

APPLICATION FOR CHILDREN EDUCATION ALLOWANCE (CEA/HOSTAL SUBSIDY)

**( All details in the application format is to be completed before submission)**

1	Name of the Employee		
2	Designation		
3	Station/Office		
4	Employee Number		
5	Bill Unit		
6	Mobile No		
7	Particulars of children	Child - 1	Child - 2
a	Name		
b	Date of Birth		
c	Class/Std		
d	Academic year		
e	Whether disabled child (Yes/No)		
f	Name of school		
g	Address of school		
h	Registration Number of school		
8	Nature of claim Tick( ) whichever is applicable	CEA <input type="radio"/> Hostel subsidy <input type="radio"/>	CEA <input type="radio"/> Hostel subsidy <input type="radio"/>
9	Enclosures for CEA Tick ( ) whichever is applicable	Bonafide certificate <input type="radio"/> Disability certificate <input type="radio"/> <b>(If applicable)</b>	Bonafide certificate <input type="radio"/> Disability certificate <input type="radio"/> <b>(If applicable)</b>
10	Enclosures for Hostel subsidy Tick ( ) whichever is applicable	Bonafide certificate from school mentioning the <input type="radio"/> expenditure incurred for Hostel	Bonafide certificate <input type="radio"/> from school mentioning the expenditure incurred for Hostel
11	Amount of Hostel Subsidy claimed		

**I hereby declare that:**

- **The child/children mentioned above is/are my eldest surviving child/children who are in the family composition of my privilege pass account**
- **My child/children mentioned above in respect of whom reimbursement of education expenses is claimed is /are wholly depended on me**
- **My wife /Husband is not a central Government employee(score out if not applicable)**
- **My wife /Husband is a central Government employee and that she /He will not claim reimbursement of CEA/Hostel subsidy in respect of our child /children (score out if not applicable)**
- **The particulars mentioned ,above are correct to the best of my knowledge. If any information furnished above is not correct, I am liable to be taken up under DAR**

Date:

Signature of the Employee:

Station:

Name of the employee:

**Certification by the supervisor**

Certified that the names and details of the child/children furnished by the employee have been verified with records maintained in this office and they are the eldest surviving child/children as declared by the employee in family composition.

Date :

Signature of the Supervisor :

Office seal

Name of the Supervisor :

Seal of the Supervisor :

**BONAFIED CERTIFICATE**

**NAME OF THE SCHOOL** :

**REGISTRATION NO** :

**ADDRESS** :

**PHONE No.** :

This is to certified that Mr/Ms/Kum.....  
(name of student), Son/Daughter of Shri/Smt..... was a bon  
bonafide student of this institution of class /Standard ..... during the  
academic year 20.....-20.....

(\*Strike out if not applicable). \* Certified that .....(name of  
student) was a resident of the Hostel of this Institution during the academic year  
20.... - 20.... , and has incurred an amount of .....as expenditure  
towards lodging and boarding.

Date:

Signature of Head of Institution:

Office Seal of Institute

Stamp of head of institution