



# ALL INDIA INSTITUTE OF MEDICAL SCIENCES

Saket Nagar, Bhopal (M.P.) – 462020

## STANDARD FORM CUM SELF-CERTIFICATE FOR CLAIMING REIMBURSEMENT OF CHILDREN EDUCATION ALLOWANCES SCHEME

1.	Name of the applicant		
2.	(a) Designation (b) Department (c) Date of appointment		
3.	Pay in pay band plus grade pay		
4.	Date of last claim		
5.	Period for which reimbursement was claimed		
6.	Period for which present claim pertains		
7.	Certified that the Child/Children mentioned below in respect of whom reimbursement of Children Education Allowance scheme is claimed is/are wholly dependent upon me		
		<b>Child 1</b>	<b>Child 2</b>
a.	Name of the child/children		
b.	Date of birth		
c.	School in which studying		
d.	Class in which studying		
e.	Details of amount of allowances claimed		
i.	Admission fee		
ii.	Tuition fee		
iii.	Sports/Games fee		
iv.	Fee for Extra-curricular activities		
v.	Computer fee		
vi.	Medical fee		
vii.	Exam Fee		
viii.	Science/Laboratory fee		
ix.	Library fee		
x.	Cost of one set text books/note books		
xi.	Cost of two set of Uniforms		
xii.	Cost of one set of School shoes		
xiii.	Special fee charged for agriculture		
xiv.	Special fee charged for Electronics		
xv.	Special fee charged for Music		
xvi.	Special fee charged for any other subject		
xvii.	Practical work/work experience fee		
xviii.	Fee paid for the use for any aid or appliance		
xix.	Fee Paid for smart class		
xx.	Other		
	Total		
Total amount claimed Rs. _____ (Rupees _____ only). Annual ceiling fixed for reimbursement of Children Education Allowance Scheme is Rs. 18,000/- per child – Max 02 children.			

8.	Certified that the child in respect of whom Children Education Allowance Scheme is claimed is wholly dependent upon me.				
9.	Certified that the Children Education Allowance Scheme indicated above had actually been paid by me.				
10.	Certified that				
a.	My wife/husband is not a Government servant				
b.	My wife/husband is a Government servant and she/he will not claim reimbursement of Children Education Allowance Scheme in respect of child/children mentioned above.				
c.	My wife/husband is employed with _____ she/he is/is not entitled to reimbursement of Children Education Allowance Scheme in respect of above child/children.				
11.	Certified that during the period covered by this claim the child attended the school regularly and did not absent himself/herself from the school without proper leave for the period exceeding one month.				
12.	In the event of any change in the particulars given above which affect any eligibility for reimbursement of children education allowance scheme, I undertake to intimate the same promptly and also to refund the excess payment, if any made				
13.	Details of Family	Name	Relationship	Age	
14.	This is certified that the present claim is preferred for my first two children.				

Signature of the faculty / Government Servant

Name : \_\_\_\_\_

Department : \_\_\_\_\_

Date : \_\_\_\_\_

Number of enclosures attached: \_\_\_\_\_

**For office use**

1. Details of family verified from Service Book.
2. The claim has been preferred for the first two children.
3. The details given above is examined and found correct with the records available in office.
4. The claim is passed for payment for a sum of Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_ only) in respect of the above named children for the Academic year.

**DDO**