

**Proforma For Re-Imbursement Of Children Education Allowance/Hostel  
Subsidy In Terms Of Govt. Order No. 473-F Of 2019 Dated: 28-11-2019**

**CLAIM FOR THE FINANCIAL YEAR: -**

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. Employee No./Code:
3. Designation with Department:
4. Name of the spouse:
5. If spouse is employed : **(YES/NO)** \_\_\_\_\_
6. Name , designation & office address of the spouse(if employee): \_\_\_\_\_  
\_\_\_\_\_

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

Sl. No.	Sequence	Name	DOB	Age
1.				
2.				
3.				

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

1 <sup>st</sup> Child	2 <sup>nd</sup> Child	3 <sup>rd</sup> Child (If Eligible)

9. Distance of Hostel of child/children from residence of employee ( in case Hostel Subsidy is claimed): \_\_\_\_\_

10. Amount of CEA/Hostel Subsidy already received up to previous quarter: \_\_\_\_\_

11. Whether the child for whom the CEA is applied for is a disabled child: **YES/NO**

- i. If yes, indicate the nature of disability:
- ii. Date of disability certificate.
- iii. Indicate the percentage of disability:

12. Whether the Bonafide certificate from Head of Institution has been attached : **Yes/No**.
13. For Hostel Subsidy, the Bonafide certificate from Head of Institution mentioning distance is attached: **Yes/No** \_\_\_\_\_
14. If Yes at Item No. 13, Amount claimed for Hostel Subsidy: \_\_\_\_\_
- 15.
- i) Certified that the fee 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 mention 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.
16. 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.
17. The information furnished above is 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/Hostel subsidy, 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.

Signature:

Name:

Date:

\*\*\*\*\*

**For Office Only**

- a) CEA Amount Claimed: \_\_\_\_\_
- b) Hostel Subsidy amount claimed: \_\_\_\_\_
- c) Total amount Claimed: \_\_\_\_\_
- d) **Total Amount Payable:** \_\_\_\_\_

**Accountant**

**Asstt,Dy/Registrar(Finance)**

**BONAFIDE CERTIFICATE FROM THE HEAD OF INSTITUTION/SCHOOL**

This is to certify that Master/Baby/Mr./Miss \_\_\_\_\_ Roll No. \_\_\_\_\_ son/daughter of Mr./Mrs. \_\_\_\_\_ is a bonafide student of this school and studied in Class \_\_\_\_\_ during the financial year \_\_\_\_\_ and as per School records his/her date of birth is \_\_\_\_\_ .

This is to also certify that the above named child has studied in this school in the previous academic year \_\_\_\_\_ .

He/She bears a good moral character.

\*\* During the financial year mentioned above, Master/Baby/Mr./Miss \_\_\_\_\_ 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 recognized by \_\_\_\_\_ and the affiliation/recognition Number is \_\_\_\_\_ .

Dated:

Place:

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

\*\* (Strike out if not applicable)