child/children and relevant particulars are furnished below:- FIX PHOTO OF GOVT. OFFICIAL 1. Name of the Employee 2. P.F. No./Employee No. 3. Designation 4. Present Department/Office 5. Name of Spouse 6. If spouse is employed, State whether in Central Govt., PSU, State Govt.					
1. Name of the Employee : 2. P.F. No./Employee No. : 3. Designation : 4. Present Department/Office : 5. Name of Spouse 6. If spouse is employed, State whether :					
 2. P.F. No./Employee No. 3. Designation 4. Present Department/Office 5. Name of Spouse 6. If spouse is employed, State whether 					
3. Designation : : : : : : : : : : : : : : : : : : :					
4. Present Department/Office : 5. Name of Spouse : 6. If spouse is employed, State whether :					
5. Name of Spouse : 6. If spouse is employed, State whether :					
6. If spouse is employed, State whether :					
in species to employed, otato whother .					
(give details)					
7. Name, Designation and Office address : of the Spouse.					
8. Details of the children for whom CEA/Hostel Subsidy claimed:					
Sl. No. Sequence Name DOB Age					
1. 1st Child					
2. 2nd Child					
Name of School/Residential School and Class in which children studied:					
1st Child 2nd Child					
Distance of Hostel of child from residence of employee (in case Hostel Subsidy in claimed)					
11. The Academic year for which CEA /Hostel Subsidy is applied now:					
12. (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.
- (d) Indicate the percentage of disability:
- 14. Whether the Bonafide certificate from Head of Institution has been attached: Yes/No
- 15. For Hostel Subsidy, the Bonafide certificate from mentioning the amount is attached: Yes/No
- 16. If Yes at Item No. 15, Amount claimed for Hostel Subsidy:.....
- 17. (i) Certified that the fee/amount indicate above had actually been paid by me.
 - (ii) Certified that my wife/husband is/is not a Central Government Servant.

 - (iv) 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.
- 18. Certified that my child in respect of whom reimbursement of Children Education Allowance is applied is studying in the School/Jr. College which is recognized and affiliated to Board of Education/University.
- 19. The information furnished above are complete and correct and I have not suppressed any relevant information. 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.

Signature:

Name:

Design:

Date:

The details of child/children for whom the present claim is submitted by the official has been verified from the official records and found correct.

Signature of Administrative Authority
With office stamp

SELF DECLARATION

Ι		do herel	ov certify	that
son/daughter namely				
Section				
Academic year				
(document enclosed)				-
"In the event of any	change in	the part	cicular giv	en above
which affect my eligibility	for Child	dren Educ	cation Allo	wance. I
undertake to intimate the	same pr	comptly	and refund	l excess
payment, if any made to me".				
	Sig	gnature c	of Govt. Sei	cvent
	Name:			•
			<i>'</i>	
Place:				
Date:				

NOMINATION FORM AVAILING GRANT OF CHILDREN EDUCATION

ALLOWANCE

AIDE	GOVT.	ORDER	NO.	473-F	OF	2019	DV 41E D	29_11	-2010

Serial No's & are my eldest wards (first two children) for whom I am claiming Children Education Allowance / Hoste Subsidy in terms of Govt. Order No. 473-F of 2019 dated 28-11-2019. I also certify that my spouse is a Govt. employee and NDC is enclosed. The information given above is genuine to the best of my belief and nothing has been concealed therein. In case the information given above found to be false at any later stage, I shall be personally esponsible for legal action. Signature	S.No.	Name of the members of family	Date of Birth	Relationship with the official	Occupation	Aadhaar No
Children) for whom I am claiming Children Education Allowance / Hoste Subsidy in terms of Govt. Order No. 473-F of 2019 dated 28-11-2019. I also certify that my spouse is not a Govt. employee is a Govt. employee and NDC is enclosed. The information given above is genuine to the best of my belief and nothing has been concealed therein. In case the information given above found to be false at any later stage, I shall be personally esponsible for legal action. Signature Name: Place of Posting:	(1)	(2)	(3)	(4)	(5)	(6)
Children) for whom I am claiming Children Education Allowance / Hoste Subsidy in terms of Govt. Order No. 473-F of 2019 dated 28-11-2019. I also certify that my spouse is not a Govt. employee is a Govt. employee and NDC is enclosed. The information given above is genuine to the best of my belief and nothing has been concealed therein. In case the information given above found to be false at any later stage, I shall be personally esponsible for legal action. Signature Name: Place of Posting:			,			
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nd nothing has been concealed therein. In case the information given bove found to be false at any later stage, I shall be personally esponsible for legal action. Signature Name: Place of Posting:	childre Subside	en) for whom I	am claimin	g Children Edu	cation Allowa	nce / Hoste
Name: Place of Posting:	Subsidy	en) for whom I in terms of G certify that m	am claiming ovt. Order y spouse	g Children Edu No. 473-F of 2	cation Allowa 019 dated 28-	nce / Hoste
Name: Place of Posting:	The note to the state of the st	en) for whom I in terms of G certify that m is not a Gov is a Govt. e ie information hing has been cound to be false	am claiming ovt. Order y spouse t. employee employee ar given above concealed the	g Children Edu No. 473-F of 2 e and NDC is enclo is genuine to herein. In cas	cation Allowa 019 dated 28- osed. o the best of e the informa	nce / Hoste 11-2019. my belief tion given
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ace:	The note to the state of the st	en) for whom I in terms of G certify that m is not a Gov is a Govt. e ie information hing has been cound to be false	am claiming ovt. Order y spouse t. employee employee ar given above concealed the se at any la action.	g Children Edu No. 473-F of 2 and NDC is enclo is genuine to herein. In cas ater stage, I Sign Name:	cation Allowa 019 dated 28- osed. o the best of e the informa shall be pers	my belief tion given onally
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BONAFIDE CERTIFICATE FROM THE HEAD OF INSTITUTION/SCHOOL

The same
This is to certify that Master/Baby/Mr./Miss
Son/ daughter of Sri/SmtRoll NoRoll No
Administration of Stry Strict
Admission No is a bonafide student of this school and studied in
Class during the academia
Class during the academic year and as per
School records his/her date of birth is
**This is further cortised to
**This is further certified that during the year Master/Baby/ Mr./
Miss had resided in the residential complex
(Hostel) of the school and paid an arrest to a
(Hostel) of the school and paid an amount of Rs towards
boarding and lodging in the residential complex.
This Institution/School is affiliated to the state of the
This Institution/School is affiliated to/ recognized by
vide affiliation/recognition Number
Dated:
Place:
Signature Head of the
Institution/School
(with Stamp and seal)
**(Strike out it if not applicable)