डॉक्टर हरीसिंह गौर विश्वविद्यालय, सागर (म.प्र.)

(केन्द्रीय विश्वविद्यालय)

DOCTOR HARISINGH GOUR VISHWAVIDYALAY, SAGAR (M.P.)

(ACENTRAL UNIVERSITY)

APPLICATION FOR CHILDREN EDUCATION ALLOWANCE (CEA)

FOR THE ACADEMIC YEAR **2021-2022**

1.	Name of the Employee (in capital letters)		
2.	Designation		
3.	Permanents/Temporary		
4.	Place of Duty		
5.	Employee No. (IUMS)		
6.	Employee No. (IUMS)	Basic Pay Rs.:	Pay Level :
7.	Particulars of Children	**Child - I**	**Child - II**
	i) Name of the Student		
	ii) Date of Birth		
	iii) Class		
	iv) Class Studied during year		
	v) Name of the school/ college and address		
8.	Nature of claim (Tick whichever is applicable)	1. Education Allowance ☐ 2. Hostel Subsidy ☐ 3. Disabled Child ☐	1. Education Allowance ☐ 2. Hostel Subsidy ☐ 3. Disabled Child ☐
9.	Whether Bonafide Certificate form school/college is enclosed		
10.	Hostel |Subsidy: Whether Bonafide Certificate from School/ College mentioning the amount of expenditure is enclosed.		
11.	Claim in Rs.		
12.	1+2 Child Claim in Rs.	Total Rs. :	

.... 2

(i) I hereby declare that :-

* My child/children mentioned above in respect of whom reimbursement of education expenses is claimed is/are wholly depended upon me.

* My wife/husband is not a Central Government Employee.

* My wife/husband is a Central Govt. Employee and that she/he will not claim reimbursement education expenses in respect of our child/children.

* My child/children in respect of whom reimbursement is claimed is/are studying in recognized school and not studying in the same class in which he/she failed in last year.

* Family declaration particulars as certified for pass issuing authority are enclosed.

(ii) I hereby declare that reimbursement of Children Education Allowance has not been claimed in respect of the child/children by a person other than me.

(iii) I hereby declare that reimbursement of Children Education expenses is claimed for my eldest two surviving children only.

I hereby declare that the particulars mentioned above are correct to the best of my knowledge. If any information furnished above is not correct, I am liable for all as per rules. My composition is as under :-

S.No.	Name	Date of Birth	Age	Relationship	Remarks
1.					
2.					
3.					
4.					
5.					
6.					

Place : .....

Date : .....

Signature of the Applicant

Name : .....

Designation : .....

Dept./Section: .....

Emp. No. :.....

A/c No. : .....

Bank Name : .....

Mob. No. : .....

Signature of the forwarding official
With Office Seal

Document to be enclosed:-

1. CEA application filled in all respect.
2. Bonafide Certificate from School/College- Proforma-I
3. Bonafide Certificate from School/College for Hostel Subsidy - Proforma-II (if applicable)
4. Tuition Fee Receipt Enclosed.

PROFORMA-I

CERTIFICATTE FROM SCHOOL

(Children Education Allowance)

School/Collage Name : .....

This is to certify that Master/Baby/Mr/Ms.: .....

Son/Daughter of Smt/Sri : .....

Roll No. ..... is a Bonafide of this

Convent/School/College and is Studied in Class ..... During The

Academic Year: **2021-2022**

Date of Birth as per school record : .....

In Word .....

Admission Register No. : .....

Date : .....

Signature of the Head of the
Institution/School/College
(with stamp and seal)