

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

This is to certify that Master/Baby/Mr./Miss ..... Roll  
no..... Admission No..... son of  
Sri/Smt..... is a bonafide student of this school and studied  
in Class..... during the financial 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.....

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..... toward  
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 it is not applicable)

**PROFORMA FOR RE-IMBURSEMENT OF CHILDREN EDUCATION ALLOWANCE/HOSTEL  
SUBSIDY IN TERMS OF RBE No. 147/2017**

**CLAIM FOR THE FINANCIAL YEAR: -**

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.	P.F. No./Employee No.	:	
3.	Designation	:	
4.	Office & Bill Unit No.	:	
5.	Name of Spouse	:	
6.	If spouse is employed, State whether in Central Govt., PSU, State Govt. (give details)	:	
7.	Designation, Office & B.U. No. of spouse , if spouse is employed in Railway:	:	

## 8. Details of all the children of the employee:

Sl. No.	Sequence	Name	DOB	Age
1.	1 <sup>st</sup> Child			
2.	2 <sup>nd</sup> Child			
3.	3 <sup>rd</sup> Child			

## 9. Details of all the children for whom CEA/Hostel Subsidy claimed:

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

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

1 <sup>st</sup> Child	2 <sup>nd</sup> Child

11. Distance of Hostel of child from residence of employee ( in case Hostel Subsidy is claimed)....
12. Amount of CEA/Hostel Subsidy already received up to previous quarter: .....
13. The Academic year for which CEA /Hostel Subsidy is applied now: ..
14. (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:
15. Whether the Bonafide certificate from Head of Institution has been attached : Yes/No.
16. For Hostel Subsidy, the Bonafide certificate from mentioning the amount is attached: Yes/No

17. If Yes at Item No. 16, Amount claimed for Hostel Subsidy:.....
18. (i) Certified that the fee/amount indicate 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 : ..... in .....and that he/she shall not apply/has not applied  
for the Children Education Allowance for the child mentioned above.  
(iv) Certified that I or my wife/husband has not claimed this re-imburement from any  
other source and will not claim the same in future.
- 17 Certified that my child in respect of whom relmbursement of Children Education Allowance  
is applied is studying in the School/Jr. College which is recognized and affiliated to Board of  
Education/University.
18. The information furnished above are 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 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.

Signature:

Name:

Design & Station

Working Under:

Date:

*Pay Code:*

The family composition of the claimant has been verified from the official records such  
as Pass Declaration/Register etc and found correct.

Date:

**Signature of Sr. Subordinate  
With office seal and stamp**

**FOR OFFICE USE ONLY**

Sl. No.	Name of staff	P.F.No.	CEA Amount	Hostel Subisdy Amount if any	Total

Forwarded to : Sr.DFM/CKP for vetting and early return.

Bill Clerk/OS

Bill Compiling Officer