PROFORMA FOR RE-IMBURESMENT OF CHILDREN EDUCATION ALLOWANCE

CLAIM FOR THE ACADEMIC YEAR: 20 -20

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.	Employee Code	:	
3.	Designation	:	
4.	Name of the KV	:	
5.	If Spouse is employed, state whether in Central Govt., PSU, State Govt. (give details 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	DOB	Standard (A.Y. 20 -20)	Name & Place of the School / Institution
1st Child				
2nd Child				

1. Re-imbursement ofExpenditure:-

Sequence	**Period**	**Rate of CEA (Rs)**	**Amount claimed**	**Remarks**
Total amount claimedRs				

2. Distance of Hostel of child from residence of employee (in case Hostel Subsidy):

3. Amount of CEA / ~~Hostel Subsidy~~ already received up to previous quarter:

4. The Academic year for which CEA / ~~Hostel Subsidy~~ is applied now:

5. (a) Whether the child for whom the CEA is applied for is a disabled child : ~~Yes~~ /**No**

(b) If yes, indicate the nature ofdisability:

(c) Date of disabilitycertificate:

(d) Indicate the percentage ofdisability:

6. Whether the Bonafide certificate from Head of Institution has been attached : **Yes**/~~No~~

7. For Hostel Subsidy, the Bonafide certificate from mentioning the amount is attached:

8. If Yes at Item No. 14, Amount claimed for HostelSubsidy:Rs_____

9. (a) Certified that I or my wife / ~~husband is~~ / is not a Central Governmentservant.

(b) Certified that my wife / ~~husband Sri~~ / Smt …….. is presently working as:…….. in …….. and that ~~he~~ / sheshallnotapply/hasnotappliedfortheChildrenEducationAllowanceforthechild /children mentioned above.

(c) Certified that I or my wife / ~~husband~~ has not claimed this re-imbursement from any other source and will not claim the same infuture.

10. 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.

11. 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 disciplinaryaction.

Date:_____

Place**:**_____ (Signature of GovtServant)

Name: ……..
Desig.: ……..
P.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)

RefNo…… **Date:**…….

It is certified thatMaster/Kumari _____having Admission No_____D.O.B_____Son / Daughter of Mr /~~Mrs.~~_____ was studyinginClass RollNo._____ during the Previous _____ Sec _____

Academic Year from _____to _____ School / Institution, namely _____videaffiliation Regd No. / Code_____andpattern_____Curriculum.

Place:_____

Date:-_____

Signature of principal
(Affix School Stamp)

SELF DECLARATION

IEmployeeNo._____Desig._____Name _____

of Unit **KV**_____ do hereby certify that my Son / Daughter namely _____ Studied inClass _____ Sec_____

Roll No. _____ during Previous Academic Year **20 -20** 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:_____
Desig.:_____
P.No. _____

Place:_____

Date:_____