



राजीव गांधी राष्ट्रीय युवा विकास संस्थान
Rajiv Gandhi National Institute of Youth Development
श्रीपेरुम्बुदूर, Sriperumbudur– 602 105

APPLICATION FOR REIMBURSEMENT OF CHILDREN EDUCATION ALLOWANCE (CEA)

For the Year: _____

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 :

(c) Age :

4. (a) Name and Address of the School :

(b) Class in which studying :

5. Academic year for which CEA is applied now :

6. (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 :

7. (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		
Total			

8. (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.
9. Certified that I or my wife / husband have not claimed and will not claim the 'Hostel Subsidy' in respect of the child mentioned above.
10. 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.
11. 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.
12. Details of documents enclosed:
- i.
 - ii.
 - iii.
 - iv.
 - v.
 - vi.

Date:

Signature of Faculty / Staff