

CERTIFICATE FROM THE HEAD OF INSTITUTION/SCHOOL
(FOR REIMBURSEMENT OF 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.

Place :

Date:

Signature of Principal
(Affix School Stamp)

ICAR-NATIONAL RICE RESEARCH INSTITUTE, CUTTACK-6, (ODISHA)
(Indian Council of Agricultural Research)

APPLICATION FOR REIMBURSEMENT OF CHILDREN EDUCATION ALLOWANCE/ HOSTEL SUBSIDY

CLAIM FOR THE FINANCIAL 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.	Employee No.	:	
3.	Designation	:	
4.	Division / Section	:	
5.	Name of Spouse	:	
6.	If spouse is employed, state whether in Central Govt., PSU, State Govt. (give details)	:	
7.	Designation, Office and B.U. No. of spouse, if spouse is employed in Railway	:	

8. Details of all the children of the employee:

Sl. No.	Sequence	Name	DOB	Age
1.	1 st Child			
2.	2 nd Child			
3.	3 rd Child			

9. Details of all the children for whom CEA/ Hostel Subsidy claimed:

Sl. No.	Sequence	Name	DOB	Age
1.	1 st Child			
2.	2 nd Child			

10. Academic Year, Name of School/ Residential School and Class in which children studied:

1 st Child	2 nd Child

11. Distance of Hostel of child from residence of employee :
(in case Hostel Subsidy is claimed)
12. Amount of CEA/ Hostel Subsidy already received up to previous quarter :
13. The Academic year for which CEA/ Hostel Subsidy is applied now :
14. a) Whether the child for whom the CEA / Hostel Subsidy is applied for is a disabled child : YES / NO
b) If yes, indicate the nature of disability :
c) Date of disability certificate :
d) Indicate the percentage of disability :
15. Whether the Bonafide certificate from Head of Institution has been attached : YES/ NO

16. For Hostel Subsidy, the Bonafide certificate from : YES/ NO
mentioning the amount is attached
17. If Yes at Item No. 16, Amount claimed for Hostel Subsidy :

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18. (i) Certified that the fee/ amount indicate above had actually been paid by me.

(ii) Certified that my wife/ husband is/is not a Central Government Servant.

(iii) 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.

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

19. 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.

20. 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 any stage the information/ documents furnished above is found to be false, I am liable for disciplinary action.

Signature of the Govt. Servant

Name of the Govt. Servant (in Block Letter):

Designation:

Division/Section:

FOR OFFICE USE ONLY

It is certified that the family composition of the claimant has been verified from the Office Records/ Register etc. and found correct and that the above claim of the employee of NRR1 is for the two eldest surviving children only, except when the number of children exceeds two due to second child birth resulting in multiple births and that the amount of the Bill to be passed for has not been drawn previously.

Passed for Rs. _____/- Rupees _____ only

DRAWING & DISBURSING OFFICER



भाकृअनुप - राष्ट्रीयचावलअनुसंधानसंस्थान
कटक-753006 (ओडिशा), भारत
ICAR - NATIONAL RICE RESEARCH INSTITUTE
(Formerly Central Rice Research Institute)
CUTTACK-753 006, (ODISHA), INDIA
PHONE: 0671-2367768-783, FAX: 0671-2367663, E-mail: crrietc@nic.in



SELF DECLARATION

I, Dr./Shri/Mrs/Ms.------(Name)
working as -----(Designation) in the Unit / Division/
Section ----- of N.R.R.I., Cuttack-6 do hereby certify that my Son / Daughter
Namely _____ was studied in
Class ----- Sec ----- Roll No. ----- during
the previous academic year ----- in ----- School.

In the event of any change in the particulars given above which effect my eligibility for Children
Education allowance. I undertake to intimate the same promptly and refund excess payment, if
any made to me.

Place:-

Date:-

Signature
Name: