

## **DEPARTMENT OF POSTS**



## APPLICATION FOR RE-IMBURSEMENT OF CHILDREN EDUCATION ALLOWANCE OR HOSTEL SUBSIDY FOR THE ACADEMIC YEAR 20 - 20

2. CSI Employee ID  3. Designation  4. Present Office of Working & Division  5. Name of Spouse  6. If Spouse is Employed, state whether in Central Govt., PSU, State Govt. (Provide Details)  7. Name, Designation, Department & Office Address of the Spouse (Applicable only if Sl. No. 6 is relevant)  8. Details of the Children for whom CEA/ Hostel Subsidy Claimed:    Sl. No.   Sequence   Name   DoB   Age		Name of Empl	oyee			
4. Present Office of Working & Division  5. Name of Spouse  6. If Spouse is Employed, state whether in Central Govt., PSU, State Govt. (Provide Details)  7. Name, Designation, Department & Office Address of the Spouse (Applicable only if Sl. No. 6 is relevant)  8. Details of the Children for whom CEA/ Hostel Subsidy Claimed:    SI. No.   Sequence   Name   DoB   Age   1.   1st Child	2.	CSI Employee	ID			
Division  5. Name of Spouse  6. If Spouse is Employed, state whether in Central Govt., PSU, State Govt. (Provide Details)  7. Name, Designation, Department & Office Address of the Spouse (Applicable only if Sl. No. 6 is relevant)  Details of the Children for whom CEA/ Hostel Subsidy Claimed:    SI. No.   Sequence   Name   DoB   Age	3.	Designation				
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7. Name, Designation, Department & Office Address of the Spouse (Applicable only if Sl. No. 6 is relevant)  Details of the Children for whom CEA/ Hostel Subsidy Claimed:  Sl. No. Sequence Name DoB Age  1. 1st Child  2. 2nd Child  Name of School/ Residential School & Class in which Children Studied:	6.	whether in PSU, State	Central Govt.,			
Sl. No. Sequence Name  1. 1st Child  2. 2nd Child  Name of School/ Residential School & Class in which Children Studied:	7.	Name, Department 8 of the Spouse	Office Address (Applicable only			
1. 1st Child 2. 2nd Child  Name of School/ Residential School & Class in which Children Studied:	. Details	of the Children	for whom CEA/ H	lostel Subsidy Cla	imed:	
2. 2 <sup>nd</sup> Child  Name of School/ Residential School & Class in which Children Studied:			Name		DoB	Age
Name of School / Residential School & Class in which Children Studied:	1.	1 <sup>st</sup> Child				
	2.	2 <sup>nd</sup> Child				
			lential School & Cl		dren Studied:	:

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:	
14. Whether the Bonafide certificate from Head of Institutio	n has been attached : Yes/No.
15. For Hostel Subsidy, the Bonafide certificate from ment <b>Yes/No</b>	ioning the amount is attached:
16. If Yes at Item No. 15, Amount claimed for Hostel Subsidy	v: Rs
17. (i) Certified that the fee/amount indicate above had a (ii)Certified that my wife/husband is/is not a Central (iii)Certified that my husband/wife Sri/Smt:	Government Servantis presentlyand that he/she shall not for the child mentioned above. med this re-imbursement from rsement of Children Education
The information furnished above are complete and coany relevant information. In the event of any change in the affect my eligibility for reimbursement of Children Education intimate the same promptly and also to refund excess paymaware that if at any stage the information/documents furnish am liable for disciplinary action.  20. I have applied CEA/ Hostel Subsidy through SAP vide R	e particulars given above which tion Allowance, I undertake to ents if any made. Further, I am shed above is found to be false,
20. I nave applied CEA/ Hostel Subsidy through SAP vide R	equest No
Signature:	
Name: Design : Date:	
The details of child/children for whom the present cl has been verified from the official records and found correct	

Signature of DDO with office stamp

## SELF DECLARATION BY CENTRAL GOVERNMENT EMPLOYEE

I do hereby certify that, m			at, my S	Son/Dau	ıghter r	namely		
		stud	lied in Class		_ Section	n	Ro	oll No.
	during	previous	Academic	Year	20	-	20	in
				Sch	ool.			
In the even for Children Edu promptly and refu	cation All	owance/ Ho	• •	I unde			,	-
			Sig	gnature	of Govt	Servant	:	
Place:			Na	me:				
Date:			Em	ıp ID:				
			De	sign:				
				_				

## **BONAFIDE CERTIFICATE FROM THE HEAD OF INSTITUTION/SCHOOL**

This is to certify that Master/Baby/Mr./M	Miss Son/
daughter of Sri/Smt	Roll No Admission
Nois a bonafide student of this school and	d studied in Class during the
academic year and as per Scho	ool records his/her date of birth is
** This is further certified that duri	n the residential complex (Hostel) of
the school and paid an amount of Rsresidential complex.	. towards boarding and lodging in the
This Institution/School is affilia	ated to/ recognized by
vide	affiliation/recognition Number
•••••	
_	d of the Institution/School
Date: (with Sta	amp and seal)
**(Strike it out, if not applicable)	