



DELHI TECHNOLOGICAL UNIVERSITY

Established under Govt. of Delhi Act 6 of 2009
(Formerly Delhi College of Engineering)
BAWANA ROAD, SHAHBAD DAULATPUR, DELHI-110042

REIMBURSEMENT OF CHILDREN EDUCATION ALLOWANCE

1. Certified that the Child/Children mentioned below in respect of whom reimbursement of C.E.A. is claimed is/are wholly dependent upon me.

Name of the Child/Children	Date Birth	School/class in which studying/studied	Monthly C.E.A actually payable	C.E.A. actually paid from.....to.....	Amount of reimbursement claimed
1.	2.	3.	4.	5.	6.
Total					

2. Certified that the C.E.A. indicated against the child/each of the children has actually been paid by me (cash receipt/counter foil of the Bank credit vouchers **in original** to be attached with the initial claim.)

3. **Certified that (Please Tick \checkmark):-**

- i) My wife/husband is/is not a Govt.servant.
- ii) My wife/husband is a Govt. servant but she/he is will not claim reimbursement of C.E.A. in respect of our child/children.
- iii) My wife/husband is employed with.....She/he is/is not entitled to reimbursement of C.E.A. 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 the period of exceeding one month.

5. Certified that the child/children mentioned has/have not been studying in the same class for more than two years.

6. Certified that I or my wife/husband have/has not claimed and will not claim the children's educational allowance in respect of the children mentioned above.

Contd..

7. Certified that my child/children in respect of whom reimbursement of C.E.A. claimed is/are studying in the schools which is/are recognized school(s) (Not applicable to schools run by Central Government/State Government/Union Territory Administration/Municipal Committee/Panchayat Samiti/Zilla Parishad.)
8. In the event of any change in the particulars above which effect my eligibility for reimbursement of C.E.A., I undertake to intimate the same promptly and also refund excess payments, if any made.

(Signature of the Govt. Servant)

Name in Block Letters.....

Designation.....

Department

Phone No.

Date:-