



राष्ट्रीय प्रौद्योगिकी संस्थान सिलचर
NATIONAL INSTITUTE OF TECHNOLOGY SILCHAR
सिलचर - 788 010
SILCHAR - 788 010 (ASSAM)

PROFORMA FOR RE-IMBURSEMENT OF CHILDREN EDUCATION

ALLOWANCE/HOSTEL SUBSIDY FOR THE ACADEMIC 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 No.
3. Designation
4. Present / Section Department
5. Name of Spouse
6. If spouse is employed, State whether in Central Govt., PSU, State Govt. (give details)
7. Name, Designation and Office address of the Spouse

8. Details of the children for whom CEA/Hostel Subsidy claimed:

S. No	Sequence	Name	DOB	Age
1.	1 st Child			
2.	2 nd Child			

9. Name of School/Residential School and Class in which children studied:

1 st Child	2 nd Child
<input type="text"/>	<input type="text"/>

10. Distance of Hostel of child from residence of employee (in case Hostel Subsidy is claimed).

11. The Academic year for which CEA /Hostel Subsidy is applied now: _____

12. (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: _____
13. Whether the Bonafide certificate from Head of Institution has been attached: (YES / NO) _____
14. For Hostel Subsidy, the Bonafide certificate from mentioning the amount is attached: (YES) / (NO) _____
15. If Yes at Item No. 15, Amount claimed for Hostel Subsidy: _____
16. (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 reimbursement 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 :

Designation :

Date :

The details of child/children for whom the present claim is submitted by the official has been verified from the official records and found correct.

Signature of Administrative Authority
with office stamp

BONAFIDE CERTIFICATE FROM THE HEAD OF INSTITUTION/SCHOOL

This is to certify that Master/Baby/Mr./Miss Son/
daughter of Sri/Smt.....Roll No..... Admission
No..... is a bonafide student of this school and studied in Class..... during the
academic year and as per School records his/her date of birth is
.....

**This is further certified that during the year Master/Baby/Mr./
Miss..... had resided in the residential complex (Hostel) of the
school and paid an amount of Rs..... towards boarding and lodging in the
residential complex.

This Institution / School is affiliated to / recognized by..... vide
affiliation/recognition Number

Dated:

Place:

Signature Head of the Institution/School (with Stamp and seal)

** (Strike out it if not applicable)

SELF DECLARATION TO BE SUBMITTED BY THE EMPLOYEE OF THIS INSTITUTE

I _____ designation _____
Department / Section _____ do hereby certify that my Son / Daughter
namely _____ studied in class _____ Section
_____ Roll No. _____ during the Academic Year _____ in
_____ school.

In the event of any change in the particulars given above which effects 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 :

Department :
/ Section

Date :