

PROFORMA FOR RE-IMBURSEMENT CLAIM OF CHILDREN EDUCATION ALLOWANCE/HOSTEL SUBSIDY IN TERMS OF RBE NO. 135/2008, 150/2008, 197/2008, 78/2009, 01/2010, 25/2011, 132/2011, 45/2012, 93/2012, 55/2013, 58/2013, 44/2014, 53/2015, 147/2017, 114/2018 & MC No. 17

CLAIM FOR THE FINANCIAL YEAR :-

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

1.	Name of the Employee	:	
2.	P.F. No./Employee No.	:	
3	Designation/Place of Posting	:	
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 :

SI No.	Sequence	Name	DOB	Age
1	1 st Child			
2	2 nd Child			
3	3 rd Child*			
4	4 th Child*			

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

SI No.	Sequence	Name	DOB	Age
1				
2				
3*				
4*				

* Only if 2 & 3 are twins or 2, 3 & 4 are triplet born.

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

1 st Child	2 nd Child

(ii) Total Amount claimed on a/c of CEA.....

11. In case of Hostel subsidy is claimed then furnish :

- (i) Distance of Hostel of child from working place of employee :Kms. } Both in number
- (ii) Distance of Hostel of child from residence of employee :Kms. } & words.

12. Indicate separate Amount of CEA/Hostel Subsidy already received up to previous year

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 a disabled child : YES/NO

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

(c) Date of Disability Certificate :

(d) Disability Certificate issued by :

(e) Indicate the percentage of disability :

15. For CEA, Whether the Bonafide certificate as per Annexure – 'B' from Head of Institution has been attached : Yes/No

16. For Hostel Subsidy, the Bonafide Certificate as per Annexure – 'C' from Head of Institution has been attached : Yes/No

17. If Yes at item No. 16, Amount claimed for Hostel Subsidy is ₹.....
18. (i) Certified that the fee/amount indicated 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 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 also.
- (v) **Certified that I am claiming fee for the 1st/2nd time in case of the child is studying in PRE NURSERY to UKG i.e. prior to Class-I irrespective of the nomenclature.**
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 & affiliation number is.....which is valid upto.....
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 ready 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 to be taken up under disciplinary action or legal action as desired by administration.

Signature :
Name :
Design & Station:
Working Under :
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 office seal and stamp

Signature of Pass Clerk

FOR OFFICE USE ONLY

Sl No.	Name of staff	P.F. /PRAN No.	Admissible Amount of CEA as per Annexure – 'B' (₹)	Claimed Hostel Subsidy Amount, if any As per Annexure –'C' (₹)	Admissible Hostel Subsidy (₹)	Total Admissible Amount (₹)
(i)	(ii)	(iii)	(iv)	(v)	(vi)	(vii)

Verified item No. 08, 11, 12, 13, 15, 16, & 18(V).

OS/Ch.OS/Pay Bill

Bill Clerk

Bill Compiling Officer

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

1. This is to certify that Master/Baby/Mr/Miss
Roll No.....Admission No..... Son/Daughter
of Sri/Smt.is a **BONAFIDE
STUDENT** of this School and studied in Class.....during the session
(financial year)and as per School Records his/her date of birth
is.....in words

2. This Institution/School is Govt./Govt. Aided/Govt. Unaided/Private affiliated/Recognized
by State/Central Govt.(Name of the State/UP)and the Govt.
Letter/Affiliation/Recognition Number is

- Name of Head of the Institution/School :.....
- Mob. No. of Head of the Institution/School :.....
- e-mail address of Institution/School
or Head of Institution/School :.....
- Correspondence Address of Institution/School :.....
.....

Dated:

Place:

Seal of Institution/School

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

- **Signature of Applicant** :
- **Name** :
- **Designation & Place of Posting** :

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

(1) This is to certify that Master/Baby/Mr/Miss
Roll No.....Admission No..... Son/Daughter
of Sri/Smt.is a **BONAFIDE STUDENT** of this School and studied in Class.....during the financial
yearand as per School Records his/her date of birth is
.....in words

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

(3) This Institution/School is affiliated/recognized byand
the Affiliation/Recognition Number is **& licensed for
Boarding School/Running Hostel facility by recognizing institute vide
No.....Dated.....**

- Name of Address of Hostel :
- Name of Head of the Institution/School :
- Mob. No. of Head of the Institution/School :
- e-mail address of Institution/School :
- or Head of Institution/School
- Correspondence Address of Institution/School :
-
- Name, Mobile No. & e-mail address of Hostel Supdt.....
- Distance of Hostel from School/Institution :
- Attach Attested Photograph of Hostel by Head of School/Institution.....

Dated:

Place:

Seal of Institution/School

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

- **Signature of Applicant** :
- **Name** :
- **Designation & Place of Posting** :

