

**UM-DAE CENTRE FOR EXCELLENCE IN BASIC SCIENCES (CEBS)**

**Application for claiming reimbursement under Children Education Allowance  
Self-Declaration**

Name of the Employee	Employee ID No.	Designation	Department	Name of Spouse

Name of First Child	Disabled?	Name of Second Child	Disabled?
	Yes/No		Yes/No
Date of Birth :		Date of Birth :	
Name of School/Institution		Name of School/Institution	
Class/Std		Class/Std	
Academic Year		Academic Year	
Months		Months	
Month tuition fee actually payable*	Tuition fee claimed*	Month tuition fee actually payable*	Tuition fee claimed*
Hostel Subsidy Payable*	Hostel Subsidy claimed*	Hostel Subsidy Payable*	Hostel Subsidy claimed*

\*Attach original receipts/claims.

Distance of Hostel of Child from residence of employee in case Hostel Subsidy is claimed:

Whether the child for whom the CEA is applicable for is disabled Child:

- If yes, indicate the nature of disability and attach certificate from competent authority:
- Date of disability certificate
- Indicate the Percentage of disability

I hereby certify that my above mentioned Son(s)/Daughter (s) studied as per details mentioned above.

I declare that:

- a) My spouse is not a Central Government Servant.
- b) My spouse is a Central Government Servant and that she/he has not claimed/will not claim 'Children Education Allowance' in respect of above child/children.

- c) My Husband/wife is employed with \_\_\_\_\_.  
He/She is not entitled for reimbursement of tuition fee in respect of our child/children.
- d) 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.

I am enclosing herewith Certificate from School for your perusal.

Signature of the applicant and date

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(For Office use)

Reimbursement of Children Education Allowance claim received from \_\_\_\_\_  
for the academic year \_\_\_\_\_ period \_\_\_\_\_ to \_\_\_\_\_  
amount claimed \_\_\_\_\_ amount admissible \_\_\_\_\_ may please be  
seen for approval.

Office Supdt.(Admin)

Registrar

Director

**CERTIFICATE**  
(TO BE ISSUED BY THE HEAD OF SCHOOL/INSTITUTION)  
(For reimbursement of Child Education Allowance)

It is certified that Master/Kumari \_\_\_\_\_,  
having Admission No. \_\_\_\_\_, Date of Birth \_\_\_\_\_,  
son/daughter of Mr/Mrs \_\_\_\_\_  
was/is studying in class \_\_\_\_\_ Section \_\_\_\_\_ Roll No. \_\_\_\_\_  
during the academic year \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
in our School/Institution, namely (Name of school location with address) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

which is recognized by the educational authority of \_\_\_\_\_  
\_\_\_\_\_ vide affiliation/Regd.No./code \_\_\_\_\_  
dated \_\_\_\_\_ (not applicable for Governments Schools).

This certificate has been issued for the purpose of grant of Children Education Allowance.

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

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

Signature of Principal/  
Head of Institution  
(Affix School Stamp)