

HNB GARHWAL, CENTRAL UNIVERSITY, SRINAGAR GARHWAL

PROFOMA FOR RE-IMBURSEMENT OF CHILDREN EDUCATION ALLOWANCE /HOSTEL SUBSIDY IN TERMS OF

HNBGU 6014, DATED 16.05.2019

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.	Employee Code No./A/c No.	:	
3.	Designation:	:	
4.	Office/ Department Name.	:	
5.	Name of Spouse.	:	
6.	If spouse is employed, State whether in Central Govt., PSU, State Govt. (give details)	:	
7.	Designation, Office & E. Code No. of spouse, if spouse is employed in other Govt. Dept.	:	

8. Details of all the children of the employee:

Sl. No.	Sequence	Name	DOB	Age
1.	1 st Child			
2.	2 nd Child			
3.	3 rd Child			

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

Sl. No.	Child Name	Period	Rate of CEA/Hostel Subsidy	Amount (Rs.)
1.				
2.				

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

1 st Child	2 nd 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, where child is studying has been attached : Yes/No.

16. Whether, for Hostel Subsidy, the Bonafide certificate 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 has actually been paid by me.
(ii) Certified that my wife/husband is/is not a Central Government Servant.
(iii) Certified that my husband/wife Shri/Smt:..... is presently working as :
inand 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.

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

20. 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:

Designation

Working Under:

The family composition of the claimant has been verified from the official records such as Service Book/Family Declaration Form etc. and found correct.

Date:

Section Officer/Asst. Registrar (Adm)
With office seal and stamp

FOR OFFICE USE ONLY

Sl. No.	Name of staff	E.Code.	CEA Amount	Hostel Subsidy Amount (if any)	Total (Rs.)

S.O.

D.R.(F)

F.O.

Registrar

Hon'ble V.C.

Annexure 'A'

BONAFIDE CERTIFICATE FROM THE HEAD OF INSTITUTION/SCHOOL

This is to certify that Master/Baby/Mr./Miss Roll No..... Admission No..... son of Shri/Smt is a bonafide student of this school and studies 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)

H.N.B.Garhwal University Srinagar Garhwal (U.K.)

Annexure 'B'

SELF- DECLARATTION

I E.Code No. ----- Designation ----- Name -----
of Office /Department Name----- do hereby certify that my Son/Daughter
Namely-----has Studied in class----- Sec-----
Roll No.----- During the previous academic year-----in-----
----- School.

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.

Signature:

Name:

Designation:

Section/Department:

Date: