



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

27.03.2024

CIRCULAR

Sub : Children Education Allowance - 2023 -2024 – Claim Form – reg.

All the staff members are requested to collect the Children Education Allowance claim form for the academic year 2023-2024 from the Finance Section from 01.04.2024 to 30.04.2024.

All the staff members are instructed to submit the claim form (Annexure I and II) and Bonafide certificate from the school (Annexure III) duly filled on or before 30.04.2024 without fail.

The late submission will not accepted


REGISTRAR

To

1. Staff Notice Boards.
2. Computer Center (To upload the Circular & Claim form in the Institute website).


22/3/24

Vipritha
27/3/24

Annexure -I



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**PROFORMA FOR RE-IMBURSEMENT OF CHILDREN EDUCATION ALLOWANCE/
HOSTEL SUBSIDY FOR THE ACADEMIC YEAR: 2023-2024**

I hereby apply for the reimbursement of Children Education Allowance for my child/children for the academic year **2023-2024** 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:

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

* Mandatory

9. Details of the Children for whom Children Education Allowance / Hostel Subsidy claimed:

S.No.	Sequence	Name of the Child	DOB	Age
1.				
2.				

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

1st Child	2nd Child

11. Distance of Hostel of child from residence of employee (in case Hostel Subsidy is claimed) _____ (Proof of Residence (Aadhar/EB Bill, Etc.) and distance between Residence and School/Hostel studied (Google Map Screenshot) to be submitted.

12. Amount of CEA/Hostel Subsidy already received up to previous year 2022-23 _____

13. The Academic year for which CEA /Hostel Subsidy is applied now: **2023-2024**

14. (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 :

15. Whether the Bonafide certificate from Head of Institution has been attached: Yes/No.

16. For Hostel Subsidy, the Bonafide certificate from mentioning the amount is attached: Yes/No

17. If Yes at Item No. 15, Amount claimed for Hostel Subsidy:

- I. Certified that the fee/amount indicated 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 : _____ in _____ and that he/she shall not apply/has not applied for the Children Education Allowance/ Hostel Subsidy for the child mentioned above.

18. 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.
19. 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.
20. 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 are 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 such as Pass declaration/Register etc. and found correct.

**Signature of Sr. Subordinate
with Office Seal and Stamp**

Date:

FOR OFFICE USE ONLY

S. No.	Name of the Staff	Emp. No.	No. of Children	CEA Amount	Hostel Subsidy Amount, If any	Total

LDC/UDC/ASSISTANT/SO

FINANCE OFFICER

REGISTRAR

Annexure - II



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**DECLARATION OF THE EMPLOYEE APPLIED FOR
CHILD EDUCATION ALLOWANCE - 2023-24**

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:



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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/daughter of
Sri/Smt..... is a bonafide student of this school and
studied in Class..... during the academic year **2023-2024** and as per School
records his/her date of birth is in words
.....

This is also to certify that the above named child had studied in this school in the
previous academic year.....2022-2023. He/She bears a good moral
character.

*During the year 2023-2024 Master/Baby/Mr./Miss.....
had resided in the residential complex (Hostel) of the school and paid an amount of
Rs..... towards boarding and lodging in the residential complex.

This Institution/School is affiliated / recognized by
..... **and the affiliation /**
recognition Number is.....

Date :

Place:

Signature
Head of the Institution/School
(with Stamp and seal)

*(Strike out if it is not applicable)