

PROFORMA FOR REIMBURSEMENT OF CHILDREN EDUCATION ALLOWANCE / HOSTEL SUBSIDY

ORDER NO. A-27012/02/2017-Esst. (AL) DATED-16/08/2017.

I hereby apply for the reimbursement of Children Education Allowance for my child / children for the financial year _____. The relevant particulars are furnished below:-

1. Name of the Employee :
2. Designation :
3. I.D No- :
4. Name of Spouse :
5. If spouse is employed, State whether in Central Govt., PSU, State Govt. (give details) :

6. Details of all the children of the employee:

Sl No	Sequence	Name	Date of Birth	Age
i.	1 st Child			
ii.	2 nd Child			
iii.	3 rd Child			

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

Sl No	Sequence	Name	Date of Birth	Age
i.				
ii.				

8. Academic year, Name of School/Residential School and Class in which children studied:

1 st Child	2 nd Child

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9. Distance of Hostel of child from residence of employee (in case Hostel subsidy is claimed): _____

10. The Academic year for which CEA / Hostel Subsidy is applied for: _____

(Indicating the amount already drawn)

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, whether the certificate mentioning the amount is attached: Yes/No

14. If Yes at Item No. 13, Amount claimed for Hostel Subsidy: _____

15. (i) Certified that the fee / amount indicated above has actually been paid by me.

(ii) Certified that my wife/husband is/is not a Central Government Servant.

(iii) 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.

(iv) Certified that I or my wife/husband has not claimed this re-imburement from any other source and will not claim the same in future.

The informations 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 affecting 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 are found to be false, I am liable for disciplinary action.

Place:

Signature:

Date:

Name:

Designation:

Employee I.D. No:

GPF / PRAN NO:

S.B.A/C NO:

भारत सरकार द्वारा प्राधिकृत / Authority vide Government of India
कार्मिक मंत्रालय, पी जी एवं पेंशन विभाग कार्मिक एवं प्रशिक्षण विभाग पेंशन एवं पी जी नई दिल्ली
Ministry of Personnel, P.G. and Pensions Departments of Personnel & Training, New Delhi,
आदेश संख्या ए-27012/02/2017-स्था(एल) 16 अगस्त, 2017
Order No.A-27012/02/2017-Estt.(AL) 16 August, 2017
(यह आदेश जुलाई 1, 2017 से प्रभावी होगा)
This order shall be effective from 1ST July . 2017

संस्थान एवं विद्यालय के प्रमुख द्वारा प्रमाण-पत्र (सं.शि.भ के प्रतिपूर्ति के लिए)
CERTIFICATE FROM THE HEAD OF HEAD OF INSTITUTION/SCHOOL (FOR REIBRUSMENT OF CEA)

संदर्भ सं/Ref No.

दिनांक/Date :

यह प्रमाणित किया जाता है कि श्री/कुमारी.....प्रवेश
सं.....जन्म तारीख.....पुत्र/पुत्रीश्री/श्रीमती.....कक्षा
मेंअनुभाग.....क्रमांक सं..... पिछले शैक्षणिक वर्षसे विद्यालय
/ संस्थान..... संबंधित पंजीकृत सं/कोड.....एवं पाठ्यक्रम
का माध्यम.....में अध्ययनरत था ।

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.....to.....School/Institution, namely..... vide
affiliation regd.No./Code.....and pattern.....curriculum.

स्थान/Place -

दिनांक/Date -

प्रधानाचार्य का हस्ताक्षर
Signature of Principal
(विद्यालय का मुहर लगाएँ)
(Affix School Stamp)