

REIMBURSEMENT 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 Employee	
2.Designation	
3.Office	
4.Name of the Division	
5.If Spouse is employed, state whether in Central Govt, PSU, State Govt	
6.If Yes, Name, Department, Designation &Office	

7.Details of the child / children for whom CEA / Hostel Subsidy claimed:-

Sequence	Name of child	Date of birth	Standard	Name &Place of the School /Institution

8. Reimbursement of Expenditure:-

Sequence	Period	Rate of CEA	Amount (Rs)	Remarks
		Rs 2250 per month	Rs 27000	Fixed amount

9. Distance of Hostel of child from residence of employee (in case Hostel Subsidy): NA
10. Amount of CEA / Hostel-Subsidy already received up to previous quarter: NIL
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: NA
15. If Yes at Item No. 14, Amount claimed for Hostel Subsidy: Rs NA .
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-imbursement from any other
source and will not claim the same in future.
17. 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.
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 :-

Designation : -

ENCLOSED:-

1. Certificate from Head of the Institution/School
2. Copy of Recognition Certificate for Institution/School

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

It is certified that master/Kumari

having, Admission No D.O.B

Son/Daughter of Mr/Mrs..... was studying

in Class Sec Roll No

during the previous academic year fromto

School/institution, namely

.....

.....vide affiliation Regd. No./Code

and Pattern Curriculum.

Place:-

Date:-

Signature of Principal

(Affix School Stamp)

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1. Name of the Employee :
2. Designation :
3. Office :
4. Name of the Division :
5. If Spouse is employed, state whether in Central Govt. PSU, State Govt. :
6. If Yes ,Name,Department,Designation&, Office :
7. Details of the child / children for whom CEA / Hostel Subsidy claimed:-

Sequen ce	Name of child	Date of birth	Standard	Name &Place of the School /Institution

8. Re-imbursement of Expenditure:-

Scquence	Period	Rate of CEA	Amount (Rs)
1st Child		2250 per Month (Fixed Amount)	
2nd Child		2250 per Month (Fixed Amount)	

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 :

(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

14. For Hostel Subsidy, the Bonafide certificate from

mentioning the amount is attached :- NA

15. If Yes at Item No. 14, Amount claimed for Hostel Subsidy: Rs NA .

16. (a) Certified that I or my wife / husband is not a Central Government servant.

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Date:-

Place:

(Signature of Govt Servant)

Name:-

Designation :

ENCLOSED:- 1. Certificates From Head of Insitution /School

2. Copy of School Recognised certificates attested by Principal/HM

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

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