## PROFORMA FOR RE-IMBURSEMENT OF CHILDREN EDUCATION ALLOWANCE/HOSTELSUBSIDY

## **CLAIM FOR THE FINANCIAL YEAR: -**

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

| 1. | Name of the Employee                           | : |  |
|----|--|---|--|
| 2. | PIS No.  | : |  |
| 3. | Designation & No.                              | : |  |
| 4. | Place of Posting.                              | : |  |
| 5. | Name of Spouse                                 | : |  |
| 6. | If spouse is employed, State whether in        | : |  |
|    | Central Govt., PSU, State Govt. (give details) |   |  |

7. Details of all the children of the employee:-

| Sl. No. | Sequence              | Name | DOB | Age |
|---------|-----------------------|------|-----|-----|
| 1.      | 1 <sup>st</sup> Child |      |     |     |
| 2.      | 2 <sup>nd</sup> Child |      |     |     |
| 3.      |                       |      |     |     |

8. Details of all the children for whom CEA claimed:-

| Sl. No. | Sequence              | Name | DOB | Age |
|---------|-----------------------|------|-----|-----|
| 1.      | 1 <sup>st</sup> Child |      |     |     |
| 2.      | 2 <sup>nd</sup> Child |      |     |     |
| 3.      |                       |      |     |     |

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

| 2 <sup>nd</sup> Child |
|-----------------------|
|                       |
|                       |
|                       |
|                       |
|                       |
|                       |
|                       |

- 10. Distance of Hostel of child from residence of employee (in case Hostel Subsidy is claimed
- **11.** Amount of CEA/Hostel Subsidy already received up to previous quarter:

- 12. The Academic year for which CEA /Hostel Subsidy is applied now:
- **13.** a. Whether the child for whom the CEA is applied for is a disabled child:
  - b. If yes, indicate the nature of disability:
  - c. Date of disability certificate.
  - d. Indicate the percentage of disability:
- 14. Whether the Bonafide certificate from Head of Institution has been attached:
- **15.** For Hostel Subsidy, the Bonafide certificate from mentioning the amount is attached:
- **16.** If Yes at Item No. 16, Amount claimed for Hostel Subsidy: .
- 17. a. Certified that the fee/amount indicate above had actually been paid by me.
  - b. Certified that my wife/husband is/is not a Central Government Servant.
  - c. Certified that my husband/wife Sri/Smt:.....is presently working as.....in in ......and that he/she shall not apply/has not applied for the Children Education Allowance for the child mentioned above.
  - d. Certified that I or my wife/husband has not claimed this re-imbursement from anyother source and will not claim the same in future.
- **18.** Certified that my child in respect of whom reimbursement of Children Education Allowanceis applied is studying in the School/Jr. College which is recognized and affiliated to Board of Education/University.
- 19. 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, 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:        | Signature: |  |
|-------------------|------------|--|
| Name:             |            |  |
| Design & No       |            |  |
| Place of Posting: |            |  |

### FOR OFFICE USE ONLY

The family composition of the claimant has been has been verified from the official records such as Pass Declaration and found correct

Signature of Insap./CR/Distt./Unit:-With office seal and stamp:-

## **AUTHORITY VIDE GOVERNMENT OF INDIA**

# MINISTRY OF PERSONNEL, PG AND PENSIONS DEPARTMENT OF PERSONNEL AND TRAINING, NEW DELHI Order No. N.A-27012/02/2017-Esttt.(AL) 16 August, 2017 (This order shall be effective from 1 July, 2017) (FOR REIMBURSEMENT OF CEA)

Annexure 'B'

|            | BONAFIDE CERTI    | FICATE FROM THE HEA | D OF INSTITUTION/SCI | HOOL                   |   |
|------------|-------------------|---------------------|----------------------|------------------------|---|
|            | This is to certif | y that Miss         |                      | Roll No,               |   |
| Admission  | No                | daughter of         |                      | is a bonafide          |   |
| student of | this school and   | studied in Class    | Section              | _ during the financial |   |
| year 2021- | -22 and as pe     | r School records h  | er date of birth i   | s in                   |   |
|            | he previous aca   |                     | . She bears a good r |                        | 5 |

Dated:

Place: Delhi

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

## **AUTHORITY VIDE GOVERNMENT OF INDIA**

## MINISTRY OF PERSONNEL, PG AND PENSIONS DEPARTMENT OF PERSONNEL AND TRAINING, NEW DELHI Order No. N.A-27012/02/2017-Esttt.(AL) 16 August, 2017 (This order shall be effective from 1 July, 2017) (FOR REIMBURSEMENT OF CEA)

## **SELF-DECLARATION**

| Name:                        | , Rank:                   | Belt No.:-                     |
|------------------------------|---------------------------|--------------------------------|
| PIS No                       | of Police Headquarters,   | do hereby certified that my    |
| Daughter, namely:-           | was stu                   | udied in class                 |
| Section Roll No              | during the previo         | us academic year <b>2020</b> _ |
| in                           |                           |                                |
| In the event of any char     | nge in the particulars gi | iven above which affect my     |
| eligibility for Children Edu | ucation Allowance. I und  | ertake to intimate the same    |
| promptly and refund exces    | s payment, if any made to | me.                            |
| DI.                          |                           |                                |
| Place:                       |                           |                                |
| Date:                        |                           |                                |
|                              |                           | Signature:                     |
|                              |                           | Name:                          |
|                              |                           | Rank:                          |
|                              |                           | Bell No :                      |
|                              |                           | PIS No. :                      |
|                              | Pla                       | ce of Posting:-                |