

**PERFORMA FOR RE-IMBURESMENT OF**  
**CHILDREN EDUCATION ALLOWANCE**

**CLAIM FOR THE ACAEMIC YEAR: 2018-2019**

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

1.	Name & Rank of the Govt. Servant	:			
2.	Personal No.	:			
3.	Designation	:			
4.	Name of the Unit	:	ICAR- Indian Institute of Spices Research, Kozhikode		
5.	If Spouses is employed, state whether in Central Govt., PSU, State Govt. ( give details with name of the spouse )	:			
6.	Designation, Office & B.U .No .of Spouse, If spouse is employed in Railway	:	NA		
7.	<b>Details of the Child / Children For Whom CEA / Hostel Subsidy Claimed :-</b>				
	Sequence	Name Of Child	DOB	Standard (A. Y. 2018-2019)	Name & Place Of The School / Institution
	1 <sup>st</sup> child				
	2 <sup>nd</sup> child				

**8. Re-imbusement of Expenditure :-**

Sequence	Period	Rate Of CEA ( Rs)	Amount Claimed	Remarks
1 <sup>st</sup> child	April 2018-March 2019	@ 2250 /-		Fixed amount
2 <sup>nd</sup> child	April 2018-March 2019	@ 2250 /-		Fixed amount
<b>Total amount claimed Rs</b>				

Distance of Hostel of child from residence of employee (in case Hostel Subsidy): **NA**

10. Amount of CEA / Hostel-Subsidy already received up to previous quarter: **NIL**

11. The Academic year for which CEA / Hostel-Subsidy is applied now: **2017-18**

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: **NA**

15. If Yes at Item No. 14, Amount claimed for Hostel Subsidy: Rs **NA**

16. (a) Certified that I or my wife / ~~husband~~ is / 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: .....

Rank : .....

P.No.: .....

**II**  
**COUNTERSIGNED**

ICAR-IISR  
 Kozhikode

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 2018 to 2019 school / Institution,  
namely ----- vide affiliation  
Regd No / code ----- and pattern -----Curriculum.

Signature of Principal  
(Affix School Stamp)

Place : Kozhikode

Date :

## SELF DECLARATION

I Service No. \_\_\_\_\_ Rank \_\_\_\_\_ Name \_\_\_\_\_

of Unit ICAR - IISR do hereby certify that my Son / Daughter  
namely \_\_\_\_\_ Studied in Class \_\_\_\_\_ Sec \_\_\_\_\_

Roll No. \_\_\_\_\_ during Previous Academic Year **2017-2018** 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: \_\_\_\_\_

Rank: \_\_\_\_\_

P.No. \_\_\_\_\_

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

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