

UNDERTAKING

APPLICATION FOR RE-IMBURSEMENT OF CHILDREN EDUCATIONAL ALLOWANCE

1.	NAME OF GOVT. EMPLOYEE (IN BLOCK LETTERS)	:	
2.	DESIGNATION	:	
3.	NAME OF CHILD	:	
4.	DATE OF BIRTH OF CHILD	:	
5.	NAME OF INSTITUTION /SCHOOL	:	
6.	CLASS	:	
7.	ACADEMIC SESSION	:	FROM _____ TO _____
8.	WHETHER SPOUSE IS GOVT. SERVANT	:	Yes / No
	a) If yes, name of Department in which Spouse is employed	:	
	b) Whether he/she is claiming CEA from Department concerned	:	Yes / No
Certified that I am claiming the CEA in respect of my two eldest surviving children only and in the event of any change in the particular given above which affect my eligibility for CEA, I undertake to inform the same promptly and also to refund excess payment, if any made.			
Date :			
Place :			
Signature of Govt. Servant			
Name :			
Designation			

Authority vide Government of India

Ministry of Personnel, P.G. and Pensions Department of Personnel & Training New Delhi

Order No. N..A-27012/02/2017-Estt.(AL) 16 August, 2017.

(This order shall be effective from 1st July, 2017)

CERTIFICATE FROM THE HEAD OF INSTITUTION/SCHOOL

(FOR REIMBURSEMENT OF CEA)

Ref.No.

Date:-

It is certified that master/Kumari

..... 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)

**CERTIFICATE FROM THE HEAD OF INSTITUTION/
SCHOOL FOR CLAIMING HOSTEL SUBSIDY**

BONAFIDE CERTIFICATE FROM THE HEAD OF INSTITUTION/SCHOOL

This is to certify that Master/Baby/Mr./Miss Roll no.....
Admission No..... son of Sri/Smt..... is a bonafide
student of this school and studied in Class..... during the financial year and as per
School records 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.....

Dated:
Place:

Signature Head of the Institution/School
(with Stamp and seal)

** (Strike out if is not applicable)