**PROFORMA FOR RE-IMBURESMENT 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 Govt. Servant | : |  |
| 2. | Designation | : |  |
| 3. | Name of the Unit | : | NIOH AHMEDABAD/ROHC(S) Bangalore |
| 4. | If Spouse is employed state whether in Central Govt., PSU, State Govt.(give details with name of the Spouse) | : |  |
| 6. | Designation, Office of spouse, if spouse is employed in other Govt. Dept. | : |  |
| 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 |
| 1st Child |  |  |  |  |
| 2nd Child |  |  |  |  |

8. Re-imbursement of Expenditure: -

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sequence | Period | Rate of CEA(RS) | Amountclaimed | Remarks |
| 1st Child |  | @ 2812/-PM |  | Fixed amount. |
| 2nd Child |  | @ 2812/-PM |  | Fixed amount. |
|  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. The 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 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:

16. (a) Certified that I or my wife/husband is/is not a Central Government servant. (b) Certified that my wife/husband Sri/Smt. ……………………………………………………………... is presently working as ………………………….. in ………………………….and 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-imbursement from any other source and will not claim the same in future.

17. Certified that my child in respect of whom re-imbursement 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.

Date: \_\_\_\_\_\_\_\_\_

Place: \_\_\_\_\_\_\_\_ (Signature of Govt. Servant)

Name: …………………………………

Designation ………………………….

**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 INSTITUTION/SCHOOL**
**(FOR REIMBURSEMENT OF CEA)**

**Ref. No.: Date:**

**It is certified that Master/Ms. ................................................ having, Admission No. ........................................... D.O.B - ..............................., Son/Daughter of ....................................................... was studying in Class........... Sec – ......... Roll No - ............... during the previous academic year ………………….., namely ............................................................................................................. (School/Institution) vide affiliation Regd. No./Code ....................... and Pattern ......................................**

**Place: -**

**Date:- ……................**

**Signature of Principal**

**(Affix School Stamp)**

**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 INSTITUTION/SCHOOL**
**(FOR REIMBURSEMENT OF CEA)**

**SELF-DECLARATION**

**I ....................................................................... DESG – …….................................................. OF ICMR - NATIONAL INSTITUTE OF OCCUPATIONAL HEALTH- AHMEDABAD/REGIONAL OCCUPATIONAL HEALTH CENTRE(S)-BANGALORE/REGIONAL OCCUPATIONAL HEALTH CENTRE(E)-KOLKATA DO HEREBY CERTIFY THAT MY SON/DAUGHTER ................................... WAS STUDYING IN CLASS........... - ..... DURING THE PREVIOUS ACADEMIC YEAR ………...... IN …………………………............................................................... .......................(SCHOOL NAME). 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: SIGNATURE**

**DATE: NAME – ...................................**