



**PROFORMA FOR REIMBURSEMENT OF CHILDREN EDUCATION ALLOWANCE/  
HOSTEL SUBSIDY CLAIM FOR THE YEAR 2024-25**

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.	Employee ID	
3.	Designation	
4.	Department/Section	
5.	If spouse is employed, state whether in Central Govt., PSU, State Govt. (give details)	
6.	Name, Designation & Employee ID of spouse, if spouse is a regular employee of IIT Palakkad	

7. Details of the children (for two eldest surviving children):

Sl. No.	Name of the child / children	DOB	Age	Claim for the Class	Disabled (Yes/No) If yes, Type of disability (Temporary/Permanent) & %	Academic year, School Name, City & State
1						
2						
3*						

*\*Children Education Allowance would be admissible for more than two children where as a result of the second child birth results in birth of twins or multiple children. Further; reimbursement of CEA for the 3rd child is also admissible in case of failure of sterilization operation (first child birth after failure of sterilization operation).*

8. The distance between the residential educational institution of the child / children and the residence of the employee (in case Hostel Subsidy is claimed) is: \_\_\_\_ km.

9. Whether the Bonafide Certificate from the Head of Institution is attached: Yes / No

10. For Hostel Subsidy, whether the Bonafide Certificate mentioning the amount is attached: Yes / No

11. If 'Yes' at No. 10, Amount claimed for Hostel Subsidy: Rs \_\_\_\_\_

12. (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 \_\_\_\_\_ (designation) in \_\_\_\_\_ (Name of the organisation) 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 reimbursement from any other source and will not claim the same in future.

13. Certified that my child / children in respect of whom reimbursement of Children Education Allowance is applied is/are studying in the School/Jr. College which is recognized and affiliated to the Board of Education/ University.

14. The information furnished above is 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 made to me, if any. Further, I am aware that if at any stage the information/documents furnished above is found to be false, I am liable for disciplinary / administrative action.

Signature with date :

Name of the employee : \_\_\_\_\_

---

**To**  
**Administration Section**

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

**Dealing Staff (Administration)**

**AR/DR/JR (Administration)**

**Registrar**

---

**To**  
**Finance and Accounts**

**For Use by the Finance and Accounts Section**

Sl. No.	Name of employee	Employee ID	CEA Amount	Hostel Subsidy Amount, if any	Total

**Dealing Staff (Finance & Accounts)**

**AR/DR/JR (Finance & Accounts)**

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

This is to certify that Master/Baby/Mr./Miss.....  
..... Roll No.....Admission No..... son/daughter of  
Sri/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 .....  
.....

This is to also certify that the above named child had studied in this school in the previous academic year  
2024-25.

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 ..... towards  
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 if it is not applicable)