

CEA: Proforma For Re-Imbursement
Proforma For Re-Imbursement of Children Education Allowance Claim 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 Employee	:	
2.	Employee I.D.	:	
3.	Designation	:	
4.	Department / Office	:	
5.	If spouse is employed, State whether in Central Govt.,PSU, State Govt. (give details with name of the Spouse)	:	
6.	Designation, Office & B.U. No. of spouse , if spouse is employed in	:	

7. Details of the child/ children for whom CEA/Hostel Subsidy Claimed:

Sequence	Name of child	DOB	Standard (A.Y.-----)	Name & Place of the School /Institution
1 st Child				
2 nd Child				

8. Re-imbusement of Expenditure:

Sequence	Period	Rate of CEA (Rs.)	Amount Claimed	Remark
1 st Child				
2 nd Child				
Total Amount 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. Academic year for which CEA/Hostel-Subsidy is applied now: -----

- 12.(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:

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

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

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 Govt. Servant.

(b)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 / 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.

17. 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.

18. 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.

Dated : _____

Signature: •
I.D. No.
Name:
Design :
Department:

Signature Head of the Deptt.
with Office Seal and stamp

CEA: CERTIFICATE FROM THE HEAD OF INSTITUTION/SCHOOL

Authority vide Government of India Ministry of Personal P.G. and Department of Personal & Training New Delhi Order No.A-27102(02)2017 Estt.(AL) 16 August 2017.

**Certificate from the Head of Institution/School
(For Re-imburement CEA)**

Ref No.-----

Date:-----

It is certified that Master/Kumari having
Admission No.....D.O.B.-----Son/Daughter of Mr./Mrs.-----
----- Was studying in Class ----- Sec. ----- Roll No. -----
during the Previous Academic year from 20----- to 20----- School / Institution,
namely ----- vide affiliation Reg. No.-----
----- code ----- and pattern ----- Curriculum.

Date :

Place:

Signature of Principal

(Affix School seal)

CEA: Self Declaration to be submitted by the Govt. Servant
Self Declaration

I _____ designation _____

I.D.No. _____ Deptt/Office _____

do hereby certify that my Son/Daughter namely

_____ Studied in class _____

Section _____ Roll No. _____ 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 undertake to intimate the same promptly and refund excess payment, if any made to me."

Signature : _____

I.D. No :. _____

Dated : _____

Name : _____

Designation : _____

Department : _____