



# योजना एवं वास्तुकला विद्यालय, भोपाल

FA-5 (1)

SCHOOL OF PLANNING AND ARCHITECTURE, BHOPAL

बाल शिक्षा मत्ता 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 <sup>st</sup> Child |          |               |          |                |   |
| ii.         | 2 <sup>nd</sup> Child |          |               |          |                |   |

8. Amount of CEA already received (if any) for this academic year: 1<sup>st</sup> child \_\_\_\_\_ Balance claimed: \_\_\_\_\_  
2<sup>nd</sup> child \_\_\_\_\_ Balante 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 ..... |
|-----------------------------------|-----------------|----------------------------|

रूपये 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

उपकुलसचिव  
Dy. 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.