

**NORTH EASTERN INDIRA GANDHI REGIONAL INSTITUTE OF HEALTH AND MEDICAL SCIENCES, SHILLONG**

**APPLICATION FORM FOR REIMBURSEMENT UNDER CHILDREN EDUCATION ALLOWANCE SCHEME**

The following declaration is being furnished in respect of my child/children for the purpose of reimbursement, as admissible under Children Education Allowance Scheme for the Academic Year \_\_\_\_\_ to \_\_\_\_\_.

Period of Claim:(Tick whichever applicable)				
Name of the Child/Children	Date Of Birth	Whether Physically challenged (Yes/no)	Name of the School/Hostel with Address	Class in which studying

For Office use only :

**1. Details of the Amount to be reimburse :**

Sl No	Particulars	Elder Child 'A' (Rs.)	Younger Child 'B' (Rs.)	Remarks
1	<b>Fees paid for :</b>			
	Tuition Fees @ Rs. 2250 pm X 12			
	Hostel subsidy @ Rs. 6750 pm X 12			
	Total =			
	<b>Grand Total (A + B)</b>			

**2. Certified that :(Tick whichever applicable)**

- a) My spouse is a State/Central Government Employee.
- b) My spouse is an employee of Central/State/PSUs/Autonomous bodies but he/she will not claim reimbursement under Children Education Allowance Scheme in respect of our child/children.
- c) My spouse is employed with \_\_\_\_\_. He/She is not entitled to reimbursement under Children Education Allowance Scheme in respect of our child/children.
- d) Certified that my spouse has not claimed and will not claim the reimbursement in respect of the child/children mentioned above.

**3. Classes already reimbursed prior to Class - I along with Academic year (Applicable only for claims below Class – I):**

**Elder Child**

Class..... Year..... Remarks (if any).....

Class..... Year..... Remarks (if any).....

**Younger Child**

Class..... Year..... Remarks (if any).....

Class..... Year..... Remarks (if any).....

4. Certified that during the period covered by this claim, the child/children attended the School(s) regularly and did not absent himself/herself/themselves from the school(s) without proper leave for a period exceeding one month.

5. Certified that my child/children in respect of whom the reimbursement is claimed is/are studying in recognized School (s)/Institution(s).

6. In the event of any change in the particulars given above which affect my eligibility for reimbursement under the scheme, I undertake to intimate the same promptly and also to, refund the excess payments, if any, made to me.

7. Certified that the claims in respect of whom reimbursement under the scheme has been claimed is/are my eldest child/my 2(Two) eldest children.

*Note: Reimbursement under the Scheme can be availed by a Government Servant for the 2(Two) eldest surviving Children only, except when the number of children exceeds two due to second child birth resulting in multiple births.*

8. Certified that the upper age limit of my child/children in respect of whom reimbursement is being claimed is/are within the prescribed age limit.

*Note: The upper age limit for claiming reimbursement under CEA Scheme for disabled children of a Government servant is now 22 years and in case of other children is now 20 years OR till the time of passing the 12<sup>th</sup>(Twelfth) class, whichever is earlier.*

9. I hereby declare that the particulars given in this application are true to the best of my knowledge and belief.

Date:

(Signature of the Government Servant)

Name in Block letters.....

Designation and Office to which attached.....

Enclosures:

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Authority vide Government of India

Ministry of Personnel, P.G. and Pensions Department of Personnel & Training New Delhi

Order No. N..A-27012/02/2017-Estt.(AL) 16 August, 2017.

(This order shall be effective from 1st July, 2017)

CERTIFICATE FROM THE HEAD OF INSTITUTION/SCHOOL

(FOR REIMBURSEMENT OF CEA)

SELF-DECLARATION

I Shri/Smt. ....  
Designation .....Department of ..... do  
hereby certify that my Son/Daughter Namely ..... was studying in  
class ..... Sec ..... Roll No ..... During the 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.

Place:-

Date:-

Signature

Name:

Designation :

Department :

Authority vide Government of India

Ministry of Personnel, P.G. and Pensions Department of Personnel & Training New Delhi

Order No. N..A-27012/02/2017-Estt.(AL) 16 August, 2017.

(This order shall be effective from 1st July, 2017)

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)