# PROFORMA FOR RE-IMBURESMENT 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. | Designation | : |  |
| 3. | Name of the Division/Section | : |  |
| 4. | CEA claim for the Academic Year | : |  |
| 5. | If Spouse is employed, state whether in Central Govt. PSU, State Govt. (givedetails with name of the Spouse) | : |  |
| 6. | Designation, Office & B.U. No. of spouse,if spouse is employed in Railway | : |  |
| 7. | **Details of the child / children for whom CEA / Hostel Subsidy claimed:-** |
|  | Sequence | Name of child & class | DOB | Standard(A.Y. ………..) | Name & Place of theSchool / Institution |
| 1st Child |  |  |  |  |
| 2nd Child |  |  |  |  |

1. Re-imbursement of Expenditure:-

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sequence** | **Period** | **Rate of CEA****(Rs)** | **Amount claimed** | **Remarks** |
| 1st Child |  | Rs.2,250/- | 27,000/- |  |
| 2nd Child |  |  |  |  |

1. Distance of Hostel of child from residence of employee (in case Hostel Subsidy):
2. Amount of CEA / Hostel-Subsidy already received up to previous quarter: **NIL**
3. The Academic year for which CEA / Hostel-Subsidy is applied now:
4. (a) Whether the child for whom the CEA is applied for is a disabled child : Yes / No
5. If yes, indicate the nature of disability:
6. Date of disability certificate:
7. Indicate the percentage of disability:
8. Whether the Bonafide Certificate from Head of Institution has been attached : Yes / No
9. For Hostel Subsidy, the Bonafide certificate from mentioning the amount is attached: Yes / No
10. If Yes at Item No. 14, Amount claimed for Hostel Subsidy: Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
11. (a) Certified that I or my wife / husband is / is not a Central Government servant.
12. Certified that my wife / husband Shri / Smt. is

presently working as ……………………………… in ………………………………………………..

and that he/ she shall not apply / has not applied for the Children Education Allowance for the child / children mentioned above.

1. Certified that I or my wife / husband-has not claimed this re-imbursement from any other source and will not claim the same in future.
2. Certified that my child in respect of whom re-imbursement of Children Education Allowance is applied is studying in the School / Jr. College which is recognized and affiliated to Board of Education / University.
3. 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: ……………………………

Designation : ……………………

Mob. No.: …………………………

# II COUNTERSIGNED

Date:

# Authority vide Government of India Ministry of Personal P.G and Department of Personal &Training New Delhi Order No. A-27102[02[2017-Estt. (AL) 16 August 2017

(This order shall be effective from 01 Jul 2017)

# CERTIFICATE FROM THE HEAD OF INSTITUTION / SCHOOL (FOR REIMBURSMENT 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 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 Designation/Post is working in Div./Section do hereby certify that my Son / Daughter namely Studied in Class Sec \_

Roll No. during Previous Academic Year…………………..in

 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 of Govt Servant

Name:

Designation:

Mob. No.

Place:

Date: