



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

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 (for two eldest surviving children):

Sl. No.	Name of the child / children	DOB	Age	Claim for the Class	Disabled (Yes/No) If yes, Type of disability (Temporary/Permanent) & %	Academic year, School Name, City & State
1						
2						
3*						

**Children Education Allowance would be admissible for more than two children where as a result of the second child birth results in birth of twins or multiple children. Further; reimbursement of CEA for the 3rd child is also admissible in case of failure of sterilization operation (first child birth after failure of sterilization operation).*

8. 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.

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

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

11. If 'Yes' at No. 10, Amount claimed for Hostel Subsidy: Rs _____

12. (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.

13. 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.

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, 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 / administrative action.

Signature with date :

Name of the employee : _____

To
Administration Section

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

Dealing Staff (Administration)

AR/DR/JR (Administration)

Registrar

To
Finance and Accounts

For Use by the Finance and Accounts Section

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

Dealing Staff (Finance & Accounts)

AR/DR/JR (Finance & Accounts)

**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 in the previous academic year
2024-25.

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)