



शहीद भगत सिंह (सांध्य) महाविद्यालय SHAHEED BHAGAT SINGH (EVENING) COLLEGE दिल्ली विश्वविद्यालय (University of Delhi)

NAAC द्वारा 'A' श्रेणी प्राप्त NAAC Accredited 'A' Grade

शेख सराय फेस-2 (त्रिवेणी), नई दिल्ली-110017

Sheikh Sarai Phase - II, (Triveni) New Delhi-110017

Phone : 29253430, Tele/Fax : 011-29257826, Website : www.sbsec.org, E-mail: principal.sbsec@gmail.com

POFORMA FOR OF CHILDRENE EDUCATION ALLOWANCE

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

1.	Name of the Employee	:	
2.	Designation	:	
3.	Name of Spouse	:	
4.	If spouse is employed, State whether in Central Govt., PSU, State Govt. (give details)	:	

5. Details of the children for whom CEA claimed:

Sl.No.	Sequence	Name	DOB	Class
1.	1 st Child			
2.	2 nd Child			

6. Name and Address of School/Residential School in which children studied:

1 st Child	2 nd Child

7. The Academic year for which CEA is applied now: **2022-2023**

8. Whether certificate from Head of Institution has been attached: Yes/No. -

9. (i) Certified that the fee/amount indicate above had actually been paid by me.

(ii) Certified that my wife/husband is not a Central Government Servant.

(iii) Certified that my husband/wife shall not apply/has not applied for the Children Education Allowance for the child mentioned above.

Signature

Name:

Designation:

Dealing Asst.

S.O. (Admin)

A.O. (Admin)

Principal

Annexure 'B'

BONAFIDE CERTIFICATE FROM THE HEAD OF INSTITUTION/SCHOOL

This is to certify that Master/Baby/Mr./Miss _____
Son/Daughter of Shri/Smt _____ Roll No _____ Admission
No. _____ is a bonafide student of this school and studied in Class _____ during
the academic year **2022-2023** and as per School records his/her date of birth is
_____.

This Institution/School is affiliated to/ recognized by _____ vide
Affiliation Number _____.

Dated:

Place:

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