



APPENDIX - A

**PROFORMA FOR REIMBURSEMENT OF
CHILDREN EDUCATION ALLOWANCE / HOSTEL SUBSIDY**

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 of the Employee :
2. Employee ID No. :
3. Designation :
4. Department/Section :
5. Name of the Spouse :

(a) If spouse is employed, state whether in Central/State Govt. / PSU: Yes / No

(b) If yes, whether Joint Declaration is submitted to claim CEA in MANUU: Yes / No

6. Details of the child/children for whom CEA/Hostel Subsidy claimed:

S.No.	Child	Name	Date of Birth	Age
1.	1 st Child			
2.	2 nd Child			

7. Details of class & address of school /college /hostel of children and amount claimed:

S.N	Name of the Child	Class	Name of the School with Address	Amount Claimed ₹
1				
2				

8. Whether the Bonafide Certificate from Head of Institution has been attached: Yes / No
9. (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: _____
10. For Hostel Subsidy, if the distance from residence of employee to hostel is more than 50 km.
(a) Whether the Hostel Subsidy is claimed: Yes / No.
(b) If yes, mention the distance of hostel of child from residence of employee: _____
(c) Certificate from Head of the Institute mentioning the amount is attached: Yes / No
(d) Amount claimed for Hostel Subsidy: _____
11. I certify that the fee/amount indicate above has actually been paid by me.
12. I certify that my spouse has neither claimed nor will claim in future the CEA /Hostel Subsidy for the child/children mentioned above.
13. I certify that my child/children in respect of whom reimbursement of Children Education Allowance is claimed is studying in the school/college which is recognized by a board of State/Central Government.
14. The information furnished above is 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/Hostel Subsidy, 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:

Signature:.....

Name:

Designation:

FOR OFFICE USE ONLY

Name of the Employee	Designation	I.D No	CEA Amount	Hostel Subsidy Amount (if any)	Total Amount ₹

The family details of the applicant has been verified from the official records and found to be correct.

Dealing Asst.

Section Officer

Asst. Registrar/Deputy Registrar
ER-I / ER-II Section

APPENDIX - B

**BONAFIDE CERTIFICATE FROM THE HEAD OF INSTITUTION/SCHOOL
(To claim Children Education Allowance/ Hostel Subsidy)**

This is to certify that Master/Baby/Mr./Miss
Roll No Admission No son of
Sri/Smt..... is a bonafide student
of this school/college and studied in Class during the academic
year..... and as per school/college record his / her
date of birth is

** During this academic year
Master/Baby/Mr./Miss had resided in the
residential complex (Hostel) of this school/college and paid an amount of
Rs..... (in words) towards boarding and
lodging fee in the residential complex (hostel).

He / She bears a good moral character.

This institution/School is affiliated recognized by
and affiliation / recognition number is

Dated:.....

Place:.....

Signature
(Head of the Institution/School
with Stamp & Seal)

** (Strike out, if not applicable)