

राष्ट्रीय प्रौद्योगिकी संस्थान, उत्तराखण्ड
NATIONAL INSTITUTE OF TECHNOLOGY, UTTARAKHAND

Ref. No. _____

Date: _____

Application for reimbursement of Children Education Allowance (CEA)/Hostel Subsidy (HS)
Claim for the Financial Year _____

Name of the Employee :	Employee Code:
Designation :	
Department/Section :	
Whether School/Institute is recognized by the Central or State Govt. or UT administration or by University or a recognized educational authority having jurisdiction over the area where the School/Institute is situated : Yes () No ()	
Whether spouse is Central or State Govt. employee/Central or State PSU employee/Bank/Autonomous body employee (<i>Strike out whichever is not applicable</i>) : Yes () No ()	
Whether spouse is entitled for Children Education Allowance (CEA)/Hostel subsidy (HS) (if yes, provide the following details) : Yes () No ()	
- Name of the Spouse:	
- Name and address of the Office where employed:	
- Pay Matrix Level & Basic Pay:	
- Whether eligible for CEA/HS: (If yes, submit certificate from his/her employer that he/she has not claimed CEA/HS from his/her employer)	

DETAILS OF CHILD/CHILDREN				
Name of Child/Children	: 1	Age	Last claimed class	Claim for the Class
	: 2			
	: 3*			
DOB (dd/mm/yyyy)	: 1	Type of disability (Temporary/Permanent) & %	Disability declared from (dd/mm/yyyy) (please enclose the copy of PWD certificate)	Last claimed class
	: 2			
	: 3*			
Disabled (Yes/No) - If, Yes only if at least 40% disability as certified by a Board and already declared to Establishment Section	: 1	Type of disability (Temporary/Permanent) & %	Disability declared from (dd/mm/yyyy) (please enclose the copy of PWD certificate)	Last claimed class
	: 2			
	: 3*			
School Name, City & State	: 1	Type of disability (Temporary/Permanent) & %	Disability declared from (dd/mm/yyyy) (please enclose the copy of PWD certificate)	Last claimed class
	: 2			
	: 3*			

* The number of Children for whom the CEA/HS is drawn at a time should not exceed three in respect of children born upto 31-12-1987 and two eldest surviving children born thereafter. However, CEA/HS is also admissible, if the second child birth results in twins or multiple births. In case of failure of sterilization operation, the CEA/HS would be admissible in respect of children born out of the first instance of such failure beyond the usual two children.

S.No.	Name	Amount		Distance from residence to Hostel/Institution (in Kms.)	Remarks
		CEA	HS		
1.		₹	₹		
2.		₹	₹		
3.		₹	₹		
Total		₹	₹		

NOTE: **a)** ₹2,250/- for Children Education Allowance per month per child and ₹6,750/- for Hostel Subsidy per month per child on prorata basis.
b) The CEA/HS for differently abled children shall be payable at double the normal rates prescribed.
c) The limits would be automatically raised by 25% every time the DA on the revised pay structure goes up by 50%.
d) The upper age limit for Divyaang children is 22 years. In case of other children the age limit is 20 years or till the time of passing of 12th class whichever is earlier. There is no minimum age.
e) The reimbursement of CEA/HS shall be applicable for children from class Nursery to twelfth, including classes 11th and 12th i.e. admissible in respect of children studying from two classes before class one to 12th standard and also for the initial two years of a diploma/certificate course from Polytechnic/ITI, if the child pursues the course after passing 10th standard and the employee has not been granted CEA/HS i.r.o. child for studies in 11th and 12th standard. CEA is also allowed in case of children studying through correspondence or distance learning.

DECLARATION

1. Certified that the claim relates to my legitimate/legally adopted child/children wholly dependent on me.
2. Certified that the Education Allowance (CEA) / Hostel Subsidy (HS) indicated against the Child/Children has actually been paid by me to the school/Institute.
3. Certified that during the period covered by the claim the child attended the school regularly and did not absent himself/herself from the school without proper leave for a period exceeding one month.
4. Certified that 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 payment, if any made.
5. Certified that the certificate from Head of Institution has been attached.
6. Certified that the certificate from Head of Institution clearly mentioning the amount has been attached (for Hostel Subsidy).
7. Certified that I or my spouse has not been claimed this re-imburement from any other source and will not claim the same in future.
8. Certified that my child in respect of whom reimbursement of Children Education Allowance is applied is studying in the School/College which is recognized and affiliated to Board of Education/University.
9. Certified that my child studying in a residential educational institution located at least 50 kilometers from my residence.
10. *The particulars/information furnished above is complete and correct and I have not suppressed any relevant information. 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 under CCS (Conduct) Rules, 1964.*

Date: ___/___/20___

Forwarded Not Forwarded

Signature of applicant

Counter Signature of HoD/Section Head/Coordinator

FOR OFFICE USE ONLY

S.No.	Name	Amount claimed		Amount admissible	
		CEA	HS	CEA	HS
1.		₹	₹	₹	₹
2.		₹	₹	₹	₹
3.		₹	₹	₹	₹
Total		₹	₹	₹	₹

Family particulars verified

Particulars checked and verified

Junior Assistant (Estt.)

Claim/bills checked

Superintendent (Estt.)

Claim/bills checked and verified

Asstt./Dy. Registrar (Estt.)

Junior Assistant (A/cs.)

Superintendent (A/cs.)

Asstt./Dy. Registrar (A/cs.)

Approved Not Approved

Registrar

To
Asstt./Dy. Registrar (Accounts)

NOTE: Accounts Section shall forward a photocopy of this form to Establishment Section for keeping the record in CEA / Personal File.

CERTIFICATE FROM THE HEAD OF INSTITUTION/SCHOOL

(FOR REIMBURSMENT CEA & HS)

Ref. No. _____

Date: _____

It is certified that Master/Kumari _____ having Roll No. _____ D.O.B _____ Son/Daughter of Mr./Mrs./Dr./Prof. _____ is a bonafide student of this school and studied in Class _____ Section _____ during the Financial Year _____ and as per school records his/her date of birth is _____.

The School/Institution, namely _____ is recognized by _____ vide registered affiliation No./Code _____ and having the _____ Curriculum/pattern.

* During the year Master/Kumari _____ had resided in the residential complex (Hostel) of the school and paid an amount of ₹ _____ towards boarding and lodging in the residential complex.

* **Strike out if it is not applicable.**

Place: _____

Signature of Head of the School/Institution

Date: _____

(With Stamp and seal)

NOTE: In the absence of certificate from the School/Institution, self-attested copies of the report card and fee receipts(s) [including e-receipts(s)] confirming/indicating that the fee deposited for the entire academic year. The period/year means academic year i.e. twelve months of complete academic session. Hostel subsidy is applicable only in respect of the child studying in a residential educational Institution located at least 50 kilometers from the residence of the Government servant.

The reimbursement of Children Education Allowance and Hostel Subsidy shall have no nexus with the performance of the child in his/her class. In other words, even if a child fails in a particular class, the reimbursement of CEA/HS shall not be stopped. However, if the child is admitted in the same class in another school, although the child has passed out of the same class in previous school or in the mid-session, CEA shall not be reimbursed.

SELF DECLARATION

I, _____ do hereby certify that my Son/Daughter namely _____ studied in Class _____ Section _____ Roll No. _____ during the Financial Year _____ in _____.

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.

Encl: Self-attested copies of the report card and fee receipts(s) [including e-receipts(s)].

Date: ____/____/20____

Signature of applicant