

PROFORMA FOR RE-IMBURSEMENT OF CHILDREN EDUCATION ALLOWANCE/HOSTEL SUBSIDY

CLAIM FOR THE ACADEMIC YEAR: -2024-25

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.	Employee Code.	:	
3.	Designation	:	
4.	Office	:	
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:

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

11. The Academic year for which CEA /Hostel Subsidy is applied now: ..
12. Distance of Hostel of child from residence of employee (in case Hostel Subsidy is claimed)....
13. Amount claimed for Hostel Subsidy:.....
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. Please attach any one of the following:
(a) The Bonafide certificate from Head of Institution.

or

(b) Fee Receipt of 12 months (original copy).

or

(c) Report card of the child (self-attested copy)

16. (i) Certified that the fee/amount indicated 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 : inand 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-imbusement 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.
19. Copy of CGHS card of child /Copy of form-3 is enclosed.

PFMS Unique Code: IAAD
IFSC Code:
Bank A/c No.:
Office ID No.:
Mob No.:

Signature:
Name:
Design & Station:
Working Under:
Date: