



केन्द्रीय प्रौद्योगिकी संस्थान कोकराझार
CENTRAL INSTITUTE OF TECHNOLOGY KOKRAJHAR

Deemed to be University, MHRD, Govt. of India
Kokrajhar, BTAD, Assam 783370

www.cit.ac.in

Annexure 'A'

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

CLAIM FOR THE ACADEMIC YEAR : 2020-2021.

I hereby apply for the reimbursement of Children Education Allowance for my child/children and relevant particulars are furnished below:-

A.

1.	Name of the Employee	:	
2.	Employee No.	:	
3.	Designation	:	
4.	Department/Section	:	
5.	Name of Spouse	:	
6.	If spouse is employed, State whether in Central Govt., PSU, State Govt. (give details)	:	
7.	Designation, Office & B.U. No. of spouse , if spouse is employed:		

B. Details of all the children for whom CEA claimed:

Sl. No.	Sequence	Name	DOB/Age	Class	Name of School
1.	1 st Child				
2.	2 nd Child				

C. Details of all the children for whom Hostel Subsidy claimed:

Sl. No.	Sequence	Name	DOB/Age	Class	Name of School
1.	1 st Child				
2.	2 nd Child				

Contd..P/2



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D. Distance of Hostel of child from residence of employee (in case Hostel Subsidy is claimed) : Kms.

E. Amount of CEA/Hostel Subsidy already received in the previous Year:

F. (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:

G. Whether the Bonafide certificate from Head of Institution has been attached : Yes/No.

H. For Hostel Subsidy, the Bonafide certificate from mentioning the amount is attached: Yes/No

I. If Yes at **Item No. H**, Amount claimed for Hostel Subsidy:.....

J. (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-imbusement from any other
source and will not claim the same in future.

K. 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.

L. 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 :

Design :



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Sl. No.	Name of staff	Employee No.	CEA Amount	Hostel Subsidy Amount if any	Total (Rs.)

(Total rupees in words :)

Forwarded to : Sr. Accountant for vetting and early disbursement.

A.R. Fin
CIT Kokrajhar

Registrar,
CIT Kokrajhar