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संजय गाँधी स्नातकोत्तर आयुर्विज्ञान संस्थान, लखनऊ
Sanjay Gandhi Post Graduate Institute of Medical Sciences
Raebarely Road, Lucknow-226014 (India), Phone No.: +91-(522) 2494054, 2494188

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.

Date:.....

Place:.....

(Signature of Principal)
(Affix School Stamp)

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SELF DECLARATION

I.....do hereby certify that my Son/Daughter
namely.....studied in Class.....Sec.....
Roll No.....during Previous Academic Year.....in.....
.....School.

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.

Date:.....

Place:.....

(Signature of Applicant)

Name:.....
A/c No.:.....
Mob. No.:.....
Email ID:.....

For Office Use Only

Passed for payment of Rs. _____ (Rs. _____)

Asstt. Acct.

JAO/AAO

SAO/FO



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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 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/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 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.

Date:.....

Place:.....

(Signature of Applicant)

Name:.....

A/c No.:.....

Mob. No.:.....

Email ID:.....

Forwarded:

(Seal & Signature)

Note: In case of submission of claim for the first time, verification from establishment is essential

(Signature)

Name:.....

Designation:.....

I/C Establishment:.....



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REIMBURSEMENT OF CHILDREN EDUCATION ALLOWANCE FORM

CLAIM FOR THE ACADEMIC YEAR:.....

1.	Name of Applicant				
2.	Employee ID				
3.	Designation				
4.	Name of the Department & Location				
5.	If Spouse is employed, state whether in Central Govt., PSU, State Govt. (give details with name of the Spouse)	Yes/ No			
6.	Designation, Office of Spouse, if spouse is employed	Yes/ No			
7.	Details of the Child/ Children for whom CEA/ Hostel Subsidy claimed:-				
	Sequence	Name of Child	DOB	Standard	Name & Place of the School/ Institution
	1 st Child				
	2 nd Child				

8. Re-imbusement of Expenditure:-

Sequence	Period	Rate of CEA (Rs.)	Amount Claimed	Remarks
1 st Child				
2 nd Child				
Total Amount Claimed Rs.				

9. Distance of Hostel of child from residence of employee (in case 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:.....
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:.....
14. For Hostel Subsidy, the Bonafide certificate from mentioning the amount is attached:.....