

MAITREYI COLLEGE
CHANAKAYA PURI, NEW DELHI-110021
(UNIVERSITY OF DELHI)

FORM OF APPLICATION FOR REIMBURSEMENT OF TUTION FEES UNDER CHILDREN EDUCATION ALLOWANCE SCHEME

1. NAME OF EMPLOYEE (IN BLOCK LETTERS) : _____
2. DESIGNATION : _____
3. BASIC PAY (AS PER 7th CPC) : _____
4. FINANCIAL YEAR FOR WHICH CLAIM IS MADE : _____
5. DETAILS OF CHILDREN FOR WHOM CEA CLAIMED :

S.NO.	NAME OF CHILD	DOB	AGE	CLASS	NAME OF SCHOOL	ACADEMIC YEAR

- ENCLOSURES :1. CERTIFICATE FROM THE HEAD OF THE INSTITUTION/SCHOOL IN PRESCRIBED FORMAT
2. ORIGINAL FEE RECEIPTS (WHOLE ACADEMIC YEAR)

PLACE: _____

SIGNATURE OF EMPLOYEE

DECLARATION FOR CLAIMING REIMBURSEMENT OF TUTION FEES OF CHILDREN OF STAFF MEMBERS UNDER CHILDREN EDUCATION ALLOWANCE SCHEME:

1. The Child mentioned above in respect of whom reimbursement of children education allowance is claimed are wholly dependent upon me.
2. During the period covered by the claim the child attended the school regularly and did not absent himself/herself from school without proper for a period of exceeding one month.
3. In the event of any change in the particulars given above which affect my eligibility for children educational allowance, I under take to intimate the same promptly and also to refund excess payments, if any made.
4. The above expense has not been claimed for income tax benefits
5. The reimbursement of the above expenses has not been claimed by the spouse who is also a Govt. Servant (this is applicable in case both the spouses are Govt. Servants)
6. The claims are made only for the two eldest surviving children, except when the number of children exceeds due to second child birth resulting in multiple births.
7. The facts and figures given in the reimbursement bills are true to the best of my knowledge and belief.

SIGNATURE OF EMPLOYEE

TO BE FILLED BY THE INSTITUTION

Bill passing form for Children Education Allowance for the Financial Year _____

Name of the Employee: _____ Department: _____

S.NO.	Name of the Child	Class	Academic Year	Amount Passed
Rupees			Total	

If approved Rs. _____ may be reimbursed to the above employee for the fees in respect of his / her children as per forms duly filled is attached.

Submitted for order please

Dealing Assistant

Section Officer

Bursar

Offg. Principal