

*KEV*

**NATIONAL INSTITUTE OF TECHNOLOGY DURGAPUR**  
**MAHATMA GANDHI AVENUE, DURGAPUR – 713209, W. B.**

**FORM FOR REIMBURSEMENT OF CHILDREN EDUCATION ALLOWANCE**

1. Certified that the Child / Children mentioned below to whom reimbursement is claimed, is / are wholly dependent upon me :-

**Child No. 1 :-**

a. Name of the Child : \_\_\_\_\_ b. Date of Birth : \_\_\_\_\_  
c. Class : \_\_\_\_\_ d. Sec. \_\_\_\_\_ e. Roll: \_\_\_\_\_  
f. Name of the School : \_\_\_\_\_  
g. Duration the previous Academic Year : \_\_\_\_\_  
h. Period from ( Month ) : \_\_\_\_\_ to \_\_\_\_\_

CLAIM (Rs.)

APPROVED (Rs.)

2. Certified that my wife / husband is not a Central Government Servant. If Yes then She / He has not claimed and also will not claim the reimbursement of Children Education Allowance in respect of His / Her Child / Children.
3. Certified that I have two children / more than two children and I will claim the reimbursement for only these two children.
4. In the event of any change in the particulars above which affect my eligibility for Reimbursement of Child Education Allowance. I undertake to intimate the same promptly and also to refund excess payment, if any, made to me.
5. Certified that child/children have not been studying in the same class for more than two Academic Year.
6. Certified that during the period covered by the claim the Child / Children attended the School regularly and did not absent himself/herself/themselves from the School without proper leave for a period exceeding one month.

Dated : \_\_\_\_\_

\_\_\_\_\_  
Signature of the Government Servant

Name ( in block letters ) : \_\_\_\_\_

Designation : \_\_\_\_\_

Department / Section : \_\_\_\_\_

A/C NO. :- \_\_\_\_\_ Employee ID No. \_\_\_\_\_

**(FOR USE IN PERSONNEL SECTION ONLY)**

Particulars in Col. 1 to Col. 6 are verified and found correct, as per records available in the Section. His / Her application for C.E.A. forwarded to Accounts Section and his / her claim may be settled as per rule.

Dealing Assistant

Joint Registrar (Estt.)

REGISTRAR

*See*

## CERTIFICATE FROM THE HEAD OF INSTITUTION /SCHOOL

### For Reimbursement of Children Education Allowance

Ref. No.:

Date:

It is certified that Master/Kumari ..... having  
Admission No. ....DOB.....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 school Principal