



NATIONAL LAW UNIVERSITY, JODHPUR

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CHILDREN EDUCATION ALLOWANCE REIMBURSEMENT CLAIM FORM

Claim for the Academic Year:-.....

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. | Designation | | | : | | | |
| 3. | If Spouse is employed, state whether in Central Govt., PSU, State Govt./other organization (give details with name of the spouse) | | | : | | | |
| 4. | Details of All Children : | Sequence | Name | | DOB | Age | |
| | | 1 | 1 st Child | | | | |
| | | 2 | 2 nd Child | | | | |
| | | 3 | 3 rd Child | | | | |
| 5. | Details of the child / children for whom CEA : | | | | | | |
| | Sequence | Name of Child | DOB | Standard (A.Y.) | Name & Place of the School/Institution | | |
| | 1 st Child | | | | | | |
| | 2 nd Child | | | | | | |

7. Re-imbursement of Expenditure:-

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

8. The Bonafide certificate from Head of Institution attach (Specimen attached).

9. (a) Certified that I or my wife /husband is /is not a Central Government/ State Govt. /PSU /Other organisation servant.

(b) Certified that my wife/husband Sri/Smt _____ is presently working as : _____ in _____ and the he / she shall not apply/ has not applied for the Children Education Allowance for the Child/children mentioned above.

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

10. Certified that my child in respect of whom re-imbursement of Children Education Allowance is applied is studying in the school which is recognized and affiliated to Board of Education.

11. 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 Employee)

Name: _____

Designation: _____

Verification from Establishment Section:

I have checked the details of Children of employee Mr./Ms./Mrs. _____ and the details are found correct.

Signature with date

Name: _____

Designation: _____

Documents to be submitted:

1. Fee receipt
2. Document of other expenses.

BONAFIDE CERTIFICATE FROM THE HEAD OF INSTITUTION/SCHOOL

This is to certify that Master/Baby/Mr./MissEnrollment No.

.....Admission.....

.....Son/

Daughter of Shri/Smtis a bonafide Student and studies in class

..... during the financial yearand
as per School

records of his/her date of birth isin 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..... .**

Signature Head of the Institution/School

(with Stamp and seal)

Date:

Place: