

To be printed on the Letter Head of the Institution with full postal Address

(If there is no printed letter head, Name of the Institution and full postal Address should be written clearly)

PROFORMA BONAFIDE CERTIFICATE

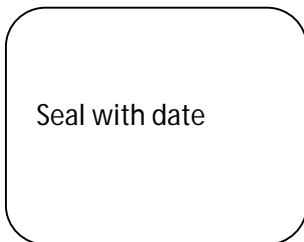
It is certified that Master/Baby/Kum
Admission No..... Date of Birth
Son/Daughter of Shri/Smt.....has
studied in Class Sec during the previous
Academic year from to in this School/Institution.

This institution/School is affiliated/ recognized by

And the affiliation / recognition number is

*During the year Master/Baby/Mr./Ms..... has Resided in the
residential Complex (Hostel) of the school and paid an amount of Rs.....
(Rupees) towards Boarding and
Lodging in the residential complex.

*(Strike out if it is not applicable)



Signature of the Head of the
Institution /School

APPLICATION FOR CHILDREN EDUCATION ALLOWANCE (CEA)/

HOSTEL SUBSIDY (HS)

(As per RBE No.147/2017 and PCPO/SC's Serial Circular No.185/2017)

01	Name of the Employee:		
02	Designation of the Employee:		
03	Employee Number :		
04	Tkt.No/Pay Bill Unit No:		
05	PARTICULARS OF CHILDREN	CHILD-1	CHILD-2
	Name of the Student		
	Date of Birth		
	Class (STD.)		
	Academic Year		
	Name of the School		
	Address		
06	Name of Claim (i) Tick whichever is applicable (ii) For disable child, proof of percentage of disability should be enclosed	Education Allowance <input type="checkbox"/> Hostel Subsidy <input type="checkbox"/> Disabled Child <input type="checkbox"/>	Education Allowance <input type="checkbox"/> Hostel Subsidy <input type="checkbox"/> Disabled Child <input type="checkbox"/>
07	Whether Bonafide Certificate from School is enclosed	Yes <input type="checkbox"/> No. <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
08	Hostel Subsidy : Whether Bonafide Certificate from School mentioning the amount of expenditure is enclosed	Yes <input type="checkbox"/> No. <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
09	Claim in Rs.		

Contd....2

Certified that :

- ❖ My Child/Children mentioned above in respect of whom reimbursement of education expenses is claimed is / are wholly depended upon me.
- ❖ My wife/Husband is not a Central Government Employee.
- ❖ My Wife/Husband is a Central Government Employee and that she/he will not claim reimbursement Education expenses in respect of our Child/ Children.
- ❖ My Child/Children in respect of whom reimbursemet is claimed is / are studying in recognized schools.

I. I hereby declare that reimbursement of Children Education Allowance has not been claimed in respect of the Child/Children by a person other than me.

II. I hereby declare that reimbursement of Children Education expenses is claimed for my eldest two surviving children only.

I hereby declare that the particulars mentioned above are correct to the best of my knowledge. If any information furnished above is not correct, I am liable to be taken up under D & AR.

Signature of the Employee with Date

Certification by the Supervisor

The above application is forwarded to for necessary action, duly certifying that the names of the Child/ Children furnished by the employe have been verified with records maintained in this office and they are the eldest two surviving children declared by the employee.

Signature of forwarding official
With date & Seal.