



# राष्ट्रीय औषधीय शिक्षा एवं अनुसंधान संस्थान—हाजीपुर

**NATIONAL INSTITUTE OF PHARMACEUTICAL EDUCATION AND RESEARCH (NIPER) - HAJIPUR**

(Department of Pharmaceuticals, Ministry of Chemicals & Fertilizers, Govt. of India)

Export Promotions Industrial Park (EPIP), Industrial Area, Hajipur

Dist: Vaishali, State: Bihar, India, PIN: 844102 Website: [www.niperhajipur.ac.in](http://www.niperhajipur.ac.in)

## PROFORMA FOR RE-IMBURSEMENT OF CHILDREN EDUCATION ALLOWANCE

in terms of DoPT order No. A-27012/02/2017-Estt(AI) dated: 16th Aug. 2017

1	I hereby apply for the reimbursement of Children Education Allowance for my child/children and relevant particulars are furnished below			
a.	Name of Employee :			
b.	Designation :			
c.	Dept./Section :			
d.	Name of Spouse :			
2	Details of all the children of the employee:			
Sl.N.	Sequence	Name	Date of Birth	Whether Child is disabled, if yes attach certificate
a.	1st Child			
b.	2nd Child			
c.	3rd Child			
3	Details of all the children for whom CEA claimed for the Financial Year .....			
Sl.N.	Name of the Child(s)	Name of School and Class in which studying	Period	Amount
a.				
b.				

4 Whether the certificate from Head of Institute (School) has been attached: Yes/No

5 (i) Certified that my wife/husband is/is not a Government Servant.

5 (ii) Certified that my wife/husband Sh./Smt.: ..... Is presently working as ..... In (Name of Organization).....and that she/he shall not apply/has not applied for the Children Education Allowance for the child mentioned above.

6 Whether the school is recognized by CBSE/ICSE/State Govt./Dist. Administration. If yes, specify and enclosed the certificate/details of registration (Mandatory).

7 The information furnished above is complete and correct and I have not suppressed any relevant information or misleading/false information regarding studying of ward/affiliation/recognition of school. In the event of any change in particulars given above which affect my eligibility for reimbursement of Children Education Allowance, I undertake to intimate the same promptly and also to refund the payments or deduction from my salary if any made. Further, I am aware that if at any stage of the information/documents furnished above are found to be false. I am liable for disciplinary action.

**Signature of Employee**

8 The family composition of the claimant has been verified from the official records such as Past Declaration /Register etc. And found correct.

Date:

**Signature of Establishment (I/c)**

Forwarded to: Finance and Accounts Section for payment.

**Bill Clerk/AAO**



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## Certificate for reimbursement of CEA

Authority vide Government of India

Ministry of Personnel, P.G. and Pensions department of Personnel & Training

New Delhi,

Order No.No.A-27012/02/2017-Estt(AI)16 August 2017

(This Order shall be take effective from 1st July 2017)

### CERTIFICATE FROM THE HEAD OF INSTITUTION /SCHOOL

For reimbursement of CEA

Ref.No

Date:

It is certified that Master /Kumari \_\_\_\_\_ having

Admission No \_\_\_\_\_ D.O.B \_\_\_\_\_ Son/Daughter

of Mr/Mrs \_\_\_\_\_ as Studying

in Class \_\_\_\_\_ Sec \_\_\_\_\_ Roll No \_\_\_\_\_ during the previous

Academic year from \_\_\_\_\_ to \_\_\_\_\_ School/Institution,

Namely \_\_\_\_\_ vide affiliation Regd

No./Code \_\_\_\_\_ and pattern \_\_\_\_\_ Curriculum.

Place: -

Date: -

Signature of School Principal

Affix School Stamp