



राष्ट्रीय प्रौद्योगिकी संस्थान गोवा

National Institute of Technology Goa

बाल शिक्षा भत्ता प्रतिपूर्ति हेतु आवेदन प्रपत्र
Application for Reimbursement of Children Education Allowance

कर्मचारी का नाम Name of the Employee			
पद / Designation			
विभाग /अनुभाग Department/Section		कर्मचारी कोड संख्या Employee Code No	
मूल वेतन/ Basic Salary		वेतन स्तर /Pay Level	

बच्चों का विवरण / Details of Children

Particulars	1 st Child	2 nd Child
Name of Child		
Date of Birth		
Age		
School /Residential School		
Class		
Promoted to class		
Fee paid during the year		
Fee Claimed for reimbursement		

1. Distance of Hostel of child from residence of employee (in case Hostel Subsidy is claimed) _____
2. The Academic year for which CEA /Hostel Subsidy is claimed: _____
3. Whether the child for whom the CEA is applied for is a disabled child: YES/NO
(a) If yes, indicate the nature of disability:
(b) Date of disability certificate.
(c) Indicate the percentage of disability:
4. Whether the Bonafide certificate from Head of Institution has been attached: Yes/No.
5. For Hostel Subsidy, the Bonafide certificate from mentioning the amount is attached: Yes/No
6. If Yes at Item No. 5, Amount claimed for Hostel Subsidy: _____
7. (a) Certified that the fee/amount indicate above had actually been paid by me.
(b) Certified that my wife/husband is/is not a Central Government Servant.
(c) Certified that my husband/wife Sri/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.
(d) 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.
8. Certified that my child in respect of whom reimbursement of Children Education Allowance is applied is studying in the School/Jr. College which is recognized and affiliated to Board of Education/University.

9. 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.

कर्मचारी का हस्ताक्षर/Signature of the Employee
नाम / Name _____

दिनांक/Date:

For Establishment:

The family composition of the claimant has been verified from the official records such as Pass Declaration/Register etc. and found correct as on _____.

कार्यालय सहायक/ कनिष्ठ सहायक
Office Assistant/Jr. Assistant

सहायक कुलसचिव (प्रशाशन)
Asst. Registrar (Establishment)

To

Forwarded to Finance & Accounts Section

BONAFIDE CERTIFICATE FROM THE HEAD OF INSTITUTION/SCHOOL

This is to certify that Master/Baby/Mr./Miss _____ Roll
No _____ Admission No _____ son of
Sri/Smt _____ is a bonafide student of this school and
studied in Class _____ during the financial 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/Mr./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)