



केन्द्रीय समुद्री मात्स्यिकी अनुसंधान संस्थान

(भारतीय कृषि अनुसंधान परिषद)

[कृषि अनुसंधान एवं शिक्षा विभाग, कृषि मंत्रालय, भारत सरकार]

Central Marine Fisheries Research Institute

(Indian Council of Agricultural Research)

[Department of Agricultural Research and Education, Ministry of Agriculture, Govt. of India]

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F. No.9-2/2017-B & C.

Dated:26.03.2018

CIRCULAR

With reference to the Council's Endt. No.GAC-21-30/2017 dated 11.09.2017, the prescribed proforma of Certificate from the Head of Institution & Self Declaration of the employees to be submitted for grant of Children Education Allowance w.e.f. 01.07.2017 is uploaded in the CMFRI Intranet. Eligible staff members are requested to make use of the same for claiming Children Education Allowance.

Sobha

(V.K. SÖBHA)

ASSISTANT ADMINISTRATIVE OFFICER

Distribution:-

1. Staff members of CMFRI though the concerned HoDS/SICs/Section-in-Charges.
2. The SIC, AKMU - copy of the Form is attached herewith for uploading in Intranet.
3. The CAO/CFAO, CMFRI, Kochi.
4. Notice Board/Circular Folder.

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)16 August 2017
(This order shall be effective from 1st 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.-----DOB ----- Son/Daughter
Of Mr /Mrs ----- was
Studying in class ----- sec ----- Roll No ----- during the previous
Academic year from ----- to -----school /Institution
Namely -----vide affiliation Regd.
No./code ----- and Pattern -----Curriculum.

Place:-

Date:-

Signature of Principal
(Affix School Stamp)

SELF- DECLARATION

I (Name & Designation) do hereby certify that my son/daughter namely was studied in Class Sec. Roll No. during the previous academic year in (Name of School).

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.

Signature:

Name:.....

Designation:.....

Place:

Date: