



राष्ट्रीय औषधीय शिक्षा एवं अनुसंधान संस्थान, अहमदाबाद
(औषध विभाग, रसायन एवं उर्वरक मंत्रालय, भारत सरकार)

NATIONAL INSTITUTE OF PHARMACEUTICAL
EDUCATION AND RESEARCH (NIPER) - AHMEDABAD
(DEPT. OF PHARMACEUTICALS, MINISTRY OF CHEMICALS AND FERTILIZERS, GOI)

Form A04

Re-Imbursement of Children Education Allowance (CEA)

(Regulated by DOPT OM No. A-27012/02/2017-Estt. (AL) dated 16-17 July 2018
and further amendment thereof from time to time)

Claim for the Academic Year: - _____

Sr. No.	Particulars	Details	
1.	Name of the Applicant		
2.	Designation		
3.	Emp. ID No.		
4.	Details of the child/children		
		1st Child	2nd Child
a.	Name of the Child		
b.	Name of the recognized school/institution		
c.	Class (for which CEA/Hostel Subsidy is claimed)		
d.	Type of Claim (Tick whichever is applicable)	1. CEA () 2. Hostel Subsidy () 3. Divyaang Child ()	1. CEA () 2. Hostel Subsidy () 3. Divyaang Child ()
5.	Actual expenditure (In Rs.)		
6.	Details/Documents required: 1. In order to claim reimbursement of CEA, the eligible employee should produce a certificate issued by the Head of the Institution for the period/year for which claim has been preferred. The certificate should confirm that the child studied in the school during the previous academic year. In case such certification, cannot be obtained, self-attested copy of the report card or self-attested fees receipt(s) {including e-receipt(s)} confirming/indicating that the fees deposited for the entire academic year can be produced as a supporting document to claim CEA. 2. Distance of residential educational institution of child from the residence of employee isKM (in case Hostel Subsidy is claimed). Hostel subsidy is applicable only in respect of the child studying in a residential educational institution located at least 50 KM from the residence of the Government Servant. 3. Disability Certificate issued by the competent authority in case of Divyaang child.		



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Declaration

1. Certified that my Child/Children mentioned above, in respect of whom the reimbursement is claimed, is studying in a recognized school/institution.
2. Certified that my spouse has not claimed / is not claiming any reimbursement as above.
3. I hereby declare that the information furnished above is 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 CEA/Hostel Subsidy, I undertake to intimate the same promptly and also refund excess payment, if any made.
4. I understand that above reimbursement is taxable as per Income Tax norms and regulations.

Date:

Name and Signature of the applicant

For Office Use Only

S. No.	Content	Details		
1.	Amount Expenditure	Rs.		
2.	Passed for Payment of	Rs.		
	Dealing Assistant	Internal Auditor	Accountant	FAO
				Registrar

Director