



OFFICE OF THE DIRECTOR GENERAL OF POLICE, U.T., CHANDIGARH
ADDL.DELUX BUILDING, SECTOR - 9 CHANDIGARH -160009

Telephone : 0172-2760863

526-42

No. /UT/E-III dated, Chandigarh the: 03/01/2024

A copy of letter No.7000/15/9-F&PO(7)/2023/4835 dated 10.04.2023 received from Finance Secretary, Chandigarh Administration is hereby circulated amongst all eligible concerned to submit the following for the purpose of CEA:-

1. Dully completed Reimbursement Form of Child Education Allowance. (copy enclosed)
2. Certificate issued by the Head of Institution/School in prescribed Form. (copy enclosed)
3. Self Declaration. (copy enclosed)

All concerned Ministerial Staff, Hospital Staff and Class-IV employees of Chandigarh Police, are hereby requested to submit the requisite prescribed Forms as mentioned above for reimbursement of Children Education Allowance, to this office within one week positively i.e. upto 10.01.2024.

Note:- The Officials who have submitted their reimbursement form of CEA earlier need not to submit again.

Raman K. Man
02/1/24

Superintendent/Admn.,
for Superintendent of Police/Hqrs,
Union Territory, Chandigarh.

1. All SDPOs
2. Dy.SP/Lines, Dy.SP/IRB
3. Dy.SP/Hqrs-cum-Ad.O
4. SMO, I/C Police Hospital, Sector-26, Chandigarh.
5. SO/Accounts.
6. Supdt./Admn, Supdt./Accounts & Supdt./Purchase
7. Reader to W/DGP and IGP
8. I/C computer Section:-

To upload the requisite forms on the Chandigarh Police web site (copy enclosed).

9. All concerned

**FORM FOR RE-IMBURESMENT OF
CHILDREN EDUCATION ALLOWANCE**

CLAIM FOR THE ACADEMIC YEAR:

I hereby apply for the reimbursement of Children Education Allowance / Hostel Subsidy for my child / children and relevant particulars are furnished below:-

1.	Name of the Govt. Servant	:	
2.	Personal No.	:	
3.	Designation	:	
4.	Name of the Unit	:	
5.	If Spouse is employed, state whether in Central Govt., PSU, State Govt. (give details with name of the Spouse)	:	
6.	Designation, Office & B.U. No.of spouse, if spouse is employed in Railway	:	
7.	Details of the child / children for whom CEA / Hostel Subsidy claimed:-		
	Sequence	Name of child	DOB
			Standard (A.Y.)
	1 st Child		
	2 nd Child		
		Name & Place of the School / Institution	

8. Re-imburement of Expenditure:-

Sequence	Period	Rate of CEA (Rs.)	Amount claimed	Remarks
1 st Child				
2 nd Child				
Total amount claimed Rs.				