



INDIAN INSTITUTE OF TECHNOLOGY KANPUR

SUPPLEMENTARY CLAM FOR CHILDREN EDUCATION ALLOWANCE CLAIM FOR THE ACADEMIC YEAR 2017-2018 AND/OR 2018-2019

I hereby apply for the reimbursement of balance amount of Children Education Allowance for my child/children and relevant particulars are furnished below:-

1.	Name of the Employee				
2.	PF. No.				
3.	Designation				
4.	Deptt./ Section				
5.	Name of the recognized School & Class				
6.	If Spouse is employed. Yes / No. If Yes, state whether in Central Govt., PSU state Govt. (Give details with name of the Spouse)				
7.	Details of the child /children for whom CEA claimed :-				
	Sequence	Name of child	Year	Amount Claimed (In Previous Years)	Balance amount Claimed
	1 st Child		2017-18		
	1 st Child		2018-19		
	2 nd Child		2017-18		
	2 nd Child		2018-19		
	Total				

1. 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.
2. 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:



INDIAN INSTITUTE OF TECHNOLOGY KANPUR

SELF DECLARATION

I _____ Designation _____ P.F No. _____
 _____ of Deptt./Sec. _____ do hereby certify that my Son/Daughter
 namely Master / Ms. _____ studied in Class _____ Sec _____ Roll
 No. _____ during Previous Academic Year 2017-18 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 the Claimant

Name: _____

P.F. No.: _____

Place: _____

Date: _____



INDIAN INSTITUTE OF TECHNOLOGY KANPUR

SELF DECLARATION

I _____ Designation_____ P.F No.
_____ of Deptt/Sec._____ do hereby certify that my Son / Daughter
namely Master / Ms. _____ studied in Class _____ Sec_____
Roll No._____ during Previous Academic Year 2018-19 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 the Claimant

Name:_____

P.F. No.:_____

Place:_____

Date:_____



INDIAN INSTITUTE OF TECHNOLOGY KANPUR

Kanpur- 208016

Annexure 'C'

CHILDREN EDUCATION ALLOWANCE/HOSTEL SUBSIDY CLAIM FOR THE ACADEMIC YEAR 20...-20...

I hereby apply for the reimbursement of Children Education Allowance / Hostel Subsidy for my child/children and relevant particulars are furnished below:-

1.	Name of the employee				
2.	PF. No.				
3.	Designation				
4.	Deptt./ Section				
5.	If Spouse is employed, state whether in Central Govt., PSU state Govt. (give details with name of the Spouse				
		Details of the child /children for whom CEA/ Hostel Subsidy claimed :-			
Sequence	Name of child	Class	CEA (Rs.)	Hostel Subsidy (Rs.)	Name & Place of the School/Institution
1 st Child					
2 nd Child					

1. Certified that my child/ children in respect of whom re-imbursement of CEA/ Hostel Subsidy is applied, is studying in the School /Jr.College which is recognized and affiliated to Board of Education/ University/ Govt.
2. Certified that I am claiming the CEA/ Hostel Subsidy 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.
3. The reimbursement of CEA and Hostel Subsidy will be made once in a year after the completion of a financial year i.e in the month of April and May.

Date:

Place:

(Signature of Employee)

Name:

Verified by Admin/ DOFA Office

Encl: 1)

Head of the Department/Section

2)



Annexure-1)

INDIAN INSTITUTE OF TECHNOLOGY KANPUR

CERTIFICATE FROM THE HEAD OF INSTITUTION/SCHOOL (FOR REIMBURSEMENT CEA)

Ref No. _____

Dated: _____

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 20__ to 20__ School; /Institution, namely _____ vide

affiliation Regd No./ Coad _____ and pattern _____ Curriculum.

Signature of Principal
(Affix School Stamp)

Place: _____

Date: _____