PROFORMA FOR RE-IMBURESMENT OF CHILDREN EDUCATION ALLOWANCE

CLAIM FOR THE ACADEMIC YEAR:	CLAIM FOR	THE	ACADEMIC'	YEAR:										
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I hereby apply for the reimbursement of Children Education Allowance / Hostel Subsidy for my child / children and relevant particulars are furnished below:-

1.	Name & Rar	nk of the Govt Servant					(eav 1) (g)
2.	Personal No.						specificat (b)
3.	Designation			-			13. VIDENIO DE D
4.	Name of the	Unit					
5.	Central Govt	employed, state whether in ., PSU, State Govt. (give name of the Spouse)	1				til (a) Cariffed tild
6.		Office & B.U. No.of spouse employed in Railway	2,		nga kata ana say		British of
7.		he child / children for v	vho	m	CEA / Hostel Su	bsi	idy claimed:-
	Sequence	Name of child		ОВ	Standard (A.Y.		Name & Place of the School / Institution
	1 st Child	o fromorphism motiv			cas ei bilde v		September 18
	2 nd Child				VALUE OF		Vandoubil to brack

8. Re-imbursement of Expenditure:-

Sequence	Period	Rate of CEA (Rs)	Amount claimed	Remarks
1 st Child	NoO to grading	@ 2250/- pm	27,000	Fixed amount
2 nd child		@ 2250/- PM	\$3,000	Fixed amount.

Total amount claimed Rs		
. Octor trillouite estatilises ico		

Amount of CEA / Hostel Subsidy already received up to previous quarter:

9.

10.

Distance of Hostel of child from residence of employee (in case Hostel Subsidy):

11.	The Academic year for which CEA / Hoste	l Subsidy is a	pplied now:
12.	 (a)Whether the child for whom the CEA is a (b) If yes, indicate the nature of disability certificate: (c) Date of disability certificate: (d) Indicate the percentage of disability 	lity:	a disabled child :
13.	Whether the Bonafide certificate from He	ad of Institut	ion has been attached :
14.	For Hostel Subsidy, the Bonafide certificat	te from ment	ioning the amount is attached:
15.	If Yes at Item No. 14, Amount claimed fo	r Hostel Subs	sidy: Rs
16.	(a)Certified that I or my wife / husband is / (b) Certified that my wife / husband ! working as:	r the Childre	n Education Allowance for the child
	Certified that my child in respect of ance is applied is studying in the School / d of Education / University.		
The relevation relevation relevation relevation relation	Certified that I am claiming the CEA in information furnished above are completed and information. In the event of any changility for reimbursement of Children Educational ptly and also to refund excess payments the information / documents furnished blinary action.	e and corre ge in the par- ion Allowand if any made	ct and I have not suppressed any ticulars given above which affect my e, I undertake to intimate the same Further, I am aware that if at any
Date			(Signature of Govt Servant)
Place	: NHMM Delhi		Name: Designation
	COUNTER	SIGNED	
Rema	arks by i/c Service Book	Remarks by	HoO/HoD
Ist Ch	necked from Service book hild name recorded on Page No child name recorded on page No	1	
Date	: Sign of i/c Ser. Book	Date :	HoO/HoD

SELF DECLARATION

IDN	No		Designation :		Nam	e		
of t	Jnit	<u>NHHМ</u>	do	hereby	certify th	at my	Son	/Daughter
name	ely				Studied	in Class _	S	ec
Roll	No.			during	Previous	Academic	Year	2'20: i
								School
	ren Edu		llowance. I und					t my eligibility fo nd refund exces
					Sign	ature of Go	ovt Serv	ant
					Desi	e: gnation	,	
Place	:							
Date:			_					

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 REIMBURSMENT CEA)

Ref No					Date:	
It is certifi	ied that Master/	Kumari		h	aving Admiss	ion
NoI	D.O.B	Son	/ Daughter of M	Ir / Mrs.		
was studying in (Class	Sec	Roll No		_ during th	e Previou
Academic Year	from	to		School /	Institution,	namel
		a control		vide	affiliation l	Regd No.
Code						
				/ 4		**
Place:						
Date:					ure of principa School Stamp)	