



PROFORMA FOR RE-IMBURESMENT OF CHILDREN EDUCATION ALLOWANCE & HOSTEL SUBSIDY

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.	PF No.	:			
3.	Designation	:			
4.	If Spouse is employed, state whether in Central Govt., PSU, State Govt. (give details with name of the Spouse)	:			
5.	Designation, Office & B.U. No.of spouse, if spouse is employed in Railway	:			
6.	Details of the child / children for whom CEA / Hostel Subsidy claimed:-				
	Sequence	Name of child	DOB	Standard	Name & Place of the School / Institution
	1 st Child				
	2 nd Child				
	3 rd Child				

- Distance of Hostel of child from residence of employee (in case Hostel Subsidy):
- The Academic year for which CEA / Hostel Subsidy is applied now:
- Whether the child for whom the CEA is applied for is a disabled child:
 - If yes, indicate the nature of disability:
 - Date of disability certificate:
 - Indicate the percentage of disability:
- Whether the Bonafide certificate from Head of Institution/ self-attested copy of the report card or self-attested fee receipts (including e-receipts) has been attached:
- For Hostel Subsidy, the Bonafide certificate from mentioning the amount is attached:
- If Yes at Item No 5, Amount claimed for Hostel Subsidy: Rs _____

7. (a) Certified that I am or my wife / husband is / is not a Central Government servant.
 (b) Certified that my wife / husband 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 /children mentioned above.
 (c) 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.

8. Certified that my child in respect of whom re-imburement of Children Education Allowance is applied is studying in the School / Jr. College which is recognized or affiliated to Board of Education / University/ Educational authority having jurisdiction over the area.

9. Certified that I am claiming the CEA in respect of my two eldest surviving children only, 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.

Date:

Place:

(Signature of Govt Servant)

Name:

Designation:.....

PF No.:

For the use of Administration/ DOFA Office:

The family composition of the claimant has been verified from the official records and found correct

SI No	Name of staff	PF No	CEA Amount	Hostel Subsidy amount if any	Total

Checked and Entered in CEA register

Verified by

Dealing Clerk

JS

A.R./Admin. Officer / DoFA

For the use of F&A office only:

Passed for an amount of Rs:		In words:Rupees	
Jr. Asstt. / Office Asst.	Jr. supdt. / Supdt.	Director	