



राष्ट्रीय प्रौद्योगिकी संस्थान अगरतला
National Institute of Technology Agartala
AGARTALA - 799 046 (TRIPURA)

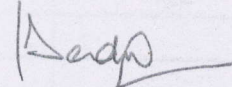
No.F.NITA.4 (86-Accounts)/2010/Vol-2/ 828A-90

Dated: 15/02/2024

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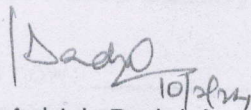
It is for information that claim regarding Children Education Allowance for the year 2023-24 (For Regular employee) be submitted to Finance and Accounts Section by 20th February 2024.

2. The CEA re-imburement claim in prescribed format to be submitted latest by 20/02/2024 positively to Finance and Accounts Section for enabling to process re-imburement of CEA bill and arrange payment on time. The prescribed format for submitting claim will be available in web-site of the Institute.


(Col (Dr) Ashish Badola)
Registrar

Copy to:

1. The Director, NITA for kind information
2. All Deans
3. All HoD
4. All Sectional Heads
5. Asstt. Registrar (Finance)
6. Audit Officers
7. Guard File


(Col (Dr) Ashish Badola)
Registrar

**RE-IMBURSEMENT OF CHILDREN EDUCATION ALLOWANCE/
HOSTEL SUBSIDY FOR THE ACADEMIC YEAR: _____.**

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.	Employee No.	:	
3.	Designation	:	
4.	Present Department/Office	:	
5.	Name of Spouse	:	
6.	If spouse is employed, State whether in Central Govt., PSU, State Govt. (give details)	:	
7.	Name , Designation and Office address of the Spouse.		

8. Details of the children for whom CEA/Hostel Subsidy claimed:

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

9. Name of School/Residential School and Class in which children studied:

1 st Child	2 nd Child

10. Distance of Hostel of child from residence of employee (in case Hostel Subsidy is claimed)_____.
11. The Academic year for which CEA /Hostel Subsidy is applied now: _____
12. (a) Whether the child for whom the CEA is applied for is a disabled child:
YES/NO
(b) If yes, indicate the nature of disability:
(c) Date of disability certificate.
(d) Indicate the percentage of disability:
14. Whether the Bonafide certificate from Head of Institution has been attached :
Yes/No.
15. For Hostel Subsidy, the Bonafide certificate from mentioning the amount is attached: Yes/No

16. If Yes at Item No. 15, Amount claimed for Hostel Subsidy:.....
17. (i) Certified that the fee/amount indicate above had actually been paid by me.
- (ii)Certified that my wife/husband is/is not a Central Government Servant.
- (iii)Certified that my husband/wife Sri/Smt:..... is presently working as : inand that he/she shall not apply/has not applied for the Children Education
- (iv) 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.
18. 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.
19. The information furnished above are 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 found to be false, I am liable for disciplinary action.

Signature:

Name:

Design :

Date:

The details of child/children for whom the present claim is submitted by the official has been verified from the official records and found correct.

**Signature of Administrative Authority
with office stamp**

BONAFIDE CERTIFICATE FROM THE HEAD OF INSTITUTION/SCHOOL

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

**This is further certified that during the year Master/Baby/ Mr./
Miss..... had resided in the residential complex
(Hostel) of the school and paid an amount of Rs..... towards
boarding and lodging in the residential complex.

This Institution/School is affiliated to/ recognized by.....
vide affiliation/recognition Number

* Dated:

Place:

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

** (Strike out it if not applicable)

(Col (Dr) Ashish Bhatnagar)
Registrar