

#### Annexure - A

### **PROFORMA 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:-

	Name of the	e Gov't Servant	:				
1.	(IN BLOCK LETTER)						
2.	Employee No.		:				
3.	Designation		:				
4.	Name of the Department						
5.	If Spouse is employed, state whether in Central Govt. PSU, State Govt. (give details with name of the Spouse)		:				
6.	Designation, Office of spouse, if spouse is employed						
	Details of the child / children for whom CEA / Hostel Subsidy claimed:-						
	Sequence	Name of child		DOB	Academic Year	Name & Place of the School / Institution	
7.	1 <sup>st</sup> Child						
	2 <sup>nd</sup> Child						

- 8. Amount Claimed :\_\_\_\_\_
- 9. Distance of Hostel of child from residence of employee (in case Hostel Subsidy): \_\_\_\_\_
- 10. The Academic year for which CEA / Hostel Subsidy is applied now: \_\_\_\_\_
- 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 Head of Institution has been attached : Yes // No

·\_\_\_\_

- 14. (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-imbursement from any other source and will not claim the same in future.
- 15. 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.
- 16. 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<u>:</u>\_\_\_\_\_

(Signature of Gov't Servant)

Name:

Designation:

Employee No.: \_\_\_\_\_

Phone No.:\_\_\_\_\_

(For Day Scholar Only)

## 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<sup>st</sup> Jul 2017)

CERTIFICATE FROM THE HEAD OF INSTITUTION /SCHOOL (FOR REIMBURSMENT CEA)

Ref No.....

Date:....

It is c	ertified that	t Master/ Kuma	ri _					
having Admission No.		D.O.B		Sor	1 / D	aughter	of M	r./Mrs.
		was	S	tudying	in	Class		
Section	Roll No	durin	g th	e Previo	us A	cademi	c Yea	ar from
	to	Sc	າວວ	/	Inst	titution,	1	namely
			vid	e affiliat	tion	Regd.	No.	/Code
		a	٦d	patterr	ר <u>-</u>			
Curriculum.								

Date: \_\_\_\_\_

**Signature of Principal** (Affix School Stamp)

(For Hosteller Only)

## 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<sup>st</sup> Jul 2017)

# CERTIFICATE FROM THE HEAD OF INSTITUTION /SCHOOL (FOR REIMBURSMENT CEA)

Ref No.....

Date:....

It is	certified that	Master/ Kumari					
having Adm	nission No	D.O.B		_Son	/ D	aughter	of Mr. /Mrs.
		was	study	ring	in	Class	
Section	Roll No	during	the Pre	eviou	ls A	cademi	c Year from
	to	Scho	ool	/	Inst	titution,	namely
		v	vide af	filiat	ion	Regd.	No. /Code
		anc	l patte	ern			

Curriculum.

During the year 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.	

Place: \_\_\_\_\_

Date: \_\_\_\_\_

**Signature of Principal** (Affix School Stamp)