**INDIAN INSTITUTE OF TECHNOLOGY BHUBANESWAR**

**APPLICATION FOR CHILDREN EDUCATION ALLOWANCE (CEA)/ HOSTEL SUBSIDY (HS)  
(Ref. DoPT OM No.A-27012/02/2017-Estt. (AL) dated 17th July 2018)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S.No** | **PARTICULARS** | | | |
| 01 | Name of the Employee |  | | |
| 02 | Employee ID |  | | |
| 03 | Designation |  | | |
| 04 | School/Section |  | | |
| 05 | **PARTICULARS OF CHILDREN** | **CHILD -1** | **CHILD -2** | **CHILD-3#** |
| i) | Name of the Children/Student |  |  |  |
| ii) | Date of Birth |  |  |  |
| iii) | Class |  |  |  |
| iv) | Academic Year |  |  |  |
| v) | Name of the School |  |  |  |
| vi) | Address of the School |  |  |  |
| 06 | **Nature of Claim (Tick whichever is applicable)** | | | |
| i) | Education Allowance (CEA) | Yes / No | Yes / No | Yes / No |
| ii) | Hostel Subsidy@ ( Pl also mention amount of claim for this column) | Yes / No  Rs. | Yes / No  Rs. | Yes / No  Rs. |
| iii) | Divyang Child **(if yes, enclose the proof of certificate**) | Yes / No | Yes / No | Yes / No |
| 07 | **Enclosure(s) for CEA** : **(Tick whichever is applicable)** | | | |
|  | **(a)** Bonafide Certificate from Head of the School/Institute  **or**  **(b)** Self-attested final Report card  **or**  **(c)** Self-attested fee receipts | (a) (b) (c) | (a) (b) (c) | (a) (b) (c) |
|  | **Enclosure(s) for Hostel: (Tick whichever is applicable)** | | | |
| 08 | **Subsidy**:  **(a)** Bonafide Certificate from school mentioning the amount of expenditure towards lodging and boarding  **or**  **(b)** Self-attested copy of the report card and original fee receipt(s)/e-receipt(s) | (a) (b) | (a) (b) | (a) (b) |

#in case the second child birth results in twins/multiple birth.

@ Applicable only in respect of the Child studying in a residential education institution located at least 50KM away from the residence of the employee.

**Certified that**

1. My child/ children in respect of whom re-imbursement of CEA/ Hostel subsidy is claimed, is/are studying in the School/Jr. College which is/are recognized and affiliated to Board of Education/ University/ Govt. and wholly depended upon me.
2. My spouse is not an employee of Central Govt./State Govt./Autonomous/PSU organization **OR** My spouse is an employee of Central Govt./State Govt./ Autonomous/PSU organization and will not claim reimbursement of any Educational expenses in respect of our Children from his/her employer.
3. I am claiming the above CEA/ Hostel Subsidy in respect of my two/ three# (as the case maybe) eldest surviving children only. The same has not been claimed earlier.

I hereby declare that the information furnished above are complete and correct, 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 CEA/Hostel Subsidy, I undertake to intimate the same promptly and also to refund excess payments if any made to me. 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 the Claimant/Employee**

**Name:**

**For the use of Establishment Section**

1. The name(s) of Child/Children furnished by the employee are duly verified with the records maintained in this section and eligible for CEA reimbursement.
2. The Child/Children is/are studying in the recognized School/Institution

**Junior Assistant/Junior Superintendent (Estt.)**

**Assistant/Deputy Registrar (Estt.)**