



**PROFORMA FOR REIMBURSEMENT OF CHILDREN EDUCATION ALLOWANCE/
HOSTEL SUBSIDY CLAIM FOR THE ACADEMIC YEAR 2023-24**

I hereby apply for the reimbursement of Children Education Allowance for my child / children and relevant particulars are furnished below:-

1.	Name of the Employee	
2.	Employee ID	
3.	Designation	
4.	Department/Section	
5.	If spouse is employed, state whether in Central Govt., PSU, State Govt. (give details)	
6.	Name, Designation & Employee ID of spouse, if spouse is a regular employee of IIT Palakkad	

7. Details of the children (two eldest surviving children) for whom CEA/Hostel Subsidy claimed:

Sl. No.	Sequence	Name	DOB	Age
1.				
2.				

8. Academic year, Name of School/Residential School and Class in which children studied:

1 st Child	2 nd Child

9. The distance between the residential educational institution of the child / children and the residence of the employee (in case Hostel Subsidy is claimed) is: km

10. (a) Whether the child / children for whom the CEA is applied for is/are disabled child: Yes / No

(b) If yes, indicate the nature of disability:

(c) Date of disability certificate:

(d) Indicate the percentage of disability:

11. Whether the Bonafide Certificate from the Head of Institution is attached: Yes / No

Contd..P/2

12. For Hostel Subsidy, whether the Bonafide Certificate mentioning the amount is attached: Yes / No

13. If 'Yes' at No. 12, Amount claimed for Hostel Subsidy: Rs.....

14. (i) Certified that the fee/amount indicated above had actually been paid by me.

(ii) Certified that my wife/husband is/is not a Central Government Servant.

(iii) Certified that my husband/wife Sri/Smt..... is presently working as (designation) in..... (Name of the organisation) and that he/she shall not apply/has not applied for the Children Education Allowance for the child/children mentioned above.

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

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

16. 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, I undertake to intimate the same promptly and also to refund excess payments made to me, if any. 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.

Signature:

Name:

Designation:

Department:

Date:

The family composition of the claimant has been verified from the official records and are found correct.

Date:

Signature of Officer in-charge (Administration)

with office seal and stamp

FOR OFFICE USE ONLY:

Sl. No.	Name of employee	Employee ID	CEA Amount	Hostel Subsidy Amount, if any	Total

JA/JS (Finance & Accounts)

Officer in-charge (Finance & Accounts)

Annexure - A

**BONAFIDE CERTIFICATE FROM THE HEAD OF
INSTITUTION/SCHOOL**

This is to certify that Master / Baby / Mr. / Miss.....
.....Roll.No.....Admission.No.....
son/daughter of Sri/Smt..... is a bonafide
student of this school and studied in Classduring the academic year, and as per
School records his/her date of birth is in words
.....

This is to also certify that the above named child had studied in this school during the academic year
2023-24. He/She bears a good moral character.

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

**This Institution/School 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 it is not applicable)