

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 and Rank of the Govt. Servant	
2.	Personal No./T.No.	
3.	Designation	
4.	Name of the Unit	
5.	If Spouse is employed, state whether in Central Govt., PSU, State Govt. (if yes give details with the name of the Spouse, Department, Designation & Office)	

6. Details of the Child/Children for whom CEA/Hostel Subsidy Claimed : -

S.No.	Name of Child	DOB	Standard (AF 20__ - __)	Name & Palce of The School/Instituion
1st Child				
2nd Child				

7. Re-imbursement of Expenditure : -

S.No.	Period	Rate of CEA	Amount Claimed	Remarks
1st Child	01 Apr 2023 to 31 Dec 2023 01 Jan 2024 to 31 Mar 2024	2250 * 9 = 2812.50 * 3 =		Fixed Amount. School Certificate and undertaking of myself are attached
2nd Child	01 Apr 2023 to 31 Dec 2023 01 Jan 2024 to 31 Mar 2024	2250 * 9 = 2812.50 * 3 =		Fixed Amount. School Certificate and undertaking of myself are attached
		Total amt Claimed		

8. Distance of Hostel of child from residence of employee (in case Hostel Subsidy): **NA**
9. Amount of CEA / Hostel Subsidy already received up to previous quarter:
10. The Academic year for which CEA / Hostel Subsidy is applied now: **20**__ - **20**__
11. (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:
12. Whether the Bonafide certificate from Head of Institution has been attached: **Yes / No**
13. For Hostel Subsidy, the Bonafide certificate from mentioning the amount is attached: **NA**
14. If yes, Item No. 13, Amount claimed for Hostel Subsidy: Rs. **NA**
15. (a) Certified that I or my wife / husband is / is not a Central Government servant
(b) 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.
(c) 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.
16. 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.
17. 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 : _____

Rank : _____

P.No./T.No. _____

COUTNERSIGNED