



Avinashilingam Institute for Home Science and Higher Education for Women

(Deemed to be University Estd. u/s 3 of UGC Act 1956, Category A by MHRD)
Re-accredited with A++ Grade by NAAC. CGPA 3.65/4, Category I by UGC
Coimbatore - 641 043, Tamil Nadu, India

Dr. S. Kowsalya, M.Sc., M.Phil., Ph.D
Registrar

Circular

Sub : Child Education Allowance - 2022 -2023 -
claim form - reg.

All the staff members are requested to collect the Child Education Allowance claim form for the academic year 2022-2023 in the Finance Section from 13.03.2023 to 31st March 2023.

All th staff members are instructed to submit the claim form duly filled all the particulars and bonafide certificate from the school (annexure III) on or before 30th April 2023 without fail.

The late submission will not accepted


REGISTRAR

To
Staff Notice Board

Computer Center (for upload the circular & claim form in University web site)

Annexure -1



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**PROFORMA FOR RE-IMBURSEMENT OF CHILD EDUCATION
ALLOWANCE/HOSTEL SUBSIDY FOR THE ACADEMIC YEAR: 2022-2023**

I hereby apply for the reimbursement of Children Education Allowance for my child/children for the academic year **2022-2023** and relevant particulars are furnished below:-.

1.	Name of the Employee	:	
2.	Employee No.	:	
3.	Designation	:	
4.	Present Department/Office	:	
5.	Name of Spouse	:	
6.	If spouse is employed, State whether in Central Govt., PSU, State Govt. (give details)	:	
7.	Designation, Office & B.U. No. of spouse , if spouse is employed in Railway:	:	

8. Details of all the children of the employee:

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

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: (2021-2022) ...
12. The Academic year for which CEA /Hostel Subsidy is applied now: ..
2022-2023
- 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:
14. Whether the Bonafide certificate from Head of Institution has been attached : Yes/No.
15. For Hostel Subsidy, the Bonafide certificate from mentioning the amount is attached: Yes/No
16. If Yes at Item No. 15, Amount claimed for Hostel Subsidy:.....
- I. Certified that the fee/amount indicate above had actually been paid by me.
- II. Certified that my wife/husband is/is not a Central Government Servant.
- III. Certified that my husband/wife Sri/Smt:..... is presently working as : inand that he/she shall not apply/has not applied for the Children Education Allowance for the child mentioned above.
17. Certified that I or my wife/husband has not claimed this reimbursement from any other source and will not claim the same in future.
18. Certified that my child in respect of whom reimbursement of Child 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 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.

Signature:

Name:

Design & Department

Date:

The family composition of the claimant has been verified from the official records such as Pass Declaration/Register etc and found correct Date:

Signature of Sr. Subordinate

With office seal and stamp

FOR OFFICE USE ONLY

Sl. No	Name of staff	Emp. No.	No. of Children	CEA Amount	Hostel Subsidy Amount if any	Total

LDC/UDC/ASSISTANT/SO

FINANCE OFFICER

REGISTRAR

ANNEXURE - II



Avinashilingam Institute for Home Science and Higher Education for Women

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DECLARATION OF THE EMPLOYEE APPLIED FOR CHILD EDUCATION ALLOWANCE - 2022-2023

NAME OF THE STAFF :

DESIGNATION :

DEPARTMENT :

Details of all the children of the employee

S. No.	Sequence	Name of the Child	DOB	Age	Class studied)	School
1.	1st Child					
2.	2nd Child					
3.	3rd Child					

1. 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.
2. 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 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.
3. (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:

Date :

Signature:

Annexure - III



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BONAFIDE CERTIFICATE FROM THE HEAD OF INSTITUTION/SCHOOL

This is to certify that Master/Baby/Mr./Miss
Roll no..... Admission No..... son of
Sri/Smt..... is a bonafide student of this
school and studied in Class..... during the academic year **2022-2023**.
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.....2021-2022 He/She
bears a good moral character.

** During the year 2022-2023
Master/Baby/Mr./Miss..... had resided in the
residential complex (Hostel) of the school and paid an amount of
Rs..... toward 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)