

**PROFORMA FOR REIMBURSEMENT OF CHILDREN EDUCATION ALLOWANCE /
HOSTEL SUBSIDY**

CLAIM FOR THE FINANCIAL 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.	Employee No.	:	
3.	Designation & DoJ	:	
4.	Name of Spouse	:	
5.	If spouse is employed, State whether in Central Govt., Autonomous Organization, PSU, State Govt. (give details)	:	

6. Details of all the Children for whom CEA / Hostel Subsidy claimed:-

Sequence	Name of Child	DOB	Age	Standard (A.Y.)	Name & address of the school / Institution
1 st Child					
2 nd Child					

7. Reimbursement of Expenditure (CEA / Hostel Subsidy):-

Sequence	Period	Claim (Please ✓)	Remarks
1 st Child		CEA/Hostel Subsidy	
2 nd Child		CEA/Hostel Subsidy	

8. Distance of Hostel of child from residence of employee. _____(in kilometres)
(in case Hostel Subsidy is claimed).
9. (a) Whether the child for whom the CEA is applied for is a Divyaang child: YES/NO
(b) If yes, indicate the nature of disability:
(c) Date of disability certificate.
(d) Indicate the percentage of disability:
10. For claiming CEA, whether Bonafide certificate in the attached format from Head of Institution has been attached : Yes/No.

11. In absence of Bonafide certificate for claiming CEA, self-declaration in the attached format along with Report card/Fee receipt/any proof of study is attached: Yes/No.
12. For Hostel Subsidy, the Bonafide certificate mentioning the amount is attached: Yes/No
13. If Yes at Item No. 12, Amount claimed for Hostel Subsidy:.....
14. (i) Certified that the fee/amount indicated above has actually been paid by me
(For Hostel Subsidy only).

(ii) Certified that my husband/wife Sri/Smt:..... is presently working
in Central Govt. employee / Autonomous body /PSU/State Govt. as
inand that he/she shall not apply/has not applied for the Children
Education Allowance for the child mentioned above.

(iii) Certified that my wife/husband is not a Central Government/ Autonomous body /PSU/
State Govt. employee.

(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.
15. 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 Govt. Board
of Education/University/Institute.
16. I hereby declare that the above information is true and the expenditure on schooling/hostel
has been incurred by me. The person for whom tuition fee were incurred is wholly dependent
on me. I agree for the reimbursement as admissible under the rules. In case any information
declared here is found to be false or suppression of facts is detected, I undertake to refund
the entire amount paid to me and in case I fail to do so. NID AP reserves the right to recover
the sanctioned amount from my salary / dues.

Signature of the Employee

Date:

FOR OFFICE USE ONLY

Employee Name	CEA Amount	Hostel Subsidy Amount	Total

The claim and the family composition of the claimant has been verified from the official records and found correct.

(AAO/AO)

Approved and forwarded to Finance for CEA / Hostel subsidy reimbursement as stated above.

(CAO/Director)

**CERTIFICATE FROM THE HEAD OF INSTITUTION / SCHOOL
(FOR REMIMBURSEMENT OF CHILDREN EDUCATION ALLOWANCES)**

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)



(FOR REIMBURSEMENT OF CHILDREN EDUCATION ALLOWANCES)

SELF – DECLARATION

I.....do hereby certify that my Son / Daughter
namley..... studied in class.....
Sec.....Roll No.....during the academic
year.....in..... school.

I hereby declare that the above information is true. 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 and agree for recovery, if any by NID AP.

Place :-

Date :-

Signature :

Name :

Designation :

