

इंस्टिट्यूट ऑफ़ होम इकोनॉमिक्स
दिल्ली विश्वविद्यालय

INSTITUTE OF HOME ECONOMICS
(UNIVERSITY OF DELHI)

07th April, 2026

CHILDREN EDUCATION ALLOWANCE NOTICE

This is to inform all staff members (Teaching & Non - Teaching) that the Children Education Allowance Reimbursement form for the Financial Year 2025-2026 has been uploaded on the IHE website.

The Form should be submitted to the Administration Department along with the duly signed and stamped form by recognized School/Institution on or before 20th April, 2026.



Prof. (Dr.) Radhika Bakhshi
Director

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07/4/26.



INSTITUTE OF HOME ECONOMICS
(UNIVERSITY OF DELHI)

PROFORMA FOR RE-IMBURSEMENT OF CHILDREN EDUCATION ALLOWANCE/HOSTEL
SUBSIDY CLAIM FOR THE FINANCIAL YEAR:- 2025-26

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	Office	:	
4	Name of Spouse	:	
5	If spouse is employed, state whether in Central Govt., PSU, State Govt. (Given details)	:	
6	Designation, Office of Spouse	:	

7. Details of all the children of the employee as per Declaration:

Sr. No.	Sequence	Name	DOB	Age
1.	1st Child			
2.	2nd Child			
3.	3rd Child			

8. Details of all children for whom CEA/Hostel subsidy Claimed:

Sr. No.	Sequence	Name	DOB	Age
1				
2				

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

1st Child	2nd Child

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

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

12. The Academic year for which CEA/Hostel Subsidy is applied 2025-26.

13. (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 of percentage of disability:

- 14. Whether the Bonafide certificate from Head of Institution has been attached: Yes/No.
- 15. For Hostel Subsidy, the Bonafide certificate mentioning the amount is attached: Yes/No
- 16. If Yes as Item No. 15, Amount claimed for Hostel Subsidy:.....
- 17. (a) Certified that the fee/amount indicate above had actually been paid by me.
 (b) Certified that my wife/husband is/is not a Central Government Servant.
 (c) Certified that my husband/wife Sh./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.
 (d) Certified that I or my wife/husband has not claimed this re-imburement from any other source and will not claim the same in future.
- 18. 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.
- 19. 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 payment 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:

Designation:

Department:

Date:

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

D. Asstt.

S.O.(Admin)

A.O

For use of Accounts Section:

Sr. No.	Name of Staff	Designation	Name of Children	CEA Amount	Hostel subsidy Amount if any	Total

D. Asstt.

S.O. (Accounts)

A.O.

Director

BONAFIDE CERTIFICATE FROM THE HEAD OF INSTITUTION/SCHOOL

This is to certify that Master/Baby/Mr./Miss
Roll no..... Admission No Son/Daughter of
Sh./Smt is a bonafide student of this school and
studied in Class.....during the academic/financial year **2025-26** and as
per School records his/her date of birth is(in Figures)
..... (in words).

This is to also certify that the above named child had studied in this school during the
said academic year **2025-26**.

He/She bears a good moral character.

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)**