## PROFORMA FOR RE-IMBURESMENT OF CHILDREN EDUCATION ALLOWANCE

## CLAIM FOR THE ACADEMIC YEAR: 2017-18

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 Unit   |               |  | :   | ICGS Samarth |                            |   |  |
| 5.<br>6. | If Spouse is employed, state whether in<br>Central Govt., PSU, State Govt. (give<br>details with name of the Spouse)<br>Designation, Office & B.U. No.of spouse, |               |  |     | NC<br>NA     |                            |   |  |
|          | if spouse is employed in Railway   |               |  |     |              |                            |   |  |
| 7.       | Details of the child / children for whom CEA / Hostel Subsidy claimed:-  |               |  |     |              |                            |   |  |
|          | Sequence   | Name of child |  | DOB |              | Standard<br>(A.Y. 2017-18) | Name & Place of the<br>School / Institution |  |
|          | 1 <sup>st</sup> Child  |               |  |     |              |                            |   |  |
|          | 2 <sup>nd</sup> Child  |               |  |     |              |                            |   |  |

8. Re-imbursement of Expenditure:-

| Sequence              | Period           | Rate of<br>CEA<br>(Rs) | Amount<br>claimed | Remarks                                      |
|-----------------------|------------------|------------------------|-------------------|--|
| 1 <sup>st</sup> Child | Apr 17 to Jun 17 | @ 1500/- PM            | 4,500.00          | School Fee receipts and other bills attached |
|                       | Jul 17 to Mar 17 | @ 2250/- PM            | 20,250.00         | Fixed amount.                                |
| 2 <sup>nd</sup> Child | Apr 17 to Jun 17 | @ 1500/- PM            | 4,500.00          | School Fee receipts and other bills attached |
|                       | Jul 17 to Mar 17 | @ 2250/- PM            | 20,250.00         | Fixed amount.                                |
|                       | Total amount     | t claimed Rs           | 49,500.00         |  |

- 9. 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 : <u>Yes</u> / <del>No</del>
- 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

(c) Certified that I or my wife / husband has not claimed this re-imbursement from any other source and will not claim the same in future.

17. Certified that my child in respect of whom re-imbursement 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.

<u>II</u> COUNTERSIGNED

Date: Apr 18

Place<u>: Goa</u>

| (Signature  | of       | Govt | Servant) |
|-------------|----------|------|----------|
| (eignatai e | <u> </u> | 0010 |          |

| Name:  | <br> | <br> | <br>                                      |
|--------|------|------|---|
| Rank : | <br> | <br> | <br>· · · · · · · · · · · · · · · · · · · |
| P.No.: | <br> | <br> | <br>                                      |

ICGS Samarth Goa – 403 803

Date: Apr 18