

**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	Designation				
3	If Spouse is employed, State whether in Central Govt., State Govt. (give details with name of the spouse)				<b>NO/YES</b>
4	Designation, Office & B.U. No of Spouse, If Spouse is employed in Railway				<b>NA</b>
5	<b>Details of the child / Children for whom CEA / Hostel Subsidy Claimed :-</b>				
	Sequence	Name of Child	DOB	Standard ( - )	Name & Place of the School/Institution
	1 <sup>st</sup> Child				
	2 <sup>nd</sup> Child				

6 Re-imbursement of Expenditure :-

Sequence	period	Rate of CEA (Rs)	Amount Claimed	Remarks
1 <sup>st</sup> Child	April To March	@ 2250/- PM		Fixed amount.
2 <sup>nd</sup> Child	April to March	@ 2250/- PM		Fixed amount.
<b>Total amount Claimed Rs</b>				

- 7 Distance of Hostel of Child from Residence of employee ( in case Hostel Subsidy):
- 8 Amount of CEA / Hostel Subsidy already received up to previous quarter :
- 9 The Academic year for which CEA / Hostel Subsidy is applied \_\_\_\_\_  
now :
- 10 (a) Whether the child for whom the CEA is applied for is disabled child : **Yes/ NO**  
(b) If yes, indicate the nature of disability:  
(c) Date of disability Certificate:  
(d) Indicate the percentage of disability:
- 11 Whether the Bonafide Certificate from the Head of Institution has been attached :
- 12 For Hostel Subsidy, the bonafide certificate from mentioning the amount is attached :
- 13 If yes at Item No.12, Amount Claimed for Hostel Subsidy : Rs.
- 14 (a) Certified that I or My wife / husband is / is not a Central Government Servant.  
(b) Certified that my wife / husband Sri / Smt \_\_\_\_\_ in presently working as \_\_\_\_\_ and that he / she shall not apply / has not applied for Children Education Allowance for the Child/ Children mentioned above.  
(c) Certified that I or my wife husband has not claimed this re-imburement of Children Education Allowance from any other source and will not claim the same in future. Education Allowance from any other source and will not claim the same in future.
- 15 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 and affiliated to Board of Education / University.
- 16 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 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.

Date :

Place :

(Signature of the Govt Servant)

Name :

P.No. :

ICMR –NIV

SELF-DECLARATION

I Dr/Mr/Mrs Name ..... Designation  
Of NIV Pune ..... do hereby certify that my  
Son/Daughter Namely ..... had  
Studied in class ..... Sec ..... Roll No ..... during the previous academic  
Year ..... at ..... 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.

Place :-

Date :-

Signature

ICMR-NIV

CERTIFICATE FROM THE HEAD OF INSTITUTION/SCHOOL

(FOR REIMBURSEMENT OF CEA)

Order No.N..A-27012/02/2017-Estt.(AL) 16 August, 2017 of DOPT

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  
..... to ..... School/institution, namely  
..... Vide affiliation Regd. No./Code  
..... and pattern ..... Curriculum.

Place :-

Date :-

Signature of Principal

(Affix School Stamp)