

### संजय गाँधी स्नातकोत्तर आयुर्विज्ञान संस्थान, लखनऊ Sanjay Gandhí Post Graduate Institute of Medical Sciences Raebarely Road, Lucknow-226014 (India), Phone No.: +91-(522) 2494054, 2494188

# CERTIFICATE FROM THE HEAD OF INSTITUTION/ SCHOOL (FOR REIMBURSMENT CEA)

Ref. No.:	Date:
It is certified that Master/Kumari	
having Admission No	D.O.B
Son/Daughter of Mr./Mrs	was studying in
Classduring the	Previous Academic Year from
tonamelySchool/Institution, namely	vide affiliation
Regd. No./Code and pattern	Curriculum.
Date:	·
Place:	(Signature of Principal) (Affix School Stamp)



**Asstt. Acct.** 

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#### **SELF DECLARATION**

namely	studied in ClassSecSec
Roll Noduring Previous Acader	nic Yearinin
In the event of any change in the particular	s given above which affect my eligibility for Childre
	he same promptly and refund excess payment, if an
made to me.	payment, ii an
Date:	
Place:	(Signature of Applicant)
	Name:
	A/c No.:
	Mob. No.:
	Email ID:
For Offi	ice Use Only
assed for payment of Rs	_(Rs

JAO/AAO

SAO/FO

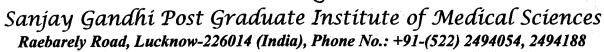


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15. If Yes at Item No. 14, Amount claimed for H	ostel Subsidy: Rs
16. a) Certified that I or my wife/ husband is /	is not a Central Government Servant.
inin	ntis presently working as: and that he/she s hall not apply/ has not applied for the
Children Education Allowance for the child	/children mentioned above.
c) Certified that I or my wife/ husband has	not claimed this re-imbursement from any other source
and will not claim the same in future.	
applied is studying in the School/Jr. Co- Education/University.	n re-imbursement of Children Education Allowance is llege which is recognized and affiliated to Board of
18. Certified that I am claiming the CEA in r information furnished above are complete	respect of my two eldest surviving children only, the and correct and I have not suppressed any relevant the particulars given above which affect my eligibility
and also to refund excess payments if an	Allowance. I undertake to intimate the same promptly made. Further, I am aware that if at any stage the sound to be false, I am liable for disciplinary action.
Date:	and the second section.
Place:	(Signature of Applicant)
	Name:
	A/c No.:
	Mob. No.:
	Email ID:
Forwarded:	
(Seal & Signature)	
Note: In case of submission of claim for essential	the first time, verification from establishment is
	(Signature)
	Name:
	Designation:
	I/C Establishment:



# संजय गाँधी स्नातकोत्तर आयुर्विज्ञान संस्थान, लखनऊ



#### REIMBURSEMENT OF CHILDREN EDUCATION ALLOWANCE FORM

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			CLAIM FOR THE	ACAL	DEMIC YEA	<u>R</u> :	· · · · · · · · · · · · · · · · · · ·	• •••••	
1.	1. Name of Applicant								
2.	Employee ID								
3.	Designati	on	· · · · · · · · · · · · · · · · · · ·						
4.			Department & Loca					·	
5.	5. If Spouse is employed, state whether in Central Govt., PSU, State Govt. (give details with name of the Spouse)					Yes/ No			
6.	Designation, Office of Spouse, if spouse is employed					Yes/ No			
7.	Details o	f the	e Child/ Children	for w	hom CEA	Но	stel Subsidy	clai	
	Sequenc	:e	Name of Child	nild			Standard		Name & Place of the School/ Institution
	1 <sup>st</sup> Child								
	2 <sup>nd</sup> Child								,
S	Sequence		(R		te of CEA (Rs.)		Amount Claimed	Remarks	
1 <sup>st</sup>	Child				·				
2 <sup>n</sup>	<sup>d</sup> Child	. 2					. •		
Total Amount Claimed Rs.									
10. 11. 12.	Amount of The Acade a) Whethe b) If yes, in c) Date of d) Indicate	mic r the ndica disa e the	A/ Hostel Subsidy a year for which CEA e child for whom thate the nature of dibility certificate:	lread A/ Hos ne CEA sabilit nbility	y received stel Subsidation is applied ty:	up ( y is l for	o previous q applied now: is a disabled	child	Subsidy):d:d:d: