

**PROFORMA FOR RE-IMBURSEMENT OF CHILDREN EDUCATION ALLOWANCE/HOSTEL SUBSIDY**

**DoPT O.M. No. A-27012/02/2017-Estt.(AL) dated 17.07.2018 forwarded by DAE vide endorsement No. GF/31-SCS/9389 dated 20.07.2018**

**CLAIM FOR THE FINANCIAL YEAR: -**

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

1.	Name of the Employee :	
2.	Employee ID No. :	
3.	Designation :	
4.	Division / Section :	
5.	Name of Spouse :	
6.	If spouse is employed, state whether in Central Govt., PSU, State Govt. (give details) :	
7.	Designation, Office & B.U. No. of spouse, if spouse is employed in Railway :	

8. Details of all the children of the employee :

Sl. No.	Sequence	Name	DOB	Age
1.	1 <sup>st</sup> Child			
2.	2 <sup>nd</sup> Child			
3.	3 <sup>rd</sup> Child			

9. Details of all the children for whom CEA/Hostel Subsidy claimed :

Sl. No.	Sequence	Name	DOB	Age
1.				
2.				

10. Academic year, Name of School/Residential School and Class in which children studied:

1 <sup>st</sup> Child	2 <sup>nd</sup> Child

11. Distance of Hostel of child from residence of employee (in case Hostel Subsidy is claimed).....
12. Amount of CEA/Hostel Subsidy already received up to previous quarter : .....
13. The Academic year for which CEA /Hostel Subsidy is applied now : .....
14. (a) Whether the child for whom the CEA is applied for is a disabled child : YES / NO  
(b) If yes, indicate the nature of disability : .....
- (c) Date of disability certificate : .....
- (d) Indicate the percentage of disability : .....
15. Whether the Bonafide certificate from Head of Institution has been attached : Yes / No.
16. For Hostel Subsidy, the Bonafide certificate from mentioning the amount is attached : Yes / No

- 17. If Yes at Item No. 16, Amount claimed for Hostel Subsidy : .....
- 18. (i) Certified that the fee/amount indicated above had actually been paid by me.  
 (ii) Certified that my wife/husband is/is not a Central Government Servant.  
 (iii) Certified that my husband/wife Sri/Smt ..... is presently working as ..... in ..... and that he/she shall not apply / has not applied for the Children Education Allowance for the child mentioned above.  
 (iv) Certified that I or my wife/husband has not claimed this re-imburement from any other source and will not claim the same in future.
- 19. 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 and affiliated to Board of Education/University.
- 20. 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.

Signature :.....  
 Name : :.....  
 Designation : .....  
 Division / Section : .....  
 Date : .....

The family composition of the claimant has been verified from the official records such as Pass Declaration/Register etc. and found correct.

Date :.....

**Signature of Establishment Officer  
with office seal and stamp**

**FOR OFFICE USE ONLY**

Sl. No.	Name of staff	P.F.No.	CEA Amount	Hostel Subsidy Amount, if any	Total

**Forwarded to : Dy. Controller of Accounts for further necessary action.**

**Bill Clerk/OS**

**Bill Compiling Officer**

**Annexure 'B'**

**BONAFIDE CERTIFICATE FROM THE HEAD OF INSTITUTION /SCHOOL**

This is to certify that Master/Baby/Mr./Miss..... Roll No .....  
Admission No..... son of Sri/Smt. .... is a  
bonafide student of this school and studied in Class ..... during the financial year ..... and  
as per School records his/her date of birth is ..... in words .....  
.....

This is to also certify that the above-named child had studied in this school in the previous  
academic year..... He / She bears a good moral character.

\*\* During the year Master/Baby/Mr./Miss..... had resided in the  
residential complex (Hostel) of the school and paid an amount of Rs..... toward  
boarding and lodging in the residential complex.

**This Institution/School is affiliated recognized by .....  
and the affiliation/recognition Number is.....**

Dated :.....

Place : .....

**Signature Head of the  
Institution/School (with  
Stamp and seal)**

**\*\* (Strike out it is not applicable)**