Authority vide Government of India
Ministry of Personnel, P.G. and Pensions Department of Personnel & Training New Delhi
Order No. N.A-27012/02/2017-Estt.(AL) 16 August, 2017.
(This order shall be effective from 1st July, 2017)

## CERTIFICATE FROM THE HEAD OF INSTITUTUION/SCHOOL
(FOR REIMBURSEMENT OF CEA)

Ref. No.

Date:-

It is certified that Master/Kumari.....having,
Admission No.....D.O.B.....Son/Dauther of
Mr./Mrs..... was studying in class.....
Sec..... Roll No. ..... During the
previous academic year from .....to.....
School/institution, namely .....vide affiliation Redg.
No./Code .....and pattern.....Curriculum.

Place:-

Date:-

**Signature of Principal**
**(Affix School Stamp)**

PROFORMA FOR RE-IMBURSEMENT OF CHILDREN EDUCATION ALLOWANCE/HOSTEL SUBSIDY

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) | : | |

8. Details of all the Children of the employee as per Pass Declaration:

| Sl. No. | Sequence | Name | DOB | Age |
|---|---|---|---|---|
| 1 | 1st Child | | | |
| 2 | 2nd 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:

| 1st Child | 2nd 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 year :

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. (a) Certified that the fee/amount indicate above had actually been paid by me.
(b) Certified that my wife/husband is/ not a Central Government Servant.
(c) Certified that my husband/wife Shri/Smt:_____is presently working as_____ 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 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 which is recognized and affiliated to Board of Education.

20. The information furnished above are complete and correct I have not suppressed any relevant information. In the event of any change in the particulars given above which effect 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 : _____

Designation & No. : _____

Place of Posting : _____

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

Signature of HAC/CRIME
With office seal and stamp