PROFORMA FOR REIMBURSEMENT OF CHILDREN EDUCATION ALLOWANCE

CLAIM FOR THE ACADEMIC YEAR: 2023-24

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

T .	T							
1.	Name of G	ovt Servant						
2.	Employee	ID						
3.	Designation	n						
4.	Name of th	e office						
5.	Date of En	try in department	t					
6.	Last year C	EA taken from v	which HO					
7.	If spouse is employed, state whether in Central Govt, PSU, State Govt(give details with name of the spouse				NO			
8.	Designation, Office & B.U. No. of Spouse, if spouse is employed in Railway							
9.	Details of	the child/child	lren for who	ostel Subsidy clain	ned:-			
	Sequence	Name of Child	DOB	Standard	(A.Y.2023-2024)	Name & Place of the School/Institution		
	1 st Child				2023-2024			
	2 nd Child				2023-2024			

8. Re-imbursement of Expenditure:-

Sequence	Period	Rate of CEA (Rs)	Amount Claimed	Remarks	
1st Child	April-23 to Dec-23	2250- Per Month	28686	Fixed amount	
	Jan-24 to Mar-24	2812- Per Month			
2 nd Child April-23 to Dec-23		2250- Per Month	28686	Fixed amount	
	Jan-24 to Mar-24	2812- Per Month			
	Total Amount Claimed	Rs. 573	372/-		

9.	Distance of Hostel of child from residence of employee (In case of Hostel subsidy):									
10.	Amount of CEA/Hostel Subsidy already received upto previous quarter:NIL									
11.	The Academic year for which CEA is applied now:-2023-24									
12.	(a) Whether the child for whom the CEA is applied for is a disabled Child : NO									
	(b) If Yes, indicate the nature of disability:									
	(c) Date of disability certificate:									
	(d) Indicate the percentage of disability:									
13.	Whether the Bonafide certificate from Head of Institute has been attached: Yes									
14.	For Hostel Subsidy, the Bonafide certificate from mentioning the amount is attached: NA									
15.	If Yes at Item No. 14, Amount claimed for Hostel Subsidy: Rs.—NA—									
16.	(a) Certified that my wife/husband is not a Central Government Servant.									
as	(b) Certified that my wife/husband Shri/Smt is presently working in and that he/she will not apply/ has not applied the Children Education Allowance for the child mentioned above.									
	(c) Certified that I or my wife/husband has not claimed this re-imbursement from any other e and will not claim the same in future.									
17. applie / Univ	Certified that my child in respect of whom reimbursement of Children Education Allowance ed is studying in the School/ Junior College which is recognized and affiliated to Board of Education versity.									
In the Childre payme	Certified that I am claiming the CEA in respect of my two eldest surviving children only, The nation furnished above are complete and correct and I have not suppresses any relevant information. event of any change in the particulars given above which affect my eligibility for reimbursement of ren Education Allowance, I undertake to intimate the same promptly and also to refund excess ent if any made. Further, I am aware that if at any stage the information/ documents furnished above and to be false, I am liable for disciplinary action.									
Date: Place:	(Signature of Govt Servant) Name: Designation: Mobile No.									

SELF DECLARATION

l Name:	Of India Post, office	do hereby
certify that my son namely	studied in class	Sec Roll No
during Previous Academic Year	2023-2024 in	. School.
In the event of any chang	ge in the particulars given above	e which affect my
eligibility for reimbursement o	of Children Education Allowance	e, I undertake to
intimate the same promptly and	also to refund excess payment if	any made to me.
Date:		
Place:	(Signature of Gov	t Servant)
	Mobile No	

SELF DECLARATION

I Name: Of India Post, off	fice do hereby								
certify that my son namely	studied in class Sec Roll No								
during Previous Academic Year 2023-2024 in	School.								
In the event of any change in the particul	lars given above which affect my								
eligibility for reimbursement of Children Educ	ation Allowance, I undertake to								
intimate the same promptly and also to refund excess payment if any made to me.									
Deter									
Date: Place:	(Signature of Govt Servant)								
	Name:								
	Designation:								
	Mobile No.								

CERTIFICATE FROM THE HEAD OF INSTITUTION/SCHOOL

(FOR REIMBURSEMENT OF CHILDREN EDUCATION ALLOWANCE)

Date :								
		lt	is	certified	that	Master/I	Kumari	:
•••••	•••••	havir	ng, Adr	nission No.	•••••	•••••	••••	
D.O.B.	•••••	• • • • • • • • • • • • • • • • • • • •	•••••	Son/	Daughte	er of	Mr./	′Mrs.
•••••	•••••	was s	studyir	ng in class	9	Sec	. Roll	No.
•••••	•••••	durir	ng the	previous aca	idemic yea	r from Ap	<u>ril 202</u>	<u>3 to</u>
Marc	h 2024 Sch	nool/Instituti	on, na	ımely	•••••	vid	de affilia	ation
Regd.	No./Code	•••••	•••••	and	pattern	•••••	• • • • • • • •	•••••
Curric	ulum.							
Place:								
Date:						_	re of Prir School St	

CERTIFICATE FROM THE HEAD OF INSTITUTION/SCHOOL

(FOR REIMBURSEMENT OF CHILDREN EDUCATION ALLOWANCE)

Date:										
		It	is	certifi	ed	that	Ma	aster/Ku	ımari	:
•••••	• • • • • • • • • • • • • • • • • • • •	havir	ng, Adr	mission N	۱o.	•••••	•••••	•••••	••••	
D.O.B.	•••••	•••••	•••••	Sor	า/	Daught	ter	of	Mr./	Mrs.
•••••	• • • • • • • • • • • • • • • • • • • •	was	studyir	ng in clas	S		Sec		Roll	No.
•••••		durii	ng the	previou	s aca	demic ye	ear fro	m Apri	1 202	<u>3 to</u>
Marc	h 2024 Sch	nool/Institut	ion, na	amely		• • • • • • • • •	•••••	vide	affilia	ation
Regd.	No./Code	•••••	•••••	•••••	and	pattern.	•••••		•••••	· • • • •
Curric	ulum.									
Place:										
Date:								Signature (Affix Sc		