

**PROFORMA FOR RE-IMBURSEMENT OF CHILDREN EDUCATION ALLOWANCE/HOSTEL SUBSIDY**  
**IN TERMS OF RBE No. 147/2017**

**CLAIM FOR THE FINANCIAL YEAR: -**

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

1.	Name of the Employee	:	
2.	P.F. No./Employee No.	:	
3.	Designation	:	
4.	Office & Bill Unit No.	:	
5.	Name of Spouse	:	
6.	If spouse is employed, State whether in Central Govt., PSU, State Govt. (give details)	:	
7.	Designation, Office & B.U. No. of spouse , if spouse is employed in Railway:	:	

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

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

1 <sup>st</sup> Child	2 <sup>nd</sup> 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 quarter: ....
13. The Academic year for which CEA /Hostel Subsidy is applied now: ..
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

-:2:-

17. If Yes at Item No. 16, Amount claimed for Hostel Subsidy:.....
18. (i) Certified that the fee/amount indicate above had actually been paid by me.  
(ii) Certified that my wife/husband is/is not a Central Government Servant.  
(iii) Certified that my husband/wife 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 mentioned above.  
(iv) 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 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. 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.

Signature:

Name:

Design & Station

Working Under:

Date:

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

Date:

**Signature of Sr. Subordinate**  
**With office seal and stamp**

**FOR OFFICE USE ONLY**

Sl. No.	Name of staff	P.F.No.	CEA Amount	Hostel Subsidy Amount if any	Total

Forwarded to :Sr.DFM/CKP for vetting and early return.

Bill Clerk/OS

Bill Compiling Officer

**BONAFIDE CERTIFICATE FROM THE HEAD OF INSTITUTION/SCHOOL**

This is to certify that Master/Baby/Mr./Miss ..... Roll no.....  
Admission No..... son of Sri/Smt..... is a bonafide  
student of this school and studied in Class..... during the financial year ..... and as per  
School records his/her date of birth is ..... in words  
.....

This is to also certify that the above named child had studied in this school in the previous  
academic year.....

He/She bears a good moral character.

\*\* During the year Master/Baby/Mr./Miss.....had resided in the residential  
complex (Hostel) of the school and paid an amount of Rs..... toward boarding and lodging in  
the residential complex.

This Institution/School is affiliated recognized by ..... and  
the affiliation/recognition Number is.....

Dated:

Place:

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

\*\*(Strike out it is not applicable)