



**APPLICATION FOR REIMBURSEMENT OF CHILDREN EDUCATION ALLOWANCE
(Ref. DOPT OM No.12011/03/2008 (Allowance) Dt. 02/09/08,
O.M. No. A-27012/02/2017-Estt. (AL) dated 16/08/2017 and 17/07/2018)**

1. Employee No.: 2. Name:
3. Designation:
4. Department: 5. D.O.J.:
6. Pay Level in the Pay Matrix:
7. Details of the Children: -

Sl. No.	Name of the child	Date of birth	Class	Name of the school
(a)				
(b)				

8. Amount Claimed: Rs.

I hereby declare that: -

1. The children/child mentioned above in respect of whom reimbursement of Children Education Allowance is claimed are wholly dependent upon me.
2. During the period covered by the claim the child attended the school regularly and did not absent himself/herself from school without proper leave for a period exceeding one month.
3. In the event of any change in the particulars given above which affect my eligibility for children's educational allowance, I undertake to intimate the same promptly and also to refund excess payments, if any made.
4. The reimbursement of the above expenses has not been claimed by my spouse who is also a Govt. servant (This is applicable in case both the spouses are Govt. Servants).
5. The facts and figures given in the reimbursement bill are true to the best of my knowledge and belief.
6. My wife/husband is/is not a Central Government Servant.
7. Certified that my husband/wife Sri/Smt..... is presently working as : inand that he/she shall not apply/has not applied for the Children Education Allowance/Hostel Subsidy for the child mentioned above.
8. 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.
9. (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:
10. Whether the Bona-fide/Study certificate from Head of Institution/school has been attached:
Yes/No: _____

11. For Hostel Subsidy, the Bonafide certificate from mentioning the amount is attached:
Yes/No.

12. If Yes at Item No. 11, Amount claimed for Hostel Subsidy: Rs.....

13. 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.

14. 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.

Place:
Dated:

Signature of the Employee

- Enclosure:** (i) Study Certificate(s).
(ii) Self-attested copy of e-fee receipt(s)
(iii) Self-attested copy of Report card