

Authority vide government of India
Ministry of Personnel, P.G. and Pensions Department of Personnel & Training, New Delhi
Order No.A-27012/2/2017-Estt. (AL) 16th August 2017
(This order shall be effective from 1st July, 2017)

CERTIFICATE FROM THE HEAD OF INSTUTION / SCHOOL
(FOR REIMBURSEMENT OF CEA)

Ref. No.....

Dated:.....

It is certified that Master / Miss..... having admission No.....
D.O.B..... Son / Daughter of Mr. / Mrs..... was
studying in class..... Roll No..... during the previous academic year from to
..... School / institution, namely.....
..... vide affiliation Regd. No. / Code
.....and pattern Curriculum.

(Signature of Principle)
Affix School Stamp

Place:

Dated:

INDIAN COUNCIL OF SOCIAL SCIENCE RESEARCH
(Form for Reimbursement of Tuition Fee / Children Education Allowance)

I, certify that the children mentioned below in respect of whom reimbursement of Tuition Fee is claimed are wholly dependent on me:-

Name of Children	Date of Birth	School in which studying	Class in which studying	Monthly tuition fee actually payable	Tuition fee actually paid from	Amount of reimbursement claimed

2. Certified that the tuition fees reimbursement against the each of the children had actually been paid by me (Cash receipt/ ECS / counter foil of the Bank credit vouchers to be attached with the initial claim).
3. Certified that:
(i) My wife is not working.
4. Certified that during the period covered by this claim, the children attended the school regularly and did not absent themselves school without proper leave for a period of exceeding one month.
5. Certified that my children in respect of whom reimbursement of tuition fee is claimed are studying in the schools which is recognized school (s) (Not applicable; to schools run by Central Government / State Government / Union Territory / Administration / Municipal Corporation / Municipal Committee / PanchayatSamiti / ZilaParishad).
6. In the event of my change in the particulars above which affect my eligibility for reimbursement of tuition fees, I undertake to intimate the same promptly and also to refund excess payment, if any, made.

Dated:

(Signature of the Govt. Servant)

Name in block letters: _____

Designation: _____