

ICFRE-FOREST RESEARCH INSTITUTE DEHRADUN  
PROFORMA FOR RE-IMBURSEMENT OF CHILDREN EDUCATION ALLOWANCE

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 Govt. Servant	:	
2.	Designation	:	
3.	Name of the Division/Section	:	
4.	<b>Details of the child / children for whom CEA claimed:-</b>		
	Sequence	Name of child	class
			DOB
			Standard (A.Y. ....)
			Name & Place of the School / Institution
	1 <sup>st</sup> Child		
	2 <sup>nd</sup> Child		

5. Re-imburement of Expenditure:-

Sequence	Period	Rate of CEA @.....p.m	Amount claimed	Remarks
1 <sup>st</sup> Child	April.....to March.....		Rs.	Fixed amount
2 <sup>nd</sup> Child	April.....to March.....		Rs.	Fixed amount

6. (a) Whether the child for whom the CEA 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:

7. Whether the Bonafide Certificate from Head of Institution has been attached : Yes / No

8. (a) Certified that my wife/husband is not a 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.

9. 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.

10. 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 Govt. Servant)

Name in Block letters: .....

Designation: .....

Office/Division: .....

Forwarded to Account Officer

Signature of Head of Division

For use Account Section

Verified and passed for payment Rs.....

(Rupees.....)

On account of Children Education Allowance for Academic Year.....

Entry made in page No.....

Account Officer  
ICFRE-Forest Research Institute

Section Officer  
Account Section (Admin)  
ICFRE-Forest Research Institute

Authority vide Government of India  
Ministry of Personal P.G and Department of Personal & Training New Delhi  
Order No. A-27102[02[2017-Estt. (AL) 16 August 2017

(This order shall be effective from 01 Jul 2017)

**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.- \_\_\_\_\_ as 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 School principal  
(Affix School Stamp)

**SELF DECLARATION**

I \_\_\_\_\_ Designation/Post \_\_\_\_\_  
is working in Division. /Section \_\_\_\_\_ 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.

**Signature of Govt Servant**

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Mob. No. \_\_\_\_\_

Place: \_\_\_\_\_

Date: \_\_\_\_\_