

GURUGRAM UNIVERSITY, GURUGRAM

(Established by the State Legislature Act 17 of 2017)



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 :