Annexure - I

CENTRAL UNIVERSITY OF KARNATAKA

CENTRAL UNIVERSITY OF KARNATAKA

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

Claim 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. Designation:
3. Department/Section:
4. I.D. No.:
5. Name of Spouse:
6. If spouse is employed, state whether in Central Govt., PSU , State Govt. (give details):
7. Details of all the children of the employee:

S.No.	Sequence	Name	DOB and AGE	Whether twins
1.	1st Child			
2.	2nd Child			
3.	3rd Child			

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

S.No.	Name of the Child	School	Class	Academic Year	Fees Paid	Remarks
1.						
2.						

9. Distance of Hostel of child from residence of employee (*in case Hostel Subsidy is claimed*: ....

10. The Academic year/Session for which CEA/Hostel Subsidy is applied now: ....

11. (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:

12. (a) Whether the Bonafide certificate from Head of institution has been attached: Yes/No.

    (b) Whether self-attested copy of the report card or self-attested fee receipt(s) confirming/ indicating that the fee deposited for the entire academic year has been attached. Yes/No.

13. For Hostel Subsidy, the Bonafide certificate from Head of Institution mentioning the amount of expenditure incurred is attached: Yes/No

14. If Yes at Item No. 13, Amount claimed for Hostel Subsidy: ....

15. (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-imbursement from any other source and will not claim the same in future.

16. 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 in University.

17. The information furnished above is 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

FOR OFFICE USE ONLY

The family composition of the claimant has been verified from the official records such as declaration – list of dependent family members etc., and found correct.

Name of the employee	Designation	Child I /II	CEA Amount	Hostel Subsidy Amount (if any)	Amount
		Child I			
		Child II			

Dealing Asst. Section Officer Assistant Registrar/Deputy Registrar

---

FOR FINANCE & ACCOUNTS USE ONLY
(Bills Section)

Bill No. Date:

Head of Account:

Total amount claimed by the employee : Rs. _____.

Amount disallowed : Rs. _____.

Amount Admitted : Rs. _____.

Passed for : Rs. _____ (In words: _____)

Dealing Asst. Section Officer Assistant Registrar/Deputy Registrar

APPENDIX -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 studies in Class ..... during the financial year ..... and

as per School record his/her date of birth is .. .. in words_____

This is also certify that the above name child has studies 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 ....

.... towards boarding and lodging in the residential complex.

This institution/School is affiliated recognized by.....

and affiliation I recognition number is ..... .

Dated: ..... .

Place: ....

Signature
(Head of the Institution/School
with Stamp & Seal)

**(Strike out it is not applicable)

Annexure - II

Authority vide Government of India

Ministry of Personnel, P.G. and Pensions Department of Personnel & Training New Delhi

Order No. N..A-27012/02/2017-Estt.(AL) 16 August, 2017.

(This order shall be effective from 1st July, 2017)

(FOR REIMBURSEMENT OF CEA)

SELF-DECLARATION

I with ID No.,..... Designation ..... Name .....
.....of Central University of Karnataka 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.

Place:-

Date:-

Signature

Name:

ID No.:

Post :