

PROFORMA FOR RE-IMBURSEMENT OF CHILDREN EDUCATION ALLOWANCE
in terms of DOPT Order No. A-27012/02/2017-Estt(AI) dated 16 Aug. 2017

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

| | | | |
|-----|------------------|---|--|
| (a) | Name of Employee | : | |
| (b) | Designation | : | |
| (c) | Dept./Section | : | |
| (d) | Name of Spouse | : | |

2. Details of all the children of the employee:

| Sl. No. | Sequence | Name | DOB | Whether child is disabled, if yes attach certificate. |
|---------|-----------------------|------|-----|---|
| (a) | 1 st Child | | | |
| (b) | 2 nd Child | | | |
| (c) | 3 rd Child | | | |

3. Details of all the children for whom CEA claimed for the Financial Year _____:

| Sl. No. | Name | Name of School and class in which studying | Period | Amount |
|---------|------|--|--------|--------|
| (a) | | | | |
| (b) | | | | |

4. Whether the certificate from Head of Institution has been attached: Yes/No.

5. (i) Certified that my wife/husband is/is not a Government Servant.

(ii) 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.

6. Whether the school is recognized by CBSE/ICSE/State Govt./Dist. Administration. If yes specify and enclose the certificate/details of registration (Mandatory)_____.

7. The information furnished above is complete and correct and I have not suppressed any relevant information or misleading / false information regarding studying of ward / affiliation / recognition of school. 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 the payments or deduction from my salary if any made. Further, I am aware that if at any stage the information/documents furnished above are found to be false, I am liable for disciplinary action.

Signature of employee

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

Signature of SO/AR (Estt.)

Date:

I forwarded to: F & A Dept. for payment.

BHI Clerk

Bill Compiling Officer/SO