

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.	:	<u>ICAR-CITH, Srinagar</u>
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 for the employee:

Sl. No.	Sequence	Name	DOB	Agge
1.	1 st Child			
2.	2 nd Child			
3				

9. Details of all the children for whom CEA/Hostel Subsidy claimed:

Sl. No.	Sequence	Name	DOB	Agge
1.	1 st Child			
2.	2 nd Child			

10. Academic year, New of School/Residential School and class in which children studied:

		Academic Year :-
1 st Child		
2 nd 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

Contd..P/2

-: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-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. 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/Register etc 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)