

**PROFORMA FOR RE-IMBURSEMENT OF CHILDREN EDUCATION
ALLOWANCE/HOSTEL SUBSIDY IN TERMS OF RBE No. 147/2017****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.	P.F. No./Employee No.	:	
3.	Designation	:	
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:

Sl. No.	Sequence	Name	DOB	Age
1.	1 st Child			
2.	2 nd Child			
3.	3 rd Child			

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

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

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

1 st Child	2 nd Child

11. Distance of Hostel of child from residence of employee (in case Hostel Subsidy is claimed) ..

12. Amount of CEA/Hostel Subsidy already received up to previous quarter:

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) Indicate the percentage of disability:

15. Whether the Bonafide certificate from Head of Institution has been attached: Yes/No.

16. For Hostel Subsidy, the Bonafide certificate from mentioning the amount is attached:
Yes/No

17. If Yes at Item No. 16, Amount claimed for Hostel Subsidy:.....
18. (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.
- (iii) Certified that my husband/wife Sri/Smt:..... is presently working
as : inand that he/she shall 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.
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.
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 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 have
been verified from the official records and found correct.

**Signature of Administrative Authority
with office stamp**

Annexure 'B'

BONAFIDE CERTIFICATE FROM THE HEAD OF INSTITUTION/SCHOOL

This is to certify that Master/Baby/Mr./Missson
of Sri/Smt Roll no..... Admission
No. is a bonafide student of this school and studied in
Class..... during the academic yearand as per School records
his/her date of birth is

**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 ₹..... towards boarding and lodging in
the residential complex.

This Institution/school is affiliated to / recognized byvide
affiliation/recognition Number

Date:

Place

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

** (strike out if not applicable)