

**DYAL SINGH COLLEGE LODI ROAD NEW DELHI-110003**

**Allowance (CEA) for the academic year -----**

I hereby apply for the reimbursement of Children Education Allowance (CEA) for my child and relevant particulars are furnished below.

Name of the Employee	Dr./Mr./Ms.		
Designation			
Department/Section			
Name of the Child (in BLOCK LETTERS)	Date of Birth	Class in which studying	Name and address of the School
1.			
2.			

**Declaration**

1. Certified that my husband/wife Shri/Smt. \_\_\_\_\_ is presently working in ----- and that he/she will not apply/has not applied for the Children Education Allowance for the child mentioned above.
2. 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.
3. A certificate issued by Head of the Institution for the period/year for which claim has been preferred. Self-attested copy of the report card or self attested fee receipt(s) including e-receipt(s)

Signature of Employee \_\_\_\_\_

Name \_\_\_\_\_