

**ICMR-NATIONAL INSTITUTE OF MALARIA RESEARCH**  
Sector-8, Dwarka, Delhi – 110077

**APPLICATION FORM FOR RE-IMBURSEMENT OF**  
**CHILDREN EDUCATION ALLOWANCE**

**CLAIM FOR THE ACADEMIC YEAR \_\_\_\_\_**

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

1.	Name & Rank 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.	<b>Details of the child / children for whom CEA / Hostel Subsidy claimed:-</b>		
	Sequence	Name of child	DOB
			Standard (A.Y. _____)
	1 <sup>st</sup> Child		
	2 <sup>nd</sup> Child		
			Name & Place of the School / Institution

8. Re-imbusement of Expenditure:-

Sequence	Period	Rate of CEA (Rs)	Amount clamed	Remarks
1 <sup>st</sup> Child				
2 <sup>nd</sup> Child				
<b>Total amount claimed Rs</b>				

9. Distance of Hostel of child from residence of employee (in case of 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 Sh. / 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-imburement from any other source and will not claim the same in future.
17. Certified that my child in respect of whom re-imburement 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 particular 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: .....  
 Rank: .....  
 P.No.: .....

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 REIMBURSEMENT 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)

SELF DECLARATION

Name \_\_\_\_\_ Designation \_\_\_\_\_ do hereby  
certify that my Son / Daughter namely \_\_\_\_\_ was Studied in Class  
\_\_\_\_\_ Sec \_\_\_\_\_ Roll No. \_\_\_\_\_ during the  
Previous Academic Year \_\_\_\_\_ in \_\_\_\_\_  
School.

In the event of any change in the particular 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: \_\_\_\_\_

Rank: \_\_\_\_\_

P.No. \_\_\_\_\_

Place: \_\_\_\_\_

Date: \_\_\_\_\_