GUIDELINES FOR SUBMISSION OF
CHILDREN EDUCATION ALLOWANCE CLAIM

1. CEA rate from Apr 17 to Jun 17 is Rs 1500/- PM (required to submit School fees receipt and bills).

2. CEA rate from Jul 17 to Mar 18 is Rs 2250/- PM (Fixed amount no need to submit receipts / bills).

3. For Hostel Subsidy the rate is Rs 6750/- PM w.e.f. 01 Jul 17.

4. CEA for Specially Abled Children is Rs 4500/- PM w.e.f. 01 Jul 17.

5. For claiming CEA submit a certificate issued by Head of Institution / School.

6. For Hostel Subsidy similar certificate required with additional information about expenditure towards boarding and lodging in the residential complex.

7. Re-imbursement of CEA forms are given below.
PROFORMA FOR RE-IMBURSEMENT OF CHILDREN EDUCATION ALLOWANCE

CLAIM FOR THE ACADEMIC YEAR: 2017-18

I hereby apply for the reimbursement of Children Education Allowance / Hostel-Subsidy for my child / children and relevant particulars are furnished below:-

1. Name & Rank of the Govt Servant : 

2. Personal No. : 

3. Designation : 

4. Name of the Unit : ICGS Samarth

5. If Spouse is employed, state whether in Central Govt., PSU, State Govt. (give details with name of the Spouse) : NO

6. Designation, Office & B.U. No. of spouse, if spouse is employed in Railway : NA

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

<table>
<thead>
<tr>
<th>Sequence</th>
<th>Name of child</th>
<th>DOB</th>
<th>Standard (A.Y. 2017-18)</th>
<th>Name &amp; Place of the School / Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1&lt;sup&gt;st&lt;/sup&gt; Child</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2&lt;sup&gt;nd&lt;/sup&gt; Child</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8. Re-imbursement of Expenditure:-

<table>
<thead>
<tr>
<th>Sequence</th>
<th>Period</th>
<th>Rate of CEA (Rs)</th>
<th>Amount claimed</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1&lt;sup&gt;st&lt;/sup&gt; Child</td>
<td>Apr 17 to Jun 17</td>
<td>@ 1500/- PM</td>
<td>4,500.00</td>
<td>School Fee receipts and other bills attached</td>
</tr>
<tr>
<td></td>
<td>Jul 17 to Mar 17</td>
<td>@ 2250/- PM</td>
<td>20,250.00</td>
<td>Fixed amount.</td>
</tr>
<tr>
<td>2&lt;sup&gt;nd&lt;/sup&gt; Child</td>
<td>Apr 17 to Jun 17</td>
<td>@ 1500/- PM</td>
<td>4,500.00</td>
<td>School Fee receipts and other bills attached</td>
</tr>
<tr>
<td></td>
<td>Jul 17 to Mar 17</td>
<td>@ 2250/- PM</td>
<td>20,250.00</td>
<td>Fixed amount.</td>
</tr>
</tbody>
</table>

Total amount claimed Rs 49,500.00
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: **2017-18**

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: **Apr 18**

Place: **Goa**

(Signature of Govt Servant)

Name: ………………………………………..  
Rank : ………………………………………..  
P.No.: ………………………………………..

II COUNTERSIGNED

ICGS Samarth  
Goa – 403 803

Date: **Apr 18**
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. __________________________
was studying in Class _________ Sec _____ Roll No.___________ during the Previous
Academic Year from 2017 to 2018 School / Institution, namely
__________________________ vide affiliation Regd No. /
Code ________________________ and pattern _______________ Curriculum.

Place: _____________

Date:- _______________ Signature of principal
(Affix School Stamp)
SELF DECLARATION

I Service No. ___________ Rank ______________ Name ________________________________
of Unit **ICGS Samarth** do hereby certify that my Son / Daughter namely ___________________________ Studied in Class ____ Sec _______
Roll No. _______________ during Previous Academic Year 2017-2018 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: __________________
Rank: _________________
P.No. ________________

Place: ________________
Date: ________________