



GURUGRAM UNIVERSITY, GURUGRAM

(A State Govt. University established under Haryana Act 17 of 2017)

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No. GUG/Estt/2026/13

Dated: 06-01-2026

NOTICE

The applications for Children Education Allowance for the year 2025-26 from the eligible regular employees in the prescribed performa enclosed herewith are invited upto 09.01.2025.

This is for information and necessary action(s) by all concerned.


Deputy Registrar (Estt.)
for Registrar

Copy to:

1. All the Department/Branch/Office Heads for information and circulation among regular employees working under your kind control.
2. OSD/P.S. to VC, GUG (for kind information of the Worthy VC).
3. PA to Registrar, GUG (for kind information of the Registrar).

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REIMBURSEMENT OF CHILDREN EDUCATION ALLOWANCE

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	Designation	:	
3	Date of Joining	:	
4	Employee ID No.	:	
5	Department/Branch	:	
6	Name of the Spouse	:	
7	If Spouse is employed, in Central Govt, PSU, State Govt.(give details)	:	

8. Details of the Children in order of their DOB for whom Children Education Allowance being claimed:

S. no.	Name of Child	DOB & Present age	Son /Daughter	Name of School	Class in which studying	Fee paid (actual)
1						
2						

9. Expenditure made other than fee i.e. Uniform, Shoes, Books, transportation etc. : _____

10. (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 :

11. Certified :-

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

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

(iii) that my husband /wife 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 mentioned above.

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

(v) that my child/children in respect of whom reimbursement of children education allowance is applied is studying in the School/College which is recognized and affiliated to Board of Education / University.

(vi) that during the period/quarter covered by this claim, the Child/Children attended the school(s) regularly and did not absent himself/herself/themselves from the school(s) without proper leave for a period of not exceeding one month.

(v) 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 effect 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.

(Signature of the regular employee)

Name in BLOCK letters:

Designation :

Dept/Branch :

Dated :