

**PROFORMA FOR RE-IMBURSEMENT OF CHILDREN EDUCATION ALLOWANCE /HOSTEL
SUBSIDY IN TERMS OF RBE No.-147/2017**

CLAIM FOR THE FINANCIAL YEAR: **Employee HRMS ID**

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

1.	Name of the Employee	:	
2.	PF. No. / Emp. No	:	
3.	Designation	:	
4.	Office & Bill Unit No.	:	
5.	Name of Spouse	:	
6.	If spouse is employed, state whether in Central Govt. PSU, state Govt.(give details)	:	
7.	Designation, Office & B.U.No. of spouse, if spouse is employed in Railway	:	

8. Details of all the children of the employee as per Pass Declaration:

Sl.N.	Sequence	Name	DOB	Age
1.	1 st Child			
2.	2 nd Child			
3.	3 rd Child			

9. Details of all the children for whom CEA/Hostel Subsidy claimed:

Sl.N.	Sequence	Name	Class	DOB	Age
1.	1 st Child				
2.	2 nd Child				
3.*	3 rd Child				

* Only if 2 & 3 are twins.

10. Academic year, Name of School/Residential School and class in which children studied:

1 st Child		2 nd Child	
Academic year:		Academic year:	
School Name:		School Name:	
Class:		Class:	

11. Distance of Hostel of Child from residence of employee (in case Hostel Subsidy is claimed).....

12. Amount of CEA/Hostel Subsidy already received up to previous quarter:.....

13. The Academic year for which CEA/Hostel Subsidy is applied now:.....

14. (a) Whether the Child for whom the CEA is applied for is disabled child : YES/NO.

(b) If yes, indicate the nature of disability:

(c) Date of disability Certificate:

(d) Indicate the percentage of disability:

15. Whether the Bonafide certificate from Head of Institution has been attached : YES/NO.

16. For Hostel Subsidy, the Bonafide certificate from mentioning the amount is attached: YES/NO

17. If Yes at item No. 16 , Amount claimed for Hostel Subsidy:.....

18. (i) Certified that the fee/amount indicate above had 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 applied for the CEA 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.

19. Certified that my child in respect of whom reimbursement of children Education Allowance is applied is studying in the School/Jr.College which is recognized and affiliated to Board of Education/University.

20.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/document furnished above is found to be false, I am liable for disciplinary action.

Signature of employee

Name:

Empl: No.

Design & Section/Deptt:

Working under:

Bill Unit:

Mobile No.

Date:

The family composition of the claimant has been verified from the official records such as pass Declaration/Register etc and found correct.

Signature of Sr.Subordinate with
Official seal and stamp & date

FOR OFFICE USE ONLY						
Sl. No	Name of Staff	Design.	PF No.	CEA Amount	Hostel Subsidy Amount if any	Total

Forwarded to: AFA/HRT for vetting and early return.

Bill Clerk/OS

Ch.OS/PB

Bill Compiling Officer

**SPECIMEN OF BONAFIDE CERTIFICATE FROM THE HEAD OF INSTITUTION/SCHOOL
FOR CHILDREN EDUCATION ALLOWANCE**

This is to certify that Master/Baby/Mr./Miss.....
Roll No.....Admission No.....Son of Sri/Smt.....
is a bonafide student of this school and studied in Class..... which session is commencing from _____
& student has Pass/Fail.....during the academic & financial year.....and as per School
records his/her date of birth is.....in words
.....

This Institution/School is affiliated recognized by.....and the
recognition Number is

Dated:

Place:

**Signature Head of the Institution/School
(with Stamp and Seal)**

SPECIMEN OF BONAFIDE CERTIFICATE FROM THE HEAD OF INSTITUTION/ SCHOOL
FOR HOSTEL SUBSIDE

This is to certify that Master/Baby/Mr.Miss.....
Roll No.....Admission No.....son of Sri/Smt.....
is a bonafide student of this school and studied in Class..... session is commencing from
_____ & student has Pass/Fail..... during the academic & financial year..... As per
School records his/her date of birth is.....in words
.....

During the year Master/Baby/Mr./Miss.....had resided in the residential complex(Hostel) of the School and paid amount of Rs.....toward boarding and lodging in the residential complex.

**Towards Hostel fee Paid amount Rs..... &
Tuition Fee Paid Amount.....)**

This Institution/School is affiliated recognized by.....and the recognition Number is

Dated:
Place:

**Signature Head of the Institution/School
(with Stamp and Seal)**