

**DEEN DAYAL UPADHYAYA COLLEGE
(UNIVERSITY OF DELHI)**

**PROFORMA FOR RE-IMBURSEMENT OF CHILDREN EDUCATION
ALLOWANCE/HOSTEL SUBSIDY IN TERMS OF RBE No. 147/2019**

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:

1.	Name of the Employee	
2.	Designation	
3.	Name of Spouse	
4.	If spouse is employed, state whether in Central govt., PSU, State Govt.(given details)	

5. Details of all the children of the employee:

S.No.	Sequence	Name	DOB	Age
	1 st Child			
	2 nd Child			

6. Details of all children for whom CEA/Hostel Subsidy claimed:

S.No.	Sequence	Name	DOB	Age

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

1 st Child	2 nd Child

8. Distance of Hostel of child from residence of employee (in case Hostel Subsidy is claimed)

9. Amount of CEA/Hostel Subsidy already received up to previous quarter:

10. The Academic year for which CEA/Hostel Subsidy is applied now:

(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:

11. Whether the Bonafide certificate from Head of Institution has been attached: YES/NO.

12. For Hostel Subsidy, the Bonafide certificate from mentioning the amount is attached:
YES/NO

BONAFIDE CERTIFICATE FROM THE HEAD OF INSTITUTION/SCHOOL

This is to certify that Master/Baby/Mr./Miss Roll no. Admission No. son/daughter of Shri/Smt. is a bonafide student of this school and studied in Class during the financial 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

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, it is not applicable)**