

**FORM FOR RE-IMBURESMENT OF
CHILDREN EDUCATION ALLOWANCE**

CLAIM FOR THE ACADEMIC YEAR:

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. | Personal No. | : | |
| 3. | Designation | : | |
| 4. | Name of the Unit | : | |
| 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.) |
| | 1 st Child | | |
| | 2 nd Child | | |
| | | | Name & Place of the School / Institution |

8. Re-imburement of Expenditure:-

| Sequence | Period | Rate of CEA (Rs.) | Amount claimed | Remarks |
|---------------------------------|--------|-------------------|----------------|---------|
| 1 st Child | | | | |
| 2 nd Child | | | | |
| Total amount claimed Rs. | | | | |

- 9. Distance of Hostel of child from residence of employee (in case Hostel Subsidy):
- 10. Amount of CEA / Hostel Subsidy already received up to previous quarter:
- 11. The Academic year for which CEA / Hostel Subsidy is applied now: _____
- 12. (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:
- 13. Whether the Bonafide certificate from Head of Institution has been attached : Yes / No
- 14. For Hostel Subsidy, the Bonafide certificate from mentioning the amount is attached:
- 15. If Yes at Item No. 14, Amount claimed for Hostel Subsidy: Rs _____
- 16. (a) Certified that I or my wife / husband is / is not a Central Government servant.
(b) Certified that my wife / husband 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 /children mentioned above.
(c) 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.
- 17. Certified that my child in respect of whom re-imburement of Children Education Allowance is applied is studying in the School / Jr. College which is recognized and affiliated to Board of Education / University.
- 18. 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:

Design. :

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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)

Ref No.....

Date:.....

It is certified that Master/Kumari _____ having Admission
No. _____ D.O.B. _____ Son / Daughter of Mr /Mrs _____
is a bonafide student of this school/Institution and studied in Class _____ Sec _____ Roll
No. _____ during the previous Academic year namely
_____ vide affiliation Regd. No./Code
_____ and pattern _____ curriculum.

Place: _____

Date:- _____

Signature of principal
(Affix School Stamp)

SELF DECLARATION

I _____ do hereby certify that my Son/Daughter
namely _____ Studied in Class _____
Sec. _____ Roll No. _____ during previous Academic Year _____ 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: _____
Designation: _____

Place: _____

Date: _____