

### ICAR- Central Institute for Research on Goats,

#### Makhdoom, Mathura

Revision No.:0.0

Doc. No.: CIRG/IS/10	)
----------------------	---

Dated: 01/05/19

Page No: 1 of 2

### REIMBURSEMENT OF CHILDREN EDUCATION ALLOWANCE

Issue No.: 1.0

(Ref: OM No. A-27012/02/2017-Estt.(AL) dated 16 August, 2017)

# CERTIFICATE FROM THE HEAD OF INSTITUTION/ SCHOOL FOR REIMBURSEMENT OF CHILDREN EDUCATION ALLOWANCE

Ref. No	Dated:
It is to certify that Mr/ Miss	
having Admission No	D.O.B
Son/ Daughter of Mr/ Mrs	
was studying in Class	Sec Roll No
during the Academic Year 20 to 20	in
•••••	School/ Institution
having Affiliation/ Regd. No./ Code No	
and has	Pattern/ Curriculum.
Place:	
Dated:	
	Signature of the Principal
	( 11 N

(with Name & School Stamp)



## ICAR- Central Institute for Research on Goats,

### Makhdoom, Mathura

Revision No.:0.0

Doc.	INO.:	CIKG/	15/	ΤÜ

Dated: 01/05/19

Page No: 2 of 2

### **Self-Declaration by the Employee**

Issue No.: 1.0

I,	•••••	•••••	•••••	•••••	(nan	ne)	•••••	• • • • • • • •	•••••	•••••
(designatio	n), in t	the Division	n/ Section/	Unit of .	•••••	•••••	•••••	ICAI	R-CIRG, M	akhdoom,
Mathura	do	hereby	certify	that	my	Son/	Daugh	nter,	Master/	Kumari
•••••	••••••	••••••	•••••	•••••	studie	ed i	n (	Class	•••••	•••••
Sec	l	Roll No	•••••	dur	ing the	e Acade	mic Yea	r 20	to	20
in	•••••	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	•••••	•••••	••••				
•••••	•••••	•••••	• • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	••••••	•••••	• • • • • • • • • • • • • • • • • • • •	•••••	•••••	School.
I also garti	fy that	I hove inc	urrad avna	nditura	to the	amount.	of Da			(in
			_							
words	•••••	•••••		••••••	•••••	••••••	••••••	••••••	) to	wards the
Education	of my	ward duri	ng the Aca	ademic \	Year 20		t	о 20	•••••	for which
reimbursei	ment is	s being clai	med. The	amount	claimed	l for rein	nbursen	nent is	true and co	orrect and
has not bee	en clair	ned earlier	. In case of	any dis	crepano	cy, I shal	l be sole	ly resp	onsible for	the same.
Place:										
Dated:							Si	gnatur	e of the Em	ployee

Forwarded by concerned Head/in-charge

(Name, Designation & Dated Signature)