## <u>PROFORMA FOR RE-IMBURSEMENT OF CHILDREN EDUCATION ALLOWANCE</u> in terms of DOPT Order No. A-27012/02/2017-Estt(AI) dated 16 Aug. 2017

I hereby apply for the reimbursement of Children Education Allowance for my child/children and relevant particulars are furnished below:-

and	relevant pa	rticulars are f	urnisr	ied below:-				
(a) Name of Employee		:						
(b)	) Designation		:					
(c)	) Dept./Section		:					
(d)	Name of Spouse		:					
2.	Details o	of all the child	ren of	the emplo	yee:			
SI.	Sequence Name				DOB	Whether child is disabled, if yes		
No.	1 <sup>st</sup> Child					attach certificate.		
(a)	2 <sup>nd</sup> Child							
(b)	3 <sup>rd</sup> Child							
(c)								
		the children f	or wh	1	med for the Fi			: :
SI.	Name			Name of School ar		lass in	Period	Amount
No. (a)				V	vhich studying			
(ω)								
(b)								
4. \	Whether the	e certificate fr	om H	ead of Insti	tution has beer	n attache	ed: Yes/No.	
6. V	Education A Whether the	in Allowance for e school is re	the cl	and that he nild mention zed by CBSI	e/she shall not ned above. E/ICSE/State G	apply/ha	is presently as not applied fo	or the Childre . If yes specif
information of some reimple also any	rmation or inchool. In the observation of the organization of the	misleading / e event of ar of Children ne payments information/	false iny cha Educa or de	nformation nge in the tion Allowa duction fro	regarding stud particulars give nce, I underta m my salary if a	dying of en above ke to int any made	ve not suppresse ward / affiliation which affect m imate the same e. Further, I am a I to be false, I	n / recognitio y eligibility fo promptly an aware that if a
					:	Signature	e of employee	
8. Decl	=	composition			nas been verifie	ed from t	the official record	ds such as Pas
Date	e:					Signat	ure of SO/AR (Es	stt.)
	Forward	ed to: F & A [	Dept. f	or payment	t.			

**Bill Clerk**