***MAHATMA GANDHI ANTARRASHTRIYA HINDI VISHWAVIDYALAYA, WARDHA***

***Annexure ‘A’***

***RE-IMBURSEMENT OF CHILDREN EDUCATION ALLOWANCE/HOSTEL SUBSIDY***

***CLAIM FOR THE FINANCIAL YEAR: - 20…....-20…….***

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. Department : ……………………………………………………
4. Details of all children of the employee:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sr.No. | Sequence | Name of Children | DOB | Age |
| 01. | 1st Child |  |  |  |
| 02. | 2nd Child |  |  |  |
| 03. | 3rd Child |  |  |  |

1. Details of all the children for whom CEA/Hostel Subsidy claimed:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Sr.No. | Sequence | Name of Children | School Name | Class in which studied | DOB | Age |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

1. Distance of Hostel of child from residence of employee (in case Hostel Subsidy is claimed) : ……..Kms.
2. Amount of CEA/Hostel Subsidy already received up to previous quarter: ………………………
3. The Academic year for which CEA /Hostel Subsidy is applied now: **..**
4. (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. : …../…../20… (Enclosed Certificate)

(d) Indicate the percentage of disability: ………………..

10. Whether the Bonafide certificate from Head of Institution has been attached : Yes/No.

11. For Hostel Subsidy, the Bonafide certificate mentioning the amount is attached: Yes/No

12. If Yes at Item No. 11, Amount claimed for Hostel Subsidy:……………….

13. (i) Certified that my wife/husband is/is not a Central Government Servant.

(ii) Certified that my husband/wife Sri/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.

(iii) Certified that I or my wife/husband has not claimed this re-imbursement from any other source and will not claim the same in future.

The information furnished above are complete and correct and I have not suppressed any relevant information. 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 :.................... Signature of employee

Place : ……………….. Name: ………………………………………………..

***MAHATMA GANDHI ANTARRASHTRIYA HINDI VISHWAVIDYALAYA, WARDHA* Annexure ‘B’**

**BONAFIDE CERTIFICATE FROM THE HEAD OF INSTITUTION/SCHOOL**

This is to certify that Master/Baby/Mr./Miss …………………………………. Roll No …………………. Admission No……………………………… Son/Daughter of Mr./Ms. …………………………………………. is a bonafide student of this school and studied in Class……….……. during the Academic year ………………………….. and as per School records his/her date of birth is ………………….………………..

This is to also certify that the above named child had studied in this school in the academic year………………………….

\*\*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 it is not applicable)