

**VISVESVARAYA NATIONAL INSTITUTE OF TECHNOLOGY, NAGPUR –
Reimbursement of Children Education Allowance**

1. Certified that the child / children mentioned below in respect of whom reimbursement of Children Education Allowance is claimed is / are wholly dependent upon me.

Sl. No.	Name of Child	Date of Birth	School in which studying (Name of the School with Address)	Class in which Studying	Monthly Fee actually payable	Total Fee actually paid from (April..... to March)	Amount of Reimbursement claimed
						or in 1 st Qtr. (Apr. to June) 2 nd Qtr. (July to Sept.) 3 rd Qtr. (Oct. to Dec.) 4 th Qtr. (Jan. to Mar.)	
1.							
2.							

2. (a) Whether the child for whom Children Education Allowance applied is disabled child? : **Yes / No**
- (b) If yes, indicate the nature of disability :
- (c) Indicate the percentage of disability :
- (d) Date of disability certificate :

3. (a) Details of expenses incurred towards school fee/for purchase of text books and note books, uniforms and sheets and for which reimbursement of Children Education Allowance :

Sl. No.	Description of fee paid	Amount		Sl. No.	Description of fee paid	Amount	
		Child -1	Child -2			Child -1	Child -2
01	Tuition Fees			07	Laboratory Fee		
02	Admission Fees			08	Library Fee		
03	Special Fee charged for Agriculture Electronics, Music or any other subject			09	Fee for extra Curricular activities		
04	Fee charged for practical work under The programme of work experience			10	Expenses incurred for One set of text books and Note books		
05	Fee paid for the use of any aid or Appliance by the Child			11	Expenses incurred for Two set of Uniform		
06	Games / Sports fee			12	Expenses incurred for One set of School Shoes		
				13	Total		

(b) Total Amount of Children Education Allowance Claimed : Rs.

4. Total No. of Cash receipt /Counterfoil of Bank Challan / Credit Voucher :

5. Certified that the Children Education Allowance indicated against the child / each of the children had actually been paid by me (cash receipt / counter – foil of the Bank credit vouchers to be attached with the initial claim).
6. Certified that :
 - (i) My wife/husband is/is not a Central Government / State Government / PSU/Local Self Government / Employee .
 - (ii) My wife/husband is a Central Government / State Government /PSU / Local Self Government / Private Sector employee but she/he will not claim reimbursement of children education allowance in respect of our child / children.
 - (iii) My wife/husband is at present employed with *).....
She/he is/is not entitled for reimbursement of children education allowance in respect of our child / children
 - (iv) This reimbursement claims relates to expenses made during the current financial year or its immediate previous financial year
7. Certified that I or my wife / husband has not claimed and will not claim the Hostel Subsidy in respect of child mentioned above.
8. 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 of exceeding one month
9. Certified that the child/children mentioned has/have not been studying in the same class for more than Two years.
10. 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.
11. Certified that my child/children in respect of whom reimbursement of children education allowance is 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 Corporation / Municipal Committee / Panchayat Samiti / Zilla Parishad).
12. The particulars / 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.
13. Details of documents enclosed:

(Signature of the Employee)

Name in Block Letters

Designation.....

Department / Section.....

Ph. No.....

Date :.....

(Strike out which is not applicable)

(*) Employer other than Central Government to be mentioned.