

# DAULAT RAM COLLEGE, UNIVERSITY OF DELHI, DELHI – 110 007.

## PROFORMA FOR RE-IMBURESMENT OF CHILDREN EDUCATION ALLOWANCE

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

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

1.	Name of the Govt. Servant	:	
2.	Post	:	
3.	Designation	:	
4.	Name of the Unit/Department	:	
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. 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				School Fee receipts and other bills attached
2 <sup>nd</sup> Child				School Fee receipts and other bills attached
Total amount claimed Rs				

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:

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-imbusement from any other source and will not claim the same in future.

17. Certified that my child in respect of whom re-imbusement 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

**CEA : Self Declaration to be submitted by the Govt. Servant**

**SELF DECLARATION**

I \_\_\_\_\_ employee of Daulat Ram College,  
University of Delhi, Delhi – 110 007 working in the Department of \_\_\_\_\_  
do hereby certify that my Son / Daughter namely  
\_\_\_\_\_ Studied in Class \_\_\_\_\_ Sec  
\_\_\_\_\_ Roll No. \_\_\_\_\_ during Previous Academic Year \_\_\_\_\_ in  
\_\_\_\_\_ School.

In the event of any change in the particulars 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: \_\_\_\_\_

Post: \_\_\_\_\_

Department \_\_\_\_\_

Place: \_\_\_\_\_

Date: \_\_\_\_\_

II  
**COUNTERSIGNED**

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**CEA : Certificate from the Head of Institution / School**

**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)

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: .....

Post: .....

Department.: .....

Address: .....

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**Bank Detail of Employee:**

Bank Name: \_\_\_\_\_

Branch: \_\_\_\_\_

Account No: \_\_\_\_\_

IFSC Code: \_\_\_\_\_