

SR

**APPLICATION OF FAMILY COMPOSITION FOR REIMBURSEMENT OF  
CHILDREN EDUCATION ALLOWANCE / HOSTEL SUBSIDY (HS)**

S.No	Name	Relationship	Date Of Birth
1			
2			
3			
4			
5			

**Particulars Of Employees**

6	PF Number	
7	Staff No	
8	Designation/Station	
9	Department	
10	Date Of Appointment	
11	Date of Retirement	
12	Date of Joining the present station	
13	Pay Rs.	
14	Pay band	
15	Grade Pay & Level	

It is further declared that the Child/Children mentioned above is / are my eldest surviving Child/Children only. This will also prove according to the order of DOB indicated in the Family Composition for the privilege Pass account. I am aware that my claim is permissible only the two eldest surviving Child/Children only. I have not willfully suppressed or misrepresented any facts on this aspect.

**Name:**

**Designation & station:**

**PF Number:**

**Bill Unit No:**

**Date:**

**Station**

**Signature of the employee**

Certified that the above details furnished under Sl.No.1 to 13 and also the fact of child/children names is/are available in the family composition declared by the employee and maintained in the pass declaration register.

**No.**

**Office of the**

**Date:**

Forwarded to Sr.DPO/MDU: The particulars furnished by the employee have been verified and found correct.

**Official**

**Signature of the Supervisory Official**

**Name:**

**Designation:**

**Station:**