# 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	1		:					
4.	Name of the Unit				2				
5.	Central Gov details with	s employed, state whether t., PSU, State Govt. (give name of the Spouse)		:	~				
6.		n, Office & B.U. No.of spou employed in Railway	lse,						
7.	Details of the child / children for whom CEA / Hostel Subsidy claimed:-								
	Sequence	Name of child	1	DOB	Standard	Name & Place of the			
		,			(A.Y. )	School / Institution			
	1 <sup>st</sup> Child								
	2 <sup>nd</sup> Child	*1							

## 8. Re-imbursement of Expenditure:-

Sequence	Period	Rate of CEA (Rs.)	Amount claimed	Remarks	
1 <sup>st</sup> Child					
2 <sup>na</sup> Child					
-	Total amou	nt claimed Rs.			

- 2
- 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\_\_\_\_\_

(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: ..... Design. :

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 M	aster/Ku	ımari		h	aving	Admission
No_		D.O.B_			Son / Daughte	er of Mr /Mr	ſS		
is a	bonafide	student	of this	school/	Institution and	studied in	Class	Sec _	Roll
No		di	uring	the	previous	Academic	year		namely
					#*#11411		vide affiliation	Regd.	No./Code
					and pattern		115 117 - V	cu	rriculum.
Place	e:								

Date:-

Signature of principal (Affix School Stamp)

## SELF DECLARATION

Ι			 do	hereby	certify	that	my	Son/Daug	jhter
namely			 		Studie	ed in	Class		
Sec	Roll	No	 during	previous	a Acad	lemic	Yea	ar	_ 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:	
Decignation	
Designation:	

Place:

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