



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 <input type="checkbox"/> / No <input type="checkbox"/>	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Yes <input type="checkbox"/> / No <input type="checkbox"/>
ii)	Hostel Subsidy [@] (PI also mention amount of claim for this column)	Yes <input type="checkbox"/> / No <input type="checkbox"/> Rs.	Yes <input type="checkbox"/> / No <input type="checkbox"/> Rs.	Yes <input type="checkbox"/> / No <input type="checkbox"/> Rs.
iii)	Divyang Child (if yes, enclose the proof of certificate)	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Yes <input type="checkbox"/> / No <input type="checkbox"/>
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	<input type="checkbox"/> (a) <input type="checkbox"/> (b) <input type="checkbox"/> (c)	<input type="checkbox"/> (a) <input type="checkbox"/> (b) <input type="checkbox"/> (c)	<input type="checkbox"/> (a) <input type="checkbox"/> (b) <input type="checkbox"/> (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)	<input type="checkbox"/> (a) <input type="checkbox"/> (b)	<input type="checkbox"/> (a) <input type="checkbox"/> (b)	<input type="checkbox"/> (a) <input type="checkbox"/> (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

- i. My child/ children in respect of whom re-imburement 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.
- ii. 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.
- iii. 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.)