## PROFORMA FOR REIMBURSEMENT OF CHILDREN EDUCATION ALLOWANCE/HOSTEL SUBSIDY

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

1	Claim for financial year:		
2	Name of Employee:		
3	Designation:		
4	Employee Code:		
5	Particulars of Children's for whom CEA/Hostel Subsidy claimed:	Child-I	Child-II
i	Name of the Student		
ii	Date of Birth:		
iii	Class (standard):		
iv	Academic Session:	From To	From To
V	Name of School:		
vi	Address of School:		

(An Institute of National Importance, Ministry of Education, Govt. of India)					
6	Nature of Claim:	<b>Education Allowance</b>		<b>Education Allowance</b>	e
	<ul><li>i. Tick whichever is applicable</li><li>ii. For disable child, Proof of Percentage of disability should be enclosed</li></ul>	Hostel Subsidy		Hostel Subsidy	
		Disabled Child		Disabled Child	
7	Amount Claimed for reimbursement:	Rs		Rs	
0	Whether Certificate from School mentioning the				
8	Education Allowance/ Hostel Subsidy is enclosed	YES NO		YES NO	
	Whether Spouse is government servant:				
9	<ul><li>i. If yes, name of Department where S/he is employed;</li><li>ii. Whether S/he is claiming the CEA from Department concerned;</li></ul>				
	Department concerned,	YES NO		YES NO	
Certified that:					
<ul> <li>My Child/Children mentioned above in respect of which reimbursement of education expenses is claimed is/are wholly depended upon me.</li> <li>Cortified that reimbursement of Children Education Allowance has not been claimed in respect of</li> </ul>					

- Certified that reimbursement of Children Education Allowance has not been claimed in respect of the child/children by any person from any other organisation/departments other than me.
- Certified that reimbursement of Children Education expenses is claimed for my eldest two surviving children only
- Certified that my child in respect of whom reimbursement of Children Education Allowance is applied is studying in the School/Jr. College which is recognized by the Central / State Government.

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:			
	Signature of the Employee		
Place:	Name:		

## CERTICATE FROM THE HEAD OF INSTITUTION/SCHOOL

Shri/S	ied that studentS/o / D/o Smt studying in the Class					
Name	of the School:					
Addre	ess:During Academic Year:					
1.	Date of Birth as per the record :					
2.	Date of Admission in the School:					
3.	Date of Admission in the Class :					
4.	Whether the child is in receipt of Scholarship from the Government / Private establishment, if so mention the Amount received:					
5.	The School is recognised / not recognised by Central / State Government:					
Date:	(Signature of Head Master / Principal) With seal					
Rs	n amount of()  Dount of Children Education Allowance for FY to  /Mrs					

Accountant

Registrar

**Dealing Assistant**