



**NATIONAL INSTITUTE OF IMMUNOLOGY  
NEW DELHI**

SB A/C NO-----  
Canara Bank

**FORM FOR REIMBURSEMENT OF CHILDREN EDUCATION ALLOWANCE**

I, \_\_\_\_\_ hereby certify that the child/children mentioned below in respect of whom Children Education Allowance (CEA) is claimed for academic year 2016-17 is/are wholly dependent upon me:

Sl. No	Name of the Child	Date of Birth of the Child	School and Class in which Studying	Monthly CEA fee actually paid@	Total CEA actually paid for the Academic Year 2016-17	Amount of reimbursement	Remarks

@Kindly provide the breakup as per of the components referred to in the Circular dated .....

2. Certified that the child/children named above, in respect of whom the reimbursement under Children Education Allowance (CEA) is being claimed is wholly dependent upon me and the an amount of reimbursement claimed has actually been paid by me (Receipts enclosed).

*(Note: copy of School Fee card and Bank Challans /Paid up Receipts/ Purchase Receipts etc. in original, self certified, are to be enclosed)*

3. Certified that\*:
- (i) My wife/husband is not employed under Central Govt./ autonomous body.
  - (ii) My wife/ husband is employed under Central Govt. employee/autonomous body but she/he will not claim reimbursement of CEA under the scheme for the said period in of respect of our child/children.
  - (iii) My wife/husband is employed with\*\*\_\_\_\_\_She/He **is/is not\*** entitled to reimbursement of tuition fees in respect of our child/ children.

4. Certified that during the period covered by this claim the child / children attended the school(s) regularly and did not absent himself/ herself/themselves from the school(s) without proper leave for a period exceeding one month

5. Certified that I or my wife/husband and **have/has not\*** claimed and will not claim the Children's Education allowance in respect of the children mentioned above.

\*Strike out whatever is not applicable.

\*\*Employer other than Central Govt. to be mentioned.

In the event of any change the particular given above which affect my eligibility for reimbursement of tuition fees, I undertake to intimate the same promptly and also to refund excess payments, if any made.

Signature: \_\_\_\_\_  
Name: \_\_\_\_\_  
Designation: \_\_\_\_\_  
Lab/Office: \_\_\_\_\_  
Date: \_\_\_\_\_