

**PROFORMA FOR RE-IMBURSEMENT OF CHILDREN EDUCATION
FACILITATION ALLOWANCE**

CLAIM FOR THE FINANCIAL YEAR: -

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

1.	Name of the Employee	:	
2.	Employee Code/UID	:	
3.	Category/Post	:	
4.	Office		
5.	Residential Address of the Employee	:	
6.	Name of Spouse	:	
7.	If spouse is employed, State whether in Central Government, State Government, Public Sector Undertaking. (Give Details)	:	
8.	Designation, Office & Employee code Number of spouse, if spouse is employed in Department of Posts.	:	
9.	Intimate as to whether Reimbursement of CEFA/CEA/Hostel Subsidy is admissible in the Department in which the spouse is working		
10.	If so, whether Joint Declaration for not claiming the amount from that Department is submitted.		

11. Details of all the children of the Gramin Dak Sevaks:

Sl. No.	Sequence	Name of the Child	Date of Birth	Age
1.	1 st Child			
2.	2 nd Child			
3.	3 rd Child			

12. Details of the children for whom CEFA is claimed:

Sl. No.	Sequence	Name	DOB	Age
1.				
2.				
3.				

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

Details	1 st Child	2 nd Child	3 rd Child
Name of the Child			
Name of School/residential School and address			
Class in which the child studied in last year			

14. Academic year for which CEFA is applied for now.
15. (a) Whether the child for whom the CEFA is applied for is a disabled child :
(b) If yes, indicate the nature of disability:
(c) Date of disability certificate.
(d) Indicate the percentage of disability:
16. Whether the Bonafide certificate from Head of Institution is attached :

Certified that:-

1. The fee/amount had actually been paid by me.
2. My wife/husband is/is not a GDS/Central Government/ State Government Servant / PSU employee and he/she has not preferred any such claim in respect of the child/children for whom reimbursement of CEFA/CEA is claimed.
4. Certified that my child in respect of whom reimbursement of Children Education Facilitation Allowance is applied is studying in the School/Jr. College, which is recognized and affiliated to Board of Education/University.
5. The above information furnished by me are complete and correct to the best of my knowledge and in the event of any change in the particulars given above which affect my eligibility for reimbursement of Children Education Facilitation 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.

Station:-

Signature:_____

Date:-

Office Use

Information furnished by the official in col 1 to 11 are verified and found correct.

Date:

Signature of DDO

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
student studied in Class..... during the financial year and as per
School records his/her date of birth is(in numerals)
.....(In words)

This is further to certify that the above named child had studied in this school
in the previous academic year.....

He/She bears a good moral character, attending the school regularly and did
not absented himself/herself for more than a month, without proper leave, during
the academic year.

This Institution/School is affiliated/Recognized by the and the
Affiliation/Recognition Number.....is in currency.

Station

Signature Head of the
Institution/School with
Designation Stamp

Dated:

*** (Strike out it is not applicable)