



JAMIA HAMDARD
(Deemed to be University)
Hamdard Nagar, New Delhi-110062

PROFORMA FOR REIMBUREMENT OF CEA/TUITION FEE

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

1.	Name the Employee	:	
2.	Employee Code No.	:	
3.	Designation	:	
4.	Name of the School/Deptt./Section	:	
5.	If spouse is employed, state whether in Central/State Govt., PSU etc. (give details)	:	
6.	Name, Designation, and Office Address of the spouse.	:	
7.	Period for which CEA/Tuition Fee is claimed: From: April / October _____ to: September / March _____.		

8. Details of the child / children for whom CEA / Tuition Fee is claimed:-

S.No.	Name of Child	DOB	Class in which studying	Name & Address of the School/ Institution	Total CEA *Paid	Amount to be reimbursed
1 st Child						
2 nd Child						
Total amount claimed Rs.						

**Please attach fee receipt in original.*

CERTIFICATE

1. Certified that the child/children mentioned above in respect of whom reimbursement of CEA /Tuition Fee claimed are wholly dependent upon me.
2. Certified that CEA/Tuition Fee mentioned against child/children has actually been paid by me.
3. Certified that my child/children in respect of whom re-imburement of Children Education Allowance is claimed is/are studying in the School/Institution, which is recognized and affiliated to Board of Education.

(Signature of Employee)

4. Certified that my wife / husband Dr./Mr./Ms. _____ is presently working as _____ in the Deptt./Organization _____ and that he / she shall not apply / has not applied for the Children Education Allowance for the Child / children mentioned above.
5. Certified that I or my wife / husband has not claimed this re-imburement from any other source and will not claim the same in future. If found otherwise, appropriate action may be taken.
6. Certified that during the period for which claim has been made, the child attended the school regularly and did not absent himself/herself from the school without proper leave for a period not exceeding one month.
7. Certified that I am claiming the CEA in respect of my two eldest surviving children only. The information furnished above are complete and correct and I have not suppressed any relevant information.
8. In the event of any change 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.

Date: _____

Place: _____

(Signature of Employee)

Name: _____

Contact No. _____

Forwarded by:-

Dean/HoD/Section Incharge
(Name & Designation)

VERIFICATION BY ESTABLISHMENT SECTION

The details of child/children as furnished and certified by Dr./Mr./Ms. _____ have been verified from the service particulars/records.

May be forwarded to Finance Section for reimbursement of CEA/Tuition Fee, as per rule.

Dealing Assltant

AR/DR (Establishment)

Finance Section