

**KENDRIYA VIDYALAYA NO.2, EME BARODA**  
**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 & Rank of the Govt Servant	:	
2.	Personal No.	:	
3.	Designation	:	
4.	Name of the KV	:	
5.	If Spouse is employed, state whether in Central Govt., PSU, State Govt. (give details with name of the Spouse)	:	<b>NO/YES</b>
6.	Designation, Office & B.U. No.of spouse,	:	
<b>7. Details of the child / children for whom CEA / Hostel Subsidy claimed:-</b>			
	Sequence	Name of child	DOB
			Standard (A.Y. _____)
	1 <sup>st</sup> Child		
	2 <sup>nd</sup> Child		
<b>8. Re-imburement of Expenditure:-</b>			
	Sequence	Period	Rate of CEA (Rs)
			Amount claimed
	1 <sup>st</sup> Child		
	2 <sup>nd</sup> Child		
			<b>Remarks</b>
<b>Total amount claimed Rs</b>			



9. Distance of Hostel of child from residence of employee (in case Hostel Subsidy): \_\_\_\_\_
10. Amount of CEA /Hostal subsidy already received up to previous quarter: \_\_\_\_\_
11. The Academic year for which CEA / Hostal 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: Rs \_\_\_\_\_
16. (a) Certified that I or my wife / husband / 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-imburement from any other source and will not claim the same in future.
17. Certified that my child in respect of whom re-imburement 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 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 :



**II**  
**COUNTERSIGNED**

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 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)



## SELF DECLARATION

I, Employee Code \_\_\_\_\_ Name \_\_\_\_\_  
of Desig. \_\_\_\_\_ 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: \_\_\_\_\_

Desig. \_\_\_\_\_

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

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