**36. Application for Education Allowance**

**APPLICATION FOR EDUCATION ALLOWANCE**

D. No Date

To

The Sub Divisional Officer

Animal Husbandry & Dairying

…………………………………………………………….

**Subject Claim for Education Allowance**

R/ Sir

Claim is submitted to grant education allowance to me In the compliance of Haryana Government vide F.D. Haryana Chandigarh Notification No. 4/5/2009-5FR dated The reimbursement Education allowance of school going two children only class Nursery to Twelfth (10+2) level as **Rs.1125/-per Month per child**. The expenditure will be meet out under the Head of account "2403" AH&D.

Name of Employee ……………………………………………………………………………………

Employee ID No. ……………………………………………………………………………………

Designation ……………………………………………………………………………………

Name of office with Code ……………………………………………………………………………………

**Sr. No. First Child Second Child**

1. Name of the Student ……………………………..… ……………………………..…

2. Class ……………………………..… ……………………………..…

3. Name of the School ……………………………..… ……………………………..…

 ……………………………..… ……………………………..…

4. Date of Birth ……………………………..… ……………………………..…

5. (i) Period of claim From …………………… From ……………………

To …………………… To ……………………

 (ii) Amount claimed …………………… ……………………

Grand Total (Rs.) ……………………………………………………………………………………

In words Rs. ……………………………………………………………………………………

**Signature**

**Verified:-** 1 It is certified that above information given by me is true & correct. Nothing is concealed. I will fully responsible for this claim and certified that my child/ children I will fully responsible for this claim and certified that my child/ children mentioned at Sr. No. (1) of the table in respect of whom reimbursement is claimed are studying in the school as mentioned at Sr. No.(iii) of the table in and the reimbursement claimed at Sr. No. (5) of table have actually been paid by me. 2 My wife /Husband is not a Government Servant. My wife / Husband is in Govt. Service and No reimbursement would be claimed by Her/Him. My Wife /Husband is employed with She / He is not entitled to reimbursement mentioned at Sr. No.(V) of the table.

**Verified by: - Signature**

**Name & Designation**

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