Annexure 'A'

PROFORMA FOR RE-IMBURSEMENT OF CHILDREN EDUCATION ALLOWANCE/HOSTEL SUBSIDY FOR THE ACADEMIC YEAR: ______

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

FIX PHOTO OF GOVT.	FIX PHOTO OF 1 ST	FIX PHOTO OF 2 nd
OFFICIAL	CHILD	CHILD

1.	Name of the Employee	
2.	P.F. No./Employee No.	:
3.	Designation	:
4.	Present Department/Office	:
5.	Name of Spouse	:
6.	If spouse is employed, State whether in Central Govt., PSU, State Govt. (give details)	:
7.	Name, Designation and Office address of the Spouse.	:

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

SI. No.	Sequence	Name	DOB	Age
1.	1st Child			
2.	2nd Child			

9. Name of School/Residential School and Class in which children studied:

1st Child	2nd Child	
	·	and the second second and the Contemporation of Second S

- 10. Distance of Hostel of child from residence of employee (in case Hostel Subsidy is claimed)_____.
- 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:

Page | 1

- (c) Date of disability certificate.
- (d) Indicate the percentage of disability:
- 14. Whether the Bonafide certificate from Head of Institution has been attached: Yes/No.
- 15. For Hostel Subsidy, the Bonafide certificate from mentioning the amount is attached: Yes/No
- 16. If Yes at Item No. 15, Amount claimed for Hostel Subsidy:....
- 17. (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.

(iv) 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.

- 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.
- 19. 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.

Signature: Name: Design:

Date:

The details of child/children for whom the present claim is submitted by the official has been verified from the official records and found correct.

Signature of Administrative Authority With office stamp

SELF DECLARATION

ΙΙ	do hereby certify	that my
son/daughter namely _	Studied in Class	
Section	Roll No during	previous
Academic year		in
		School.

(document enclosed)

"In the event of any change in the particular 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. Servent
Name	:
Desi	gnation:
CPIS	NO:

Place:

Date: _____

Annexure 'C'

NOMINATION FORM AVAILING GRANT OF CHILDREN EDUCATION

ALLOWANCE

VIDE GOVT. ORDER NO. 473-F OF 2019 DATED 28-11-2019

CPIS NO do solemnly declare on oath that my family details is as under:-Details of the family as on _

Name of the Relationship Date of S.No. members of with the Occupation Aadhaar No. Birth family official (1) (2) (3) (4) (5) (6)

Serial No's δ. are my eldest wards (first two children) for whom I am claiming Children Education Allowance / Hostel Subsidy in terms of Govt. Order No. 473-F of 2019 dated 28-11-2019.

I also certify that my spouse

Ι

is not a Govt. employee

is a Govt. employee and NDC is enclosed.

The information given above is genuine to the best of my belief and nothing has been concealed therein. In case the information given above found to be false at any later stage, I shall be personally responsible for legal action.

Signature

Name:

Place of Posting:____

Place:

Date:

Page | 4

Annexure 'B'

BONAFIDE CERTIFICATE FROM THE HEAD OF INSTITUTION/SCHOOL

**This is further certified that during the year Master/Baby/ Mr./ Miss...... had resided in the residential complex (Hostel) of the school and paid an amount of Rs..... towards boarding and lodging in the residential complex.

This Institution/School is affiliated to/ recognized by..... vide affiliation/recognition Number

Dated: Place:

> Signature Head of the Institution/School (with Stamp and seal)

**(Strike out it if not applicable)