

**UNIVERSITY COLLEGE OF MEDICAL SCIENCES  
(UNIVERSITY OF DELHI)  
DILSHAD GARDEN, DELHI - 110095**

**PROFORMA FOR REIMBURSEMENT OF CHILDREN EDUCATION ALLOWANCE/HOSTEL SUBSIDY**

Claim for Academic Year \_\_\_\_\_ (April \_\_\_\_\_ to March \_\_\_\_\_)

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

**(A) Details of the Employee:**

1.	Name of the Employee	
2.	Designation	
3.	Department/Section	
4.	Mobile/Contact No.	

**(B) Details of children for whom Children Education Allowance/Hostel Subsidy is claimed:**

<b>Description</b>	<b>1<sup>st</sup> Child</b>	<b>2<sup>nd</sup> Child</b>
Name of the Child		
Date of Birth(dd/mm/yyyy)		
School in which studying		
Class in which studying		
Whether Hostel Subsidy claimed, if yes, distance from Hostel to residence of employee		
Total Amount of reimbursement claimed	Rs. _____/- (Rupees _____ _____)	Rs. _____/- (Rupees _____ _____)
Canara Bank Account No.		

Whether the child for whom the CEA/hostel subsidy is applied is a disabled child: \_\_\_\_\_

- I. If yes, indicate the nature of disability: \_\_\_\_\_
- II. Date of disability certificate: \_\_\_\_\_
- III. Indicate the percentage of disability: \_\_\_\_\_

(C)

1. Certified that the amount of reimbursement claimed as indicated against the child/each of children had actually been incurred by me.
2. Certified that:
  - I. My wife/husband is not in service of a Central Government/Autonomous Organization.
  - II. My wife/husband is not in service of a Central Government/Autonomous Organization but she/he will not claim reimbursement of children education allowance/hostel subsidy in respect of our child/children from her/his department.
  - III. My wife/husband is employed with \_\_\_\_\_ but she/he is not entitled to reimbursement of children education allowance/hostel subsidy in respect of our child/children as per rule of her/his employer.
  - IV. I/my wife/husband are not drawing children education allowance/hostel subsidy in respect of any of my children;
3. Certified that during period covered by this claim, the child/children attended the school(s) regularly and did not absent himself/herself/themselves from the school(s) without proper leave for a period exceeding one month;
4. In the event of any change in the particulars given above which affects 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;
5. Details of documents attached in support of claim: \_\_\_\_\_

(In case the certificate from Head of Institution/ School certifying that the child studied in the Institution/School during the previous academic year cannot be obtained in the prescribed proforma (attached herewith), Self-attested Receipts of fee paid OR Self-attested copy of report card is required for claim of CEA and Self-attested Receipts of fee paid AND Self-attested copy of report card are required for claim of hostel subsidy).

Date: \_\_\_\_\_

(Signature of the Employee)

Name: \_\_\_\_\_

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FOR OFFICE USE ONLY

Bill Passed for Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_)

Budget Head: Children Education Allowance (Salary 36.01)

Entered in Children Education Allowance Register 20\_\_ 20\_\_ page no. \_\_ SI No. \_\_\_\_\_

**Dealing Assistant   Section Officer (Accounts)   Deputy Registrar   Joint Registrar   Principal**

Paid vide cheque no. \_\_\_\_\_ dated \_\_\_\_\_

PRINCIPAL

## BONAFIDE CERTIFICATE FROM THE HEAD OF INSTITUTION SCHOOL

This is to certify that Master/ Baby /Mr./Miss .....  
Roll No..... Admission No ..... son of Sh./Smt.....  
is a bonafide student of this school and studied in Class ..... during the  
Academic year..... and as per School records his/her date of birth  
is..... In words .....  
He/She bears a good Moral character.

\* During the year Master/Baby/Mr./Miss .....  
had resided in 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 the.....  
and the affiliation/recognition Number is.....

Dated:

Place:

Signature of head of the Institution/School  
(with Stamp and seal)

\* (Strike out which is not applicable)