



**SRI AUROBINDO COLLEGE (EVENING)
(UNIVERSITY OF DELHI)
MALVIYA NAGAR, NEW DELHI- 110017**

REIMBURSEMENT OF CHILDREN EDUCATION ALLOWANCE

CLAIM FOR THE ACADEMIC YEAR: 20____ - 20____

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 Employee				
2.	Designation				
3.	Name of the Department/Section				
4.	If Spouse is employed, state whether in Central Govt., PSU, State Govt. (give details with name of the Spouse)				
5.	Details of the child / children for whom CEA / Hostel Subsidy claimed: -				
	Sequence	Name of Child	DOB	Standard/Class (A.Y.....)	Name & Place of the School / Institution
	1 st Child				
	2 nd Child				

6. Re-imburement of Expenditure:-

Sequence	Period	Amount of CEA (Rs.)	Amount of Hostel Subsidy (Rs.)	Remarks
1 st Child	Apr 20____ to Mar 20____			
2 nd Child	Apr 20____ to Mar 20____			
Total amount claimed Rs.				

7. Distance of Hostel of child from residence of employee (in case Hostel Subsidy):
8. Amount of CEA/Hostel Subsidy already received up to previous quarter:
9. The Academic year for which CEA / Hostel Subsidy is applied now:
10. (a) Whether the child for whom the CEA is applied for is a child with disabilities : Yes / No
 (b) If yes, indicate the nature of disability:
 (c) Date of disability certificate:
 (d) Indicate the percentage of disability:
11. Whether the Bonafide certificate from Head of Institution has been attached: Yes / No
12. For Hostel Subsidy, the Bonafide certificate from mentioning the amount is attached:
13. If Yes at Item No. 12, Amount claimed for Hostel Subsidy: Rs. _____
14. Certified that I or my wife / husband is / is not a Central Government servant.
 - a. 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.
 - b. 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.
15. Certified that my child/children 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.
16. 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.

Signature

Name:

Designation :

Date: