

CHILDREN'S EDUCATIONAL ALLOWANCE

1. Certified that my child/children mentioned below in respect of whom children's educational allowance is claimed in/are wholly dependent upon me and I compelled to send my child/children away from the place of my posting/residence due to non-availability of the school of the requisite standard at the station of my posting/residence or of my posting/residence.

1	Name of the child	
2	Date of birth	
3	Name of school/College	
4.	Class in which the child studying	
5	Claimed for admission fee	
6	Tuition fee	
7	Text Book/Exercise Book	
8	Laboratory fee	
9	Electronics fee/ Computer fee	
10	Music fee	
11	Hostel fee	
12	School dress/shoes/shock/Ties etc	
13	Amount of allowance claimed for the period for	
Total amount claimed		Rs.

(Rupees.....) only.

2. Certified that my child/children in respect of whom children educational allowance is claimed is/are studying in the schools mentioned in column (2) which is/are recognized school (s) (Not applicable to schools run by Central Govt./State Municipal Committee /Panchayat Samiti/Zilla Parishad).
3. Certified that:-
 (i). my wife/husband is / is not a Central Govt. Servant.
 (ii). my wife/husband is a Central Govt. Servant and that she/he will not claim children's educational allowance in respect of our child/children.
 (iii). my wife/husband is employed with _____
 she/he is not entitled to children's educational allowance in respect of our child/children
4. Certified that during the period covered by the claim the child/children attended the school regularly and did not absent himself/herself/themselves from the school without proper leave for a period exceeding one month.
5. Certified that the child/children has/have been not studying in the same class for more than two academic years.
6. In the event of any change in the particulars given above which effect my eligibility for children's educational allowance, I undertake to intimate the same promptly and also to refund excess payments, if any made.
7. Original receipts should be submitted.

Date:

Signature of the Government Servant

Place of Posting: Imphal

Name in Block letters:

Designation & Office: