



Authority vide Government of India  
Ministry of Personnel, P.G. and Pensions, Department of Personnel & Training New  
Delhi,

Order No. No.A-27012/02/2017-Estt.(AL) dated 16 August, 2017.

(These orders shall be effective from 1<sup>st</sup> July, 2017)

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

Ref. No. \_\_\_\_\_

Date:- \_\_\_\_\_

It is certified that Master/Kumari \_\_\_\_\_  
having Admission No \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Son / Daughter of  
Mr/Mrs \_\_\_\_\_ studied in class \_\_\_\_\_ Section \_\_\_\_\_  
Roll No. \_\_\_\_\_ during the previous academic year from \_\_\_\_\_ to \_\_\_\_\_ in  
school/institution namely \_\_\_\_\_ (Town/city)  
\_\_\_\_\_ Distt- \_\_\_\_\_ State- \_\_\_\_\_ Pin-  
\_\_\_\_\_ vide affiliation Regd. No./Code \_\_\_\_\_ and  
Pattern \_\_\_\_\_ Curriculum.

Place:- \_\_\_\_\_

Signature of Principal

Date:- \_\_\_\_\_

(Affix School Stamp)

**GOVERNMENT SERVANT SELF-DECLARATION**

**(FOR REIMBURSEMENT OF CEA)**

I Force no-----Rank -----Name -----of  
unit / office / Gc -----do hereby certify that my son / daughter namely -----  
-----was studied in class -----Sec-----  
-Roll no ----- during the previous academic year------(PERIOD  
FROM..... MONTH..... YEAR TO.....MONTH .....YEAR) in (Name  
of school/institutaion) namely .....  
(Town/city)..... Dist-..... State..... 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.

Place :-

Date : -

Signature

Name :- -----

F/ no : - -----

Rank :- -----

Unit : - -----

FORM – 3  
(See Rule 54 (12))  
DETAILS OF FAMILY

Name of the Government Servant	:	
Designation	:	
Date of Birth	:	
Date of appointment	:	
Details of the members of my family as on .....	:	As Below

<i>Sl.No</i>	<i>Name of the members of family</i>	<i>Date of birth</i>	<i>Relationship with the Officer</i>	<i>Initials of Head of Office.</i>
1				
2				
3				
4				
5				
6				

I hereby undertake to keep the above particulars up to date by notifying the Head of Office any addition or alternation.

Place:- \_\_\_\_\_

Date:- \_\_\_\_\_

SIGNATURE OF GOVT. SERVANT

Force No. \_\_\_\_\_

Rank \_\_\_\_\_

Name \_\_\_\_\_

Coy/Unit \_\_\_\_\_

**ATTESTED**