

THE INSTITUTE OF CHARTERED ACCOUNTANTS OF INDIA, NEW DELHI

Claim form for reimbursement of Children education allowance
(Ref. Revised Children Education Allowance (CEA) Scheme w.e.f. 1st September, 2008)

Ref. Sl. No. :

Emp. Code no. :
Name :
Department :

Account no. :
Designation :
Contact no. :

1. Certified that the children/child mentioned below in respect of whom re-imburement of Children Education Allowance claimed is wholly dependent upon me.

S. No.	Particulars	Child 1		Child 2	
		Receipt no.	Amount (in Rs.)	Receipt no.	Amount (in Rs.)
1	Name of the Child				
2	Date of Birth				
3	Class in which studying				
4	Academic year (AY) & month				
5	Name of School/College and address in which studying				
6	Name of the Board of Education / Universities in which school/ college affiliated				
7	Eligible item for reimbursement under CEA – I/II/III/IV Term / Full Year	Receipt no.	Amount (in Rs.)	Receipt no.	Amount (in Rs.)
7.1	Tuition fee				
7.2	Admission fee				
7.3	Laboratory fee				
7.4	Special fee charged for agriculture/electronics/music / any other subject				
7.5	Fee charged for practical work under the programme of work experience				
7.6	Fee paid for the use of any aid or appliance by the child				
7.7	Library fee /Games/sports fee and fee for extra-curricular activities				
7.8	Purchase of Text books (one set/per child/per AY)				
7.9	Purchase of note books (one set/per child/per AY)				
7.10	Purchase of uniforms (two sets /per child/per AY)				
7.11	Purchase of school shoes (one set/per child/per AY)				

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7.12	Total amount paid (total of s.nos. 7.1 to 7.11)				
8	Amount of reimbursement claimed				

2. Total amount received so far(during the academic year) -

I st term (May)	Rs.
II nd term for (August)	Rs.
III rd term (November)	Rs.
IV th term (February)	Rs.
TOTAL	RS.

3. Certified that the Education Allowance indicated against the child/children has actually been paid by me (receipts enclosed) and the same has not claimed earlier by me.

Note: Copy of school fee card, bank challans/paid up receipts/purchase receipts in original are to be enclosed

4. Certified that –

i) My spouse is an employee of the Institute and that he / she has not claimed / will not claim children's educational allowance in respect of our child / children and his / her name is Mr. / Mrs./CA / Dr. _____ and his / her Emp.Code number is _____

OR

i) My spouse is not an employee of the Institute. He / she is an employee of other than ICAI and he / she has not claimed / will not claim children's educational allowance in respect of our child / children from his / her Organization.

5. In the event of any change in the particulars given above which affect my eligibility for children's educational allowance, I undertake to intimate the same promptly and also to refund excess payments, if any made.

Date:

Place:

Encl. – 1.

2.

3.

Signature of the Employee