

Authority vide Government of India

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

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

CERTIFICATE FROM THE HEAD OF INSTITUTION/ SCHOOL
(FOR REIMBURSEMENT OF CEA)

Ref. No.

Dated

/ /2023

It is certified that Master/Kumari _____
_____ DOB. _____ Son/Daughter of Smt./Shri _____
_____ was studying in class _____ during the
previous academic year from _____ to _____ in our school/ institution,
namely _____ (Name of
School, Location with complete address) recognized by the education authority of
_____ vide
affiliation/Regd. No./ Code _____ dated _____ (not applicable
for government school) .

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

Place:

Date: / /2023

Signature of Principal
Head of Institution
(With School Stamp/seal)

SELF – DECLARATION

I Force No. _____ Rank _____ Name _____ of _____ Coy, _____ do hereby certify that my Son/Daughter Namely _____ was studied in class _____ Sec. _____ Roll No. _____ during the previous academic year _____ in _____ School.

02. 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: _____
F/No: _____
Rank: _____
Unit : _____

APPLICATION FOR RE-IMBURSEMENT OF CHILDREN EDUCATION ALLOWANCE.

1.	NAME OF GOVT. EMPLOYEE (IN BLOCK LETTERS)	:	
2.	FORCE NO.	:	
3.	RANK	:	
4.	NAME OF CHILD	:	
5.	DATE OF BIRTH OF CHILD	:	
6.	NAME OF INSTITUTION/SCHOOL/ COLLEGE	:	
7.	CLASS/STD.	:	
8.	NAME OF PREVIOUS UNIT TO CLAIMED	:	
9.	ACADEMIC SESSION	:	
10.	WHETHER SPOUSE IS GOVT. SERVANT	:	Yes/No.
	a) If yes, name of department in which spouse is employed	:	
	b) Whether he/she is claiming CEA from Department Concerned	:	
11.	Certified that I am claiming the CEA in respect of my two eldest surviving children only and in the event of any change in the particular given above which affect my eligibility for CEA, I undertake to inform the same promptly and also to refund excess payment, if any made.		
12.	Date: / / Place: <div style="text-align: right; margin-top: 20px;"> Signature of Govt. Servant Name: _____ Rank: _____ Force No: _____ Phone No. _____ Unit : _____ </div>		

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CERTIFICATE FROM THE HEAD OF INSTITUTION/ SCHOOL
(FOR REIMBURSEMENT HOSTEL SUBSIDY)

Ref. No.

Dated / /2023

It is certified that Master/Kumari

DOB. _____

Son/Daughter of Smt./Shri _____ was

studying in class _____ during the previous academic year from

_____ to _____ in our school/ institution has resided in the

hostel/ residential complex of the school and an expenditure of

Rs. _____ has been incurred by Shri

_____ towards lodging and boarding in the

hostel residential complex vide affiliation/Regd. No./ Code _____

dated _____ (not applicable for government school) .

Place:

Date: / /

Signature of Principal
Head of Institution
(With School Stamp/seal)

**APPLICATION FOR RE-IMBURSEMENT OF
REIMBURSEMENT HOSTEL SUBSIDY.**

13.	NAME OF GOVT. EMPLOYEE (IN BLOCK LETTERS)	:	
14.	FORCE NO.	:	
15.	RANK	:	
16.	NAME OF CHILD	:	
17.	DATE OF BIRTH OF CHILD	:	
18.	NAME OF INSTITUTION/SCHOOL/ COLLEGE	:	
19.	CLASS/STD.	:	
20.	NAME OF PREVIOUS UNIT TO CLAIMED	:	
21.	ACADEMIC SESSION	:	
22.	WHETHER SPOUSE IS GOVT. SERVANT	:	Yes/No.
	c) If yes, name of department in which spouse is employed	:	
	d) Whether he/she is claiming CEA from Department Concerned	:	
23.	Certified that I am claiming the CEA in respect of my two eldest surviving children only and in the event of any change in the particular given above which affect my eligibility for CEA, I undertake to inform the same promptly and also to refund excess payment, if any made.		
24.	Date: / /2023 Place: <p style="text-align: right;">Signature of Govt. Servant</p> Name: _____ Rank: _____ Force No: _____ Unit : _____		

SELF – DECLARATION

I Force No. _____ Rank _____ Name _____ of _____ Coy, _____ do hereby certify that my Son/Daughter Namely _____ was studied in class _____ Sec. _____ Roll No. _____ during the previous academic year _____ in _____ School.

02. In the event of any change in the particulars given above which affect my eligibility for reimbursement hostel subsidy. I undertake to intimate the same promptly and refund excess payment, if any made to me.

Place:

Date: / /

Signature

Name: _____

F/No: _____

Rank: _____

Unit : _____