

Self Certification for Reimbursement of Children Education Allowance By Faculty Staff / Employee.

1. Certified that I have expenditure of Rs. _____ P.M. total amount Rs. _____ (Rs _____) for the quarter/Period from _____ to _____ for my children on the objects permissible for the grant of Education Allowance for reorganization / approved Institute / School.
 - (i) Mr. _____ S/o D/o _____
Date of Birth _____ Class _____ School _____ (Private/Govt)
 - (ii) Mr. _____ S/o D/o _____
Date of Birth _____ Class _____ School _____ (Private/Govt)
2. Certified that I am entitled to raise the claim for reimbursement of Children Education Allowance as per Govt. instruction.
3. Certified that the claim is permissible under the scheme and the amount claimed for reimbursement has been duly paid by me.
4. Certified that my spouse is not / is in the employment of Haryana / Other State / Centre Govt. / Other organization / Institute / body etc. holly or substantially owned or controlled by the central Govt. or any State Govt. and has not claimed any amount promising any scheme of children Education Allowance.
5. Certified that I am eligible for any disciplinary action or refund of amount or both for any wrong claim under the scheme.

Signature of the claimant with date

Name _____

Father's Name _____

Husband's Name _____

Designation _____

Department _____

Mobile No. _____

Name of the institute (M.A.M.C. Agroha)

For Official Use:-

Claim Entered in ECR / Reimbursement Register at Page No. _____ Clerk/Asstt./Acctt.	Reimbursable Rs. _____ P.M.) Total Rs. _____ (Rs. _____) For the quarter / Period (_____) on a/c of Children Education Allowance to Sh. / Smt. _____ Designation _____ Office Supdt. / A.D.O. / A.O.
--	---

Note :- All columns are mandatory and duly filled by the candidate. Uncompleted form will not be considered.