

o/o The Pr. Accountant General (A&E) Haryana, Chandigarh

PROFORMA FOR RE-IMBURSEMENT OF CHILDREN EDUCATION ALLOWANCE**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.	Employee ID No.	:	
3.	Designation	:	
4.	Office	:	Pr. Accountant General (A&E) Haryana, Chandigarh
5.	Name of spouse	:	
6.	If spouse is employed, State whether in Central Govt., PSU, State Govt. (give details)	:	
7.	Designation, Office of spouse, if spouse is employed :	:	

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. 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
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 : 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-imbursement from any other source and will not claim the same in future.
19. 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.
20. 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:

Date:

Designation & Section

The family composition of the claimant has been verified from the official records such as Pass Declaration/Register etc and found correct.

Signature of Branch Officer (Admn-II)
with official seal and stamp

FOR OFFICE USE
ONLY

Sl. No.	Name of Employee	ID.No.	CEA Amount	Hostel Subsidy Amount if any	Total

Bill passed for Rs. _____ (Rupees)

Dealing Hand (Admn-2)

AAO (Admn-2)

Sr.Accounts Officer (Admn-2)

BONAFIDE CERTIFICATE FROM THE HEAD OF INSTITUTION/SCHOOL

(FOR REIMBURSEMENT OF CEA)

It is certified that Master/Mr./Miss Roll No.....
Admission No..... son/daughter of Sri/Smt.....
is a bonafide student of this school and studied in Class.....
Section during the financial year and as per School records
his/her Date of Birth is

This is also to 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/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 School/Institution is affiliated/recognized by
and the Affiliation/ Recongnition Number is

Dated:

Place:

Signature of Head of the Institution/
School (with Stamp and seal)

**** (Strike out if not applicable)**