भारत सरकार GOVERNMENT OF INDIA
वित्त मंत्रालय MINISTRY OF FINANCE
राजस्व विभाग DEPARTMENT OF REVENUE
प्रधान आयुक्त का कार्यालय
OFFICE OF THE PRINCIPAL COMMISSIONER
केन्द्रीय कर एवं केन्द्रीय उत्पाद शुल्क
CENTRAL TAX & CENTRAL EXCISE
कोच्चिन, COCHIN
केन्द्रीय राजस्व भवन, CENTRAL REVENUE BUILDING
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C.No. II/39/1/2018-Accts. Date: 18.01.2018

CIRCULAR

Sl.No	Letter No.	Subject
1	Letter No. No.A-27012/02/2017-Estt.(AL) 16 August, 2017 (This Order shall be effective from 1st July, 2017)	Childrens Education Allowance

Kindly note that academic year shall be April- March for Kendriya Vidyalaya and June –May for other institutions. The claim for 2017-2018 shall be regulated accordingly partly as per old rates and new rates from 01.07.2017.

Copy of the above mentioned letter may be downloaded from the web site **www.cenexcisekochi.gov.in** for the information please.

18/1/18
(N.S. DEV)
Asst. Commr./Chief Accounts Officer

Copy to

All AC/DCs in charge of Divisions
The Superintendent (EDP) for uploading to the Office web site
Notice Board

Authority vide Government of India
Ministry of Personnel, P.G. and Pension 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 .....D.O.B.....Son/Daughter of Mr/Mrs.....was studying in class.....Section.....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- DECLEARATION

I .....(Designation)..... of Office of the .....do hereby certify that my Son/Daughter Namely .....had studied in class.....sec.....during the previous academic year.....in .....School.

In the event of any change in the particulars given above which offset my eligibility for childrens education allowance, I undertake to intimate the same promptly and refund excess payment if any made to me.

Place:-

Date:-

Signature:
Name:
Designation:
Section: