

**NATIONAL INSTITUTE OF TECHNOLOGY PUDUCHERRY**  
**KARAIKAL – 609605.**

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**APPLICATION FOR REIMBURSEMENT OF CHILDREN EDUCATION ALLOWANCE**

1. Name of the Faculty / Staff Member :  
2. Designation :

I hereby apply for the reimbursement of Children Education Allowance (CEA) for my child and relevant particulars are furnished below:

3. (a) Name of the Child (in block letters) :  
(b) Date of Birth :  
4. (a) Name and Address of the School :

(b) Class in which studying :

5. Details of CEA claimed **ALREADY** in early quarters of academic year for which CEA is applied now

Quarter of Year	Academic Year	Amount Claimed
I Quarter		
II Quarter		
III Quarter		
IV Quarter		

6. The quarter of Academic year for which CEA is applied now:

- (a) Quarter of Year :  
(b) Academic Year :

7. (a) Whether the child for whom CEA applied is disabled child: YES / NO

- (b) If Yes, indicate the nature of disability:  
(c) Date of disability certificate :

8. (a) Details of expenses

Sl. No	Description of the Fee paid	Receipt No. / Date	Amount (Rs.)
1	Tuition Fee		
2	Admission Fee		
3	Laboratory Fee		
4	Games/Sports Fee		
5	Library Fee		
6	Extra-curricular Fee		
7	Books and Notebooks		
8	Uniform (2 Sets)		
9	School Shoes (1 Pair)		
10	Vidyalaya Vikas Fee		
11	Any others		
<b>Total</b>			

9. (i) Certified that the fee / amount indicated above had actually been paid by me.  
(ii) Certified that my wife / husband is / is not a Central Government Servant.  
(iii) Certified that my wife / husband Shri./Smt. \_\_\_\_\_ is presently working as \_\_\_\_\_ in \_\_\_\_\_ and that he / she will not apply and has not applied for the CEA for the child mentioned above.
10. Certified that I or my wife / husband have not claimed and will not claim the 'Hostel Subsidy' in respect of the child mentioned above.
11. Certified that my child in respect of whom reimbursement of CEA applied is studying in the school / junior college which is recognized and affiliated to Board of Education / University.
12. The particulars / information furnished above are complete and correct and I have not suppressed any relevant information. In the event of any charge in the particulars given above which affect 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.
13. Details of documents enclosed:
- i.
  - ii.
  - iii.
  - iv.
  - v.
  - vi.

Date:

Signature of Faculty / Staff