



APPLICATION FORM CLAIMING CHILDREN EDUCATION ALLOWANCE FOR THE
ACADEMIC YEAR _____

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

1.	Full name of the employee	:	
2.	Designation	:	
3.	Emp. Pay slip No. and Emp. ID No.	:	
4.	Bank Account	:	
5.	If spouse is employed, state whether : in Central Govt., PUS, State Govt. (give details with name of the spouse, designation & Employer's name & Address)		

6.	Details of all children:					
	<i>Sl. No.</i>	<i>Name of the child</i>	<i>Date of birth</i>	<i>Standard / Class</i>	<i>Academic Year</i>	<i>Name & Place of the School / Institution</i>
	i.					
	ii.					
	iii.					
	iv.					

7. Re-imbursement of Expenditure:

<i>Sequence</i>	<i>Period</i>	<i>School fee receipt/ Hostel subsidy receipt & any other relevant bills to be attached)</i>	<i>Amount claimed</i>
1 st Child			
2 nd Child			
Total amount claimed Rs.			

8.	Distance of Hostel of child from residence of the employee (incase of Hostel subsidy)	
	Provide residential address & distance in kilometer from residence to hostel :	

9. In case of disabled child/children (*Copy is to be enclosed*):

Sequence	Name of the child	Nature of disability	Date of disability certificate	% of disability
1 st Child				
2 nd Child				

10.	Whether the Bonafide Certificate from Head of the Institute has been attached? (Yes/No)	:	
11.	For Hostel Subsidy, the Bonafide Certificate mentioning the amount is attached? (yes/No)	:	
12.	If yes at Item No. 11, Amount claimed for Hostel Subsidy (Rs.)	:	

14 a. Certified that I or my wife/husband is / not a Central Government Servant.

b. Certified that my wife / husband Shri/Smt. _____ is presently working as _____ in _____ and that he / she shall not apply / has not applied for Children Education Allowance for the child / children mentioned above.

c. Certified that I or my wife / husband has not claimed this re-imbursment from any other source and will not claim the same in future.

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

16. Certified that I am claiming that CEA in respect of my two eldest surviving children only, 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.

Place: Hyderabad – 7

Signature of Govt. Servant :

Full Name :

Date:

Designation :

Emp. Code

Bank Account No. :