SUBSIDY CLAIM FOR THE ACADEMIC YEAR 20...-20...

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 th	e employee				
2.	PF. No.					
3.	Designatio	n				
4.	Deptt./ Se	ction				
5.	If Spouse is employed, state whether in Central Govt., PSU state Govt. (give details with name of the Spouse					
						vhom CEA/ Hostel
	Sequence	Name of child	Class	CEA (Rs.)	Hostel Subsidy (Rs.)	Name & Place of the School/Institution
	1 st Child					
	2 nd Child					

- 1. Certified that my child/ children in respect of whom re-imbursement of CEA/ Hostel Subsidy is applied, is studying in the School /Jr.College which is recognized and affiliated to Board of Education/ University/ Govt.
- 2. Certified that I am claiming the CEA/ Hostel Subsidy 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.
- 3. The reimbursement of CEA and Hostel Subsidy will be made once in a year after the completion of a financial year i.e in the month of April and May.

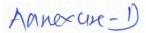
Date: Place:

(Signat	ure	of	Em	ployee)	
Name:	• • • • •				

Verified by Admin/ DOFA Office Encl: 1) Head of the Department/Section

No

2)





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

Ref No		Dated:
It is certified that Master/Kumari_		having Admission
No D.O.B	_Son/ Daughter of Mr./M	rs
Was studying in class Sec	RoLi No	during the Previous Academic Year
from 20 to 20 School; /Institution, n	amely	vide
affiliation Regd No./ Coad	and pattern	Curriculum.

Signature of Principal (Affix School Stamp)

Place:_____

Date: