



**icmr**  
INDIAN COUNCIL OF  
MEDICAL  
RESEARCH

**NIN**  
NATIONAL INSTITUTE  
OF NUTRITION

आई सी एम आर - राष्ट्रीय पोषण संस्थान  
स्वास्थ्य अनुसंधान विभाग, स्वास्थ्य और परिवार  
कल्याण मंत्रालय, भारत सरकार

ICMR – National Institute of Nutrition  
Department of Health Research, Ministry of Health  
and Family Welfare, Government of India

**APPLICATION FORM CLAIMING CHILDREN EDUCATION ALLOWANCE FOR THE  
ACADEMIC YEAR \_\_\_\_\_**

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

1.	Full name of the employee	:	
2.	Designation	:	
3.	Emp. ID No.	:	
4.	Bank Account	:	
5.	If spouse is employed, state whether : in Central Govt., PUS, State Govt. (give details with name of the spouse, designation & Employer's name & Address)		

6.	Details of all children:					
	<b>Sl. No.</b>	<b>Name of the child</b>	<b>Date of birth</b>	<b>Standard / Class</b>	<b>Academic Year</b>	<b>Name &amp; Place of the School / Institution</b>
	i.					
	ii.					
	iii.					
	iv.					

7. Re-imbursement of Expenditure:

<b>Sequence</b>	<b>Period</b>	<b>School fee receipt/ Hostel subsidy receipt &amp; any other relevant bills to be attached)</b>	<b>Amount claimed</b>
1 <sup>st</sup> Child			
2 <sup>nd</sup> Child			
<b>Total amount claimed Rs.</b>			

8.	Distance of Hostel of child from residence of the employee (incase of Hostel subsidy)	
	Provide residential address & distance in kilometer from residence to hostel :	

9. In case of disabled child/children (*Copy is to be enclosed*):

Sequence	Name of the child	Nature of disability	Date of disability certificate	% of disability
1 <sup>st</sup> Child				
2 <sup>nd</sup> Child				

10.	Whether the Bonafide Certificate from Head of the Institute has been attached? (Yes/No)		
11.	For Hostel Subsidy, the Bonafide Certificate mentioning the amount is attached? (yes/No)		
12.	If yes at Item No. 11, Amount claimed for Hostel Subsidy (Rs.)		

14 a. Certified that I or my wife/husband is / not a Central Government Servant.

b. Certified that my wife / husband Shri/Smt. \_\_\_\_\_ is presently working as \_\_\_\_\_ in \_\_\_\_\_ and that he / she shall not apply / has not applied for Children Education Allowance for the child / children mentioned above.

c. 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.

15. Certified that my child in respect of whom re-imburement of Children Education Allowance is applied is studying in the School / Jr. College which recognized and affiliated to Board of Education / University.

16. Certified that I am claiming that 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. 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.

Place: Hyderabad – 7

Signature of Govt. Servant :

Full Name :

Date:

Designation :

Emp. Code

Bank Account No. :