

PROFORMA FOR REIMBURSEMENT OF CHILDREN EDUCATION ALLOWANCE

CLAIM FOR THE ACADEMIC YEAR:

I hereby apply for the reimbursement of Children Education Allowance / Hostel Subsidy for my child / children and relevant particulars are furnished below:-

1.	Name of the Govt Servant	:	
2.	ID No.	:	
3.	Designation	:	
4.	Name of the Section	:	
5.	If Spouse is employed, state whether in Central Govt., PSU, State Govt. (give details with name of the Spouse)	:	
6.	Designation, Office of spouse, if spouse is employed in IA&AD office	:	
7.	Details of the child / children for whom CEA / Hostel Subsidy claimed:-		
	Sequence	Name of child	DOB
			Standard (A.Y.20 -)
			Name & Place of the School / Institution
	1 st Child		
	2 nd Child		

8. Re-imbusement of Expenditure:-

Sequence	Period	Amount of CEA (Rs)	Amount of Hostel Subsidy (Rs)	Total Amount claimed (Rs)	Remarks
1 st Child					
2 nd Child					
Total					

9. Distance of Hostel of child from residence of employee (in case Hostel Subsidy):
10. The Academic year for which CEA / Hostel Subsidy is applied now:
11. (a) Whether the child for whom the CEA is applied for is a disabled child :
Yes/No
 - a. If yes, indicate the nature of disability:
 - b. Date of disability certificate:
 - c. Indicate the percentage of disability:
12. Whether the Bonafide certificate from Head of Institution has been attached : Yes / No
13. For Hostel Subsidy, the Bonafide certificate mentioning the amount is attached: Yes / No
14. If Yes, Amount claimed for Hostel Subsidy: Rs.
15. (a) Certified that my wife / husband is / is not a Central Government servant.
 - a. Certified that my wife / husband Sri / Smt is presently working in and that he / she shall not apply / has not applied for the Children Education Allowance for the child/children mentioned above.
 - b. Certified that my wife / husband has not claimed this reimbursement from any other source and will not claim the same in future.
16. Certified that my child in respect of whom re-imburement of Children Education Allowance is applied is studying in the School / Jr. College which is recognized and affiliated to Board of Education / University.
17. Certified that I am claiming the CEA in respect of my two eldest surviving children only. The information furnished above are complete and correct and I have not suppressed any relevant information. In the event of any change in the particulars given above which affect my eligibility for reimbursement of Children Education Allowance, I undertake to intimate the same promptly and also to refund excess payments if any made. Further, I am aware that if at any stage the information / documents furnished above is found to be false, I am liable for disciplinary action.

Date:
Place:

(Signature of Govt Servant)
Name:
Desn/Sec
Mob./Extn.No. :