

Format of Certificate to be issued form educational institution concerned in their letterhead duly singed by Principal/Head Master / Head Mistress concerned.

.....School/College

(Name and location of the Institution)

Certified that Master/Km.....

Son/Daughter of Shri.....is a

student ofClass since.....

His/her date of Birth is.....

Date :

Principal/Headmaster/Head Mistress

MAHANAGAR TELEPHONE NIGAM LIMITED

(A Govt. of India Enterprise)

New Delhi - 110001

FORM FOR CLAIMING CHILDREN EDUCATION ALLOWANCE UNDER THE MTNL SCHEME AS APPLICABLE TO COMPANY EMPLOYEES IN IDA SCALES

(To be submitted to AO (P&A) concerned)

1. Name of the Employee :
2. Designation :
3. Pay Scale :
4. Office/Section where Employee working :
5. Particulars of Child/Children in respect to whom CEA is Claimed :

<u>S. No.</u>	<u>Name</u>	<u>Age</u>	<u>Class in which studying</u>	<u>Name in Address of Educational institutional (Certificate in the prescribed form is enclosed)</u>
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1.

2.

DECLARATION

1. Certified that Rules under MTNL's CEA Scheme as applicable to Company employees in IDA scale produced overlea () have been carefully read by me and I declare that this claim for grant of CEA is in conformity with these Rules.
2. Certified that my wife/husband is employed in Govt./PSU/Private Sector/not employed. Further certified that my wife/husband who is employed in Govt.PSU and is not in receipt of children education assistance in any form and also will not claim the same from his/her organisation.
3. Certified that above child has not remained in the same class or more than 2 years.
4. Certified that information given by me above is true and correct and if it is found to be contrary, CEA received by me for the education of the child shall be refunded by me in full with penal interest as may be decided by the company besides any other action which the company may like to take at its liberty against me under the rules.
5. It is further certified that I am not in receipt of fee or children education allowance under Govt. rules since my joining in MTNL.

SIGNATURE.....

NAME OF EMPLOYEE.....

DESIGNATION.....

(To be forwarded by Controlling Officer concerned),

CEA claim of above employee is forwarded in AO (P&A)

Signature of Controlling Officer.....

Name & Designation.....

Date.....

AO (P&A) Concerned