



अखिल भारतीय आयुर्विज्ञान संस्थान , देवघर-814142 (भारत)
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, DEOGHAR-814142(INDIA)
(स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार के अधीन राष्ट्रीय महत्व का संस्थान)
(An Institution of National Importance under Ministry of Health & Family Welfare)
भारतसरकार/ Government of India
वेबसाइट / Website-www.aiimsdeoghar.edu.in

Annexure 'A'

PROFORMA FOR RE-IMBURSEMENT OF CHILDREN EDUCATION ALLOWANCE/HOSTEL SUBSIDY

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 st Child			
2.	2 nd Child			
3.	3 rd 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 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:

-:2:-

- 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 HostelSubsidy:.....
- 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/Smtis 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-imbursement 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 of Education/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:
Design & Station
Working Under:
Date:

FOR ADMIN OFFICE USE ONLY

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 Admin Office
With office seal and stamp**

FOR ACCOUNT OFFICE USE ONLY

Amount in figures.....and Amount in Wordsfor
admitted & passed by Children Education Allowance.

Office Assistant

Jr. Accounts Officer

Accts. Off./DDO

Annexure 'B'

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)