

## **CEA APPLICABLE FROM CDA FOR WARDS OF PHYSICAL CASUALTY**

1. Consequent to the implementation of 7th Central Pay Commission, wards of all death in harness cases ( to include Physical Casualty, Missing in Action, Medical Boarded out cases) are also eligible for claiming Children Education Allowance and Hostel Subsidy @ Rs 2250 per month and Hostel Subsidy @ Rs 6750 per month wef 01 Jul 2017 . Amount is double for Special Child.
2. Claims in respect of all Officer Physical Casualty cases are to be processed through DIAV to CDA O Pune .
3. Claim can only be made for eldest 2 children for upto Class 12 .
4. Claim has to be sent after the end of academic session.
5. Following documents are to be sent :
  - (a) Contingent bill.
  - (b) Self declaration by the NoK.
  - (c) Certificate from the Head of Institution ( School Principal)
  - (d) Cancelled Cheque.
6. Completed documents may please be sent to:
  - (a) Officers:  
R&W Section, DIAV,104 Maude Lines, Delhi Cantt-110010
  - (b) JCO/OR: Respective Record Offices
7. All eligible beneficiaries who have not claimed CEA since AY 2017, may prepare claim from AY 2017( July 17 onwards) to AY 2021 immediately to the above mentioned address.
8. Forms are attached.
9. Please note - this allowance is from Govt of India and Education grant from DIAV will continue as earlier.

From

Mrs \_\_\_\_\_

W/O \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_

To

Rehabilitation & Welfare Section  
Directorate of Indian Army Veterans (DIAV)  
Adjutant General's Branch  
IHQ of MoD (Army)  
104, Cavalry Road  
Delhi Cantt -110010

**CLAIM FOR CHILDREN EDUCATION ALLOWANCE (CEA)/  
HOSTEL SUBSIDY FOR WARDS OF PHYSICAL CASUALTY (FATAL) CASES**

1. The following documents regarding Children Education Allowance (CEA)/Hostel Subsidy for academic year \_\_\_\_\_ in respect of Master/Kumari \_\_\_\_\_ wards of No \_\_\_\_\_ Rank \_\_\_\_\_ Name \_\_\_\_\_ is forwarded herewith for your further necessary action please :-

- (a) Contingent bill duly completed.
- (b) Self Declaration certificate duly signed by the NOK .
- (c) Certificate from the head of Institution.
- (d) Cancelled Cheque.

Dated :

(Signature)

## CONTINGENT BILL

### For official use only

File No :

1. Contingent Bill No \_\_\_\_\_ of \_\_\_\_\_
2. Amount on this bill : Rs \_\_\_\_\_
3. Approved Payment : Rs \_\_\_\_\_
4. Deductions (If any) : Rs \_\_\_\_\_

OFFICE STAMP

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### TO BE FILLED AND SIGNED BY THE BENEFICIARY ( ALL FIELDS ARE MANDATORY)

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

(a)	Rank & Name of the Govt Servant	
(b)	Personal No / Army No	
(c)	Name of the Unit	
(d)	Name of NOK	

2. **Details of the child/children for whom CEA / Hostel Subsidy claimed :-**

Sequence	Name of the child	DOB	Standard/ Class	Academic year	Name and Place of the School / institution
1 <sup>st</sup> Child					
2 <sup>nd</sup> Child					

3 **Re-imbusement of Expenditure:-**

Sequence	Period for which claimed	Amount Claimed for CEA	Amount Claimed for Hostel Subsidy	Total
1 <sup>st</sup> Child				
2 <sup>nd</sup> Child				
<b>Total amount claimed Rs</b>				

4. Certified that the above charges/expenditure have been necessarily incurred by the student and he/she is not in receipt of any other concession scholarship from the school/college as well as from the State/Central Government.

5. This amount has not been claimed from PCDA/PAO(OR)/any other source.

6. Certified that the claim has been prepared strictly as per the rates and instructions laid down in the following letters :-

- (a) Govt of India, Department of Personnel & Training letter No A-27012/02/2017-Estt.(AL) dt 16 Aug 2017.
- (b) Govt of India, Min of Def letter No 1(23)/2017/D(Pay/Services) dt 15 Sep 2017.
- (c) Govt of India, Department of Personnel & Training letter No A-27012/02/2017-Estt.(AL) dt 16/17 Jul 2018.
- (d) Adjutant Generals Branch/Addl Dte Gen Personnel Services letter No A/32813/Circular/AG/PS-3(a)/01/2018 dt 21 Aug 2018.
- (e) Adjutant Generals Branch/Addl Dte Gen Personnel Services letter No C/7099/Policy/SAPCS/2020 dt 06 Nov 2020.

7. Certified that the school/college is Govt/Govt aided/unaided, recognized by Central/State Education Board (name of the state/UT)\_\_\_\_\_vide Govt letter No/Affiliation code \_\_\_\_\_dated\_\_\_\_\_.

8. **Bank Details ( Cancelled Cheque/NEFT Form mandatory).**

Account Holder's Name	
Bank Name, Branch and Address	
Account Number	
IFSC Code	

9. **Address (PIN Code mandatory).**

Permanent Address	Correspondence Address
PIN -	PIN -
Mobile Number -	

Dated :

\_\_\_\_\_  
(Signature of Father/Mother/  
Legal Guardian of the child)

**COUNTERSIGNED**

10. Certified that amount claimed above has actually been paid by the student and received by this School/Institute. Rates of tuition fees, hostel charges(messing charges included) claimed above are the actual charges as approved by the Competent Authority.

Office seal/Round stamp  
Date :

\_\_\_\_\_  
(Signature of Principal/Head of School)  
(with appointment stamp)

**Appendix `D`**

(Ref para 5(d) of AG's Branch/ADG (PS) letter No C/7099/Policy/SAPCS/2020 dt 06 Nov 2020.

**SELF DECLARATION CERTIFICATE**

1. Certified that the child/children below in respect of whom re-imbusement under children education assistance claimed is/are wholly dependent upon me :-

Ser No	Name of Children	School in which studying with location	Class in which the child is studying	Date of birth of the child	Period for which claimed	Amount of reimbursement claimed for the pd
1						
<b>Total</b>						

2. Certified that my child/children in respect of whom reimbursement under children education assistance claimed is/are studying in the school mentioned at column(c) which is/are recognized school(s).

3. Certified that I am a Government Servant/NOT a Government Servant.

4. Certified that during the period covered by this claim, the child/children attended the school regularly and did not absent himself/herself/themselves from the school without proper leave for a period exceeding one month.

5. In the event of any change in the particulars given above which effect my eligibility for reimbursement under children education assistance, I undertake to intimate the same promptly and also refund excess payment, if any made to me .

Date :

Signature of NOK : \_\_\_\_\_

Name of NOK : \_\_\_\_\_

Army No : \_\_\_\_\_

Rank : \_\_\_\_\_

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

**COUNTERSIGNED**

Place :

\_\_\_\_\_  
(Signature of Record Offr/Any CI-1 Gazetted Offr)

Date :

**Appendix `A`**

(Ref para 5(d) of AG's Branch/ADG (PS) letter No C/7099/Policy/SAPCS/2020 dt 06 Nov 2020.

**CERTIFICATE FROM THE HEAD OF INSTITUTION/SCHOOL**  
**(FOR REIMBURSEMENT OF CEA)**

Ref No : \_\_\_\_\_

Dated : \_\_\_\_\_

It is certified that Master/Miss \_\_\_\_\_ having,  
Admission No \_\_\_\_\_ DOB \_\_\_\_\_ Son/Daughter of Mr/Mrs  
\_\_\_\_\_ was studying in Class \_\_\_\_\_ Sec \_\_\_\_\_  
Roll No \_\_\_\_\_ during the previous academic year from \_\_\_\_\_  
to \_\_\_\_\_ School/Institution, namely \_\_\_\_\_  
vide affiliation Regd No/Code \_\_\_\_\_ and pattern \_\_\_\_\_ curriculum.

Place :

Signature of Principal  
(Affix School Stamp)

Date :