

**ICMR-RMRC GORAKHPUR, BRD Medical College
Campus,
Utter Pradesh -273013**

**APPLICATION FORM FOR RE-IMBURSEMENT OF
CHILDREN EDUCATION ALLOWANCE**

CLAIM FOR THE ACADEMIC YEAR _____

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

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

8. Re-imbursement of Expenditure:-

Sequence	Period	Rate of CEA (Rs)	Amount claimed	Remarks
1 st Child				
2 nd Child				
Total amount claimed Rs				

9. Distance of Hostel of child from residence of employee (in case of Hostel Subsidy) _____
10. Amount of CEA / Hostel Subsidy already received up to previous quarter: _____
11. The Academic year for which CEA / Hostel Subsidy is applied now _____
- 12.
- Whether the child for whom the CEA is applied for is a disabled child: YES/NO _____
 - If yes, indicate the nature of disability: _____
 - Date of disability certificate: _____
 - 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 _____
15. If Yes at Item No. 14, Amount claimed for Hostel Subsidy: Rs _____
- 16.
- Certified that I or my wife / husband is / is not a Central Government servant.
 - Certified that my wife / husband Sh. / 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.
 - 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 particular 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: _____

Place: _____

(Signature of Govt. Servant)

Name:

Rank:

P.No.:

Authority vide Government of India, Ministry of Personal
P.G and Department of Personal & Training New Delhi
Order No. A-27102/02/2017-Estt. (AL) 16 August 2017
(This order shall be effective from 01 Jul 2017)

CERTIFICATE FROM THE HEAD OF INSTITUTION / SCHOOL
(FOR REIMBURSEMENT CEA)

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)

SELF DECLARATION

Name _____ Designation _____ do hereby
certify that my Son / Daughter namely _____ was Studied in Class
_____ Sec _____ Roll No. _____ during the
Previous Academic Year _____ in _____
School.

In the event of any change in the particular 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.

Signature of Govt Servant

Name: _____

Rank: _____

P.No. _____

Place: _____

Date: _____