

**HOMI BHABHA CENTRE FOR SCIENCE EDUCATION
TATA INSTITUTE OF FUNDAMENTAL RESEARCH**

**Application for claiming reimbursement under Children Education Allowance
Self Declaration**

Name of the applicant	Designation	Section / Extn. No.	Id. Code

Name of First Child	Disabled ?	Name of Second Child	Disabled ?
	Yes / No		Yes / No
Date of Birth :		Date of Birth :	
Name of School/Institution		Name of School/Institution	
Class / Std.	Academic Year	Class / Std.	Academic Year

I hereby certify that my above mentioned Son(s) / Daughters(s) studied as per details mentioned above.

I declare that :

- ☐ a) My spouse is not a Government Servant.
- ☐ b) My spouse is a Government Servant and that she/he has not claimed / will not claim 'Children Education Allowance' in respect of above child/children.

In the event of any change in the particulars given above which affect my eligibility for Children Education Allowance. I undertake to intimate the same promptly and refund excess payment, if any made to me.

I am enclosing herewith Certificate from School for your perusal.

Signature of the applicant and date

(For office use)

Reimbursement of Children Education Allowance claim received from

for the period _____ to _____ may please be seen for approval.

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In- Charge, Establishment

Head Administrative Operations