



CENTRAL POLLUTION CONTROL BOARD

[Ministry of Environment, Forest & Climate Change, Govt. of India]
Parivesh Bhawan, East Arjun Nagar
Delhi - 110032

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.	P.F. No./ Employee No.	:	
3.	Designation	:	
4.	Division/ R.D.	:	
5.	Name of Spouse	:	
6.	If spouse is employed, State whether in Central Govt., PSU, State Govt., etc.	:	
7.	If yes in S.No.6, mention Designation, Office of spouse,	:	

8. Details of all the children of the employee:

S. 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:

S. No.	Sequence	Name	DOB	Age
1.	1 st child			
2.	2 nd child			
3.	3 rd child			

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

1 st child	
2 nd child	
3 rd 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 Bona-fide certificate from Head of Institution has been attached: YES/ NO.
16. For Hostel Subsidy the Bona-fide certificate from 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 indicated 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/ children 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/ Hostel Subsidy, 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 & Posted at:
 Mobile No.:
 Date:

The family composition of the claimant has been verified from the official records and found correct.

Date:

.....
 Signature of Dealing Hand

FOR OFFICE USE ONLY

S.No.	Name of staff	P.F. No.	CEA amount	Hostel Subsidy Amount (if any)	Total

.....
(Dealing Assistant)

.....
(Section Officer)

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)