

**PROFORMA FOR RE-IMBURESMENT OF  
CHILDREN EDUCATION ALLOWANCE**

**CLAIM FOR THE ACADEMIC YEAR: 2017-18**

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

1.	Name & Rank of the Govt Servant	:	
2.	Personal No.	:	
3.	Designation	:	
4.	Name of the Unit	:	<b>ICGS Samarth</b>
5.	If Spouse is employed, state whether in Central Govt., PSU, State Govt. (give details with name of the Spouse)	:	<b>NO</b>
6.	Designation, Office & B.U. No.of spouse, if spouse is employed in Railway	:	<b>NA</b>
7.	<b>Details of the child / children for whom CEA / Hostel Subsidy claimed:-</b>		
	Sequence	Name of child	DOB
			Standard (A.Y. 2017-18)
			Name & Place of the School / Institution
	1 <sup>st</sup> Child		
	2 <sup>nd</sup> Child		

8. Re-imburement of Expenditure:-

Sequence	Period	Rate of CEA (Rs)	Amount claimed	Remarks
1 <sup>st</sup> Child	Apr 17 to Jun 17	@ 1500/- PM	4,500.00	School Fee receipts and other bills attached
	Jul 17 to Mar 17	@ 2250/- PM	20,250.00	Fixed amount.
2 <sup>nd</sup> Child	Apr 17 to Jun 17	@ 1500/- PM	4,500.00	School Fee receipts and other bills attached
	Jul 17 to Mar 17	@ 2250/- PM	20,250.00	Fixed amount.
<b>Total amount claimed Rs</b>			<b>49,500.00</b>	

- 9. Distance of Hostel of child from residence of employee (in case Hostel Subsidy): **NA**
- 10. Amount of CEA / ~~Hostel Subsidy~~ already received up to previous quarter: **NIL**
- 11. The Academic year for which CEA / ~~Hostel Subsidy~~ is applied now: **2017-18**
- 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: **NA**
- 15. If Yes at Item No. 14, Amount claimed for Hostel Subsidy: Rs **NA**
- 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-imburement from any other source and will not claim the same in future.
- 17. 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.
- 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:      Apr 18

Place: Goa

(Signature of Govt Servant)

Name: .....

Rank : .....

P.No.: .....

**II**  
**COUNTERSIGNED**

ICGS Samarth  
Goa – 403 803

Date:        Apr 18