* Duplicate Set also reg.

CLAIM FOR THE ACADEMIC YEAR:	
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Salary Head: DOT/WPC/USOF/MOC

Children Education Allowance/Hostel Subsidy Claim

nereby apply for the reimbursement of Children Education Allowance/Hostel Subsidy for my child/children

	evant particulars are furnished be		£	*	
Name of the Employee		:			
Em	Employee No.		:		
Des	Designation & Section		:		
Nar	Name of Spouse		:		
in C	in Central Govt., PSU, State Govt. (give details)		:		
5.0	etails of all the children for whom twins):	n CEA/Hostel			
Si No.	Name	DOB	Class	Name of School/ Residential School	Amount Claimed
i.	·				
ે (in ∷કe of ⊶ns)				9"	
(b) For (Whether the child for whom the of the disability of the disability of the disability of the disability of the certificate confirming the disability of the certificate confirming the disable of the disability of the d	ty certificate.	studied in		ıs academic year
2.0	Hostel Subsidy:				
ac loc	hether the certificate confirming ademic year from Head of Institution and boarding, has been at	tution, also m tached: Yes	entioning t / No	the amount of experionure	I during previous incurred towards
	Certified that my wife/husband is				
	Certified that my husband/wife			and that	Hersite stial that
арі	ply/has not applied for the Childre	en Education	Allowance	for the child mentioned abo	ove.

- 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.
 - (iv) Certified that my child in respect of whom reimbursement of Children Education Allowance is applied is studying in the School/Jr. College which is recognized and affiliated to Board of Education/University.

The information furnished above is complete and correct and I have not suppressed any relevant autorimation. 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 are found to be false, I am liable for disciplinary action.

17.

	Signature
Name:	
Designation:	
Phone No.:	

Bank A/c No	
Bank Name	,
IFSC Code	a

CERTIFICATE FROM THE HEAD OF INSTITUTION/SCHOOL For reimbursement of CEA/Hostel Fee

This is to certify that Master/Ku having Admission No son/daughter of Mr./Mrs of this school and studied in Cl academic year from	DOB is/was a bonafide student ass during the previous
the residential complex (Hoste	ari had resided in el) of the school and paid an amount of boarding and lodging in the residential
	is affiliated/recognized by and the Affiliation/Recognition Number is
Dated: Place:	
	Signature Head of the Institution/School (with Stamp and seal)

**(Strike out if not applicable)

3 tri.