



योजना एवं वास्तुकला विद्यालय, भोपाल

FA-5 (1)

SCHOOL OF PLANNING AND ARCHITECTURE, BHOPAL

बाल शिक्षा भत्ता प्रतिपूर्ति प्रपत्र / CHILDREN EDUCATION ALLOWANCE REIMBURSEMENT FORM (7CPC)

दावे का वित्तीय वर्ष / CLAIM FOR THE FINANCIAL YEAR: _____ शैक्षणिक वर्ष / ACADEMIC YEAR: _____

मैं अपने बच्चे/बच्चों के लिए बाल शिक्षा भत्ते की प्रतिपूर्ति हेतु आवेदन करता हूँ इससे संबंधित विवरण निम्नलिखित हैं:

I hereby apply for the reimbursement of Children Education Allowance for my child/children and relevant particulars are furnished below:-

1.	कर्मचारी का नाम / Name of the Employee	:	
2.	पी.एफ. क्र. / कर्मचारी क्र. / P.F. No./Employee No.	:	
3.	पद / Designation	:	
4.	विभाग / Department	:	
5.	विवाहिता का नाम / Name of Spouse	:	
6.	यदि विवाहिता राज्य सरकार, केन्द्र सरकार, पीएसयू, अन्य शासकीय कर्मचारी है (जानकारी दें) if spouse is employed, State whether in Central Govt., PSU, State Govt. (give details)	:	
7.	बच्चे की जानकारी दें जिनका शिक्षा प्रतिपूर्ति दावा किया है / Details of children for whom CEA is claimed:	:	

क्र./S. No.	अनुक्रम Sequence	नाम Name	जन्म तिथि DOB	उम्र Age	कक्षा Standard	विद्यालय / संस्थान का नाम / Name & Place of School/ Institution
i.	1 st Child					
ii.	2 nd Child					

8. Amount of CEA already received (if any) for this academic year: 1st child _____ Balance claimed: _____
2nd child _____ Balance claimed: _____

9. Whether the child for whom the CEA is applied for is a disabled child: YES/NO (strike out whichever is not applicable)

10. Whether Bonafide certificate from Head of Institution has been attached : Yes/No (strike out whichever is not applicable)

11. (ii) Certified that my wife/husband is/is not a Central Government Servant. (strike out whichever is not applicable)

(ii) Certified that my husband/wife Sri/Smt:..... is presently working as in and that he/she shall not apply/has not applied for the Children Education Allowance

for the child/children mentioned above. (strike out whichever is not applicable)

(iii) Certified that I or my wife/husband has not claimed this re-imbusement from any other source and will not claim the same in future. (strike out whichever is not applicable)

(iv) Certified that my child in respect of whom reimbursement of Children Education Allowance is applied is studying in the School/Jr. College which is recognized and affiliated to Board of Education/University.

(v) The information furnished above is 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/are found to be false, I am liable for disciplinary action.

दिनांक / Date :

स्थान / Place :

हस्ताक्षर / Signature :

नाम / Name :

पद / Designation :

लेखा अनुभाग के द्वारा स्वीकृति हेतु प्रस्तुत / Sanction Process by Accounts Section

स्वीकृति आदेश क्र./S. O. No.	दिनांक / dt.	लेखा मद / Account Head
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रुपये की स्वीकृति हेतु / For Sanction of Rs. _____ (शब्दों में / in words) Rs. _____ मात्र / Only

कनि. / बहुप्रवीणता सहायक / लेखापाल
JA/MSA/Accountant

अनुभाग अधिकारी
Section Officer

सहायक कुलसचिव
Asst. Registrar

कुलसचिव
Registrar

निदेशक
Director

टिप्पणी (यदि कोई हो) / Remarks (If any)

**BONAFIDE CERTIFICATE FROM THE HEAD OF INSTITUTION/SCHOOL
(for claiming Children Education Allowance)**

This is to certify that Master/Baby/Mr./Miss
Roll no..... Admission No..... daughter/son of
Sri/Smt..... is a bonafide
student of this school and studied in Class..... during the
financial year and as per School records
her/his date of birth is in words
.....

*This is to also certify that the above named child had studied in this school in the
previous academic year.....

She/He bears a good moral character.

Dated:
Place:

Signature Head of the Institution/School
(with Stamp and seal)

* Strike out if not applicable.