## FORM FOR RE-IMBURESMENT OF CHILDREN EDUCATION ALLOWANCE

## TALM FOR THE ACADEMIC YEAR:

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

1.	Name of the Govt. Servant		÷				
2.	Personal No.						
3.	Designation						
4.	Name of the Unit						
5.	If Spouse is employed, state whether in Central Govt., PSU, State Govt. (give details with name of the Spouse)			<u> </u>			
ö.	Designation, Office & B.U. No.of spouse, if spouse is employed in Railway						
7.							
	Sequence Name of child		DOB	Standard (A.Y. )	Name & Place of the School / Institution		
	1 <sup>st</sup> Child						
	2 <sup>nd</sup> Child	a			<u>.</u>		

## 8. Re-imbursement of Expenditure:-

Sequence	Period	Rate of CEA (Rs.)	Amount claimed	Remarks
1 <sup>st</sup> Child	st.			
2 <sup>na</sup> Child				
	Total amou	int claimed Rs.		

9.	Distance of Hostel of child from residence of employee (in case Hostel Subsidy):			
10.	Amount of CEA / Hostel Subsidy already received up to previous quarter:			
11.	The Academic year for which CEA / Hostel Subsidy is applied now:			
12.	<ul> <li>(a) Whether the child for whom the CEA is applied</li> <li>(b) If yes, indicate the nature of disability:</li> <li>(c) Date of disability certificate:</li> <li>(d) Indicate the percentage of disability:</li> </ul>	for Is a disabled child : Yes / No		
13.	Whether the Bonafide certificate from Head of Institution has been attached : Yes / No			
14.	For Hostel Subsidy, the Bonafide certificate from mentioning the amount is attached:			
15.	If Yes at Item No. 14, Amount claimed for Hostel Subsidy: Rs			
16.	(a)Certified that I or my wife / husband is / is not a Central Government servant.  (b) Certified that my wife / husband Sri / Smt			
Allowa	Certified that my child in respect of whomance is applied is studying in the School / Jr. Coll of Education / University.			
The ir releva eligibil promp stage	Certified that I am claiming the CEA in respect information furnished above are complete and ant information. In the event of any change in the lity for reimbursement of Children Education Allotly and also to refund excess payments if any the information / documents furnished above linary action.	correct and I have not suppressed any ne particulars given above which affect my owance, I undertake to intimate the same made. Further, I am aware that if at any		
Date:				
Place:		(Signature of Govt. Servant)		
		Name: Design.:		

## SELF DECLARATION

Ī	do hereby certify that my Son/Daughter Studied in Class				
namely					
	during previous Academic Year in				
School.					
In the event of any change in the	particulars given above which affect my eligibility for				
Children Education Allowance. I undertak	e to intimate the same promptly and refund excess				
payment, if any made to me.					
	Signature of Govt. Servant				
	Name: Designation:				
Place:					
Date:					