

रामानुजन महाविद्यालय

नैक द्वारा मान्यता प्राप्त ग्रेड ए++(३.७१)

दिल्ली विश्वविद्यालय

सी आर पार्क, मुख्य सड़क, ब्लॉक एच,

कालकाजी, नई दिल्ली-११००१९, भारत

आई. एस. ओ. ९००१:२००८ प्रमाणित संगठन



RAMANUJAN COLLEGE

Accredited Grade 'A++(3.71)' by NAAC

University of Delhi

C.R. Park Main Road, Block H

Kalkaji, New Delhi- 110019, India

ISO 9001:2008 Certified Organisation

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:-

a.	Name of the Employee	
b.	Designation	
c.	Department	
d.	Name of Spouse	
e.	If spouse is employed, state whether in Central Govt. , PSU, State Govt. (Given details)	

1. Details of all the children of the employee as per Declaration:

Sr. No.	Sequence	Name	DOB	Age
a.	1st Child			
b.	2nd Child			

2. Details of Fee Paid/Claimed:

S.No	Children name	Annually Fee pad	Hostel Fee paid
a.			
b.			

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

1st Child	2nd Child

- Distance of Hostel of child from residence of employee (in case Hostel Subsidy is claimed)
- Amount of CEA/Hostel Subsidy already received up to previous quarter:
- The Academic year for which CEA/Hostel Subsidy is applied _____.
- (a) Whether the child for whom the CEA is applied for is a disabled child: YES/NO
 - If yes, indicate the nature of disability:
 - Date of Disability Certificate.
 - Indicate of percentage of disability:

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8. Whether the Bonafide certificate from Head of Institution has been attached: Yes/No.
9. For Hostel Subsidy, the Bonafide certificate mentioning the amount is attached: Yes/No
10. If Yes as Item No. 15, Amount claimed for Hostel Subsidy:.....
11.
 - a. Certified that the fee/amount indicate above had actually been paid by me.
 - b. Certified that my wife/husband is/is not a Central Government Servant.
 - c. Certified that my husband/wife Sh./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.
 - d. 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.
12. 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.
13. 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 payment 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:

Department:

Date:

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

Dealing Asstt.

S.O. Admin

A.O.(Admin)

Principal

For use of Accounts Section:

Sr. No.	Name of Staff	Designation	Name of Children	CEA Amount	Hostel subsidy Amount if any	Total

Dealing Asstt.

S.O. A/Cs

A.O. A/Cs