



# NATIONAL LAW UNIVERSITY, JODHPUR

NH-62, NAGAU ROAD  
MANDORE, JODHPUR (RAJASTHAN)  
PHONE 0291-2577530, 2577138

E-Mail: nlu-jod-rj@nic.in

Web Site: www.nlujodhpur.ac.in

## 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 <sup>st</sup> Child		
			2	2 <sup>nd</sup> Child		
			3	3 <sup>rd</sup> 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 <sup>st</sup> Child					
	2 <sup>nd</sup> Child					

### 7. Re-imbusement of Expenditure:-

Sequence	Period	Rate of CEA (Rs.)	Amount Claimed	Remarks
1 <sup>st</sup> Child				
2 <sup>nd</sup> 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./Miss .....Enrollment No.  
.....Admission.....  
.....Son/

Daughter of Shri/Smt .....is a bonafide Student and studies in class  
..... during the financial year .....and  
as per School

records of 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..... .**

Signature Head of the Institution/School

(with Stamp and seal)

Date:

Place: