

DELHI STATE INDUSTRIAL & INFRASTRUCTURE DEVELOPMENT CORPORATION LTD.
(PERSONNEL DIVISION)

APPLICATION FOR REIMBURSEMENT OF CHILDREN EDUCATION ALLOWANCE

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

| | | |
|----|--|--|
| 1. | Name of the Employee | |
| 2. | File No. | |
| 3. | Designation | |
| 4. | Place of posting | |
| 5. | Name of Spouse | |
| 6. | If spouse is employed, State whether in Central Govt., PSU, State Govt. (give details) | |
| 7. | Name & Address of the Organisation/Deptt. of Spouse | |

8. Details of all the children of the employee:

| S.No. | Sequence | Name | DOB | Class |
|-------|-----------------------|------|-----|-------|
| 1. | 1 st Child | | | |
| 2. | 2 nd Child | | | |
| 3.* | 3 rd Child | | | |

*In case of 2nd & 3rd children are twins.

9. Details of all the children for whom CEA/Hostel Subsidy claimed:

| S.No. | Sequence | Name | DOB | Class for (which CEA is claimed) |
|-------|----------|------|-----|--|
| 1. | | | | |
| 2. | | | | |

10. Academic year, Name of School/Residential School and Class in which children studied:

| 1 st Child | 2 nd Child |
|-----------------------|-----------------------|
| | |

11. Distance of Hostel of Child from residence of employee (in case Hostel Subsidy is claimed).....

12. The Academic year for which CEA/Hostel Subsidy is applied

13. (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:.....

14. Whether the Bonafide certificate from Head of Institution has been attached: **Yes/No**

15. For Hostel Subsidy, the Bonafide Certificate from mentioning the amount is attached: **Yes/No**

16. If Yes at Item No. 15, Amount claimed for Hostel Subsidy:

17. (i) Certified that the fee/amount indicate above had actually been paid by me.

(ii) Certified that my wife/husband is/is not a Central Government Servant.

(iii) Certified that my husband/wife Shri/Smt. is presently working as: in and that he/she shall not apply/has not applied for the Children Education Allowance for the child mentioned above.

(iv) Certified that I or my wife/husband has not claimed this re-imbusement from any other source and will not claim the same in future.

18. Certified that my child in respect of whom reimbursement of Children Education Allowance is applied is studying in the School/Jr. College which is recognised and affiliated to Board of Education/University.

19. 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.

The amount may reimbursed to my salary account as per details as under:

IFSC Code:

Signature:.....

Account No.

Name:

Design/Division:

Contact Number:

Date:

(FOR USE IN PERSONNEL DIVISION)

The family composition of the claimant has been verified from the official record i.e. Personnel File and found correct.

Verifying official

Manager/Sr. Manager/Div. Manager

(FOR USE IN CENTRAL ACCOUNTS DIVISION)

| S. No. | Name of Staff | File No. | CEA Amount | Hostel Subsidy Amount if any | Total |
|--------|---------------|----------|------------|------------------------------|-------|
| | | | | | |

BONAFIDE CERTIFICATE FROM THE HEAD OF INSTITUTION/SCHOOL

This is to certify that Master/Baby/Miss. Roll No.Admission No. Son/Daughter of Shri/Smt. is a bonafide student of this school and studied in Class during the academic year and as per School records his/her date of birth is in words

This is to also certify that the above named child had studied in this school in the previous academic year

He/She bears a good moral character.

**During the year Master/Baby/Miss. had resided in the residential complex (Hostel) of the School and paid an amount of Rs. toward boarding and lodging in the residential complex.

This Institution/School is affiliated recognized by and the affiliation/recognition Number is

Dated:

Place:

**Signature Head of the
Institution/School
(with Stamp and seal)**

****~~(Strike out it is not applicable)~~**