

**ICMR-NATIONAL CENTRE FOR DISEASE INFORMATICS AND RESEARCH, BENGALURU**

**PROFORMA FOR RE-IMBURESMENT OF CHILDREN EDUCATION ALLOWANCE**

**CLAIM FOR THE ACADEMIC YEAR: 20\_\_ : 20\_\_**

I hereby apply for the reimbursement of Children Education Allowance / Hostel Subsidy for my child / children and relevant particulars are 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.	<b>Details of the child / children for whom CEA / Hostel Subsidy claimed:-</b>		
	Sequence	Name of child	DOB
			Standard (A.Y. 20__ - __)
	1 <sup>st</sup> Child		
	2 <sup>nd</sup> Child		
			Name & Place of the School / Institution

8. Re-imburement of Expenditure:-

Sequence	Period	Rate of CEA (Rs)	Amount claimed	Remarks
1 <sup>st</sup> Child	Apr 20__ to Mar 20__	@ 2250/- PM		
2 <sup>nd</sup> Child	Apr 20__ to Mar 20__	@ 2250/- PM		
<b>Total Amount Claimed Rs.</b>				

9. Distance of Hostel of child from residence of employee (in case 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. (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:
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. (a) Certified that I or my wife / husband is / is not a Central Government servant.  
 (b) Certified that my wife / husband Sri / 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.  
 (c) 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 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.

Date:

Place:

(Signature of Govt Servant)

Name: .....

Rank: .....

P.No.: .....

**II**

**COUNTERSIGNED**

Date: