



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

**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	:	
3.	Designation	:	
4.	Department / Section	:	
5.	Name of Spouse	:	
6.	If spouse is employed, State whether in Central Govt., PSU, State Govt. (give details)	:	<b>YES / NO (Central / State / PSU / Autonomous)</b>
7.	Designation, Office & Department, if spouse is employed		

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

	1 <sup>st</sup> Child	2 <sup>nd</sup> Child
Name of the Child		
Academic Year		
Name of School / Residential School		
Class		
CEA Claimed for the year (Rs.)		
Hostel subsidy claimed for the year (Rs.)		

9. Distance of Hostel of child from residence of employee (in case Hostel Subsidy is claimed):
10. Amount of CEA / Hostel Subsidy already received up to previous year: \_\_\_\_\_
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 :
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.
  - A. Certified that the fee / amount indicate above had actually been paid by me.
  - B. Certified that my wife / husband is not a Central Government Servant.
  - C. 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.
  - D. 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. Certified that my child in respect of whom reimbursement of Children Education Allowance is applied is studying in the School / Jr. College is recognized and affiliated to Board / University.
19. 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

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

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

\*\*This is further certified that during the year Master/Baby/ Mr./  
Miss..... had resided in the residential complex  
(Hostel) of the school and paid an amount of Rs.....towards  
boarding and lodging in the residential complex.

This Institution/School is affiliated to/ recognized by.....  
vide affiliation/recognition Number .....

Dated:  
Place:

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

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