



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

**PROFORMA FOR RE-IMBURSEMENT OF CHILDREN EDUCATION ALLOWANCE/
HOSTEL SUBSIDY FOR THE ACADEMIC YEAR: 2025-2026**

I hereby apply for the reimbursement of Children Education Allowance for my child/children for the academic year **2025-2026** 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.	Occupation of the Spouse* (Enclose Non-Claim Certificate obtained from the Higher Officials, if the Spouse is employed under any Central / State / PSU)	:	Designation _____ Department _____ Central/State _____

7. **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**

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

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

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) _____ kms. **(Enclose Proof of Residence like Property Tax / Telephone Bill / EB Bill / Gas Bill etc. for the month of March-2026)** and for **distance between Residence and School/Hostel studied (Google Map Screenshot)** to be submitted.

11. Amount of CEA/Hostel Subsidy already **received in 2024-25** _____

12. The Academic year for which CEA /Hostel Subsidy is applied now: **2025-2026**

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 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 mentioning the amount is attached: **Yes/No**

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

17. Certified that the fee/amount indicated above had actually been paid by me.

18. Certified that my wife/husband is/is not a Central Government Servant.

19. Certified that my husband/wife, Sri/Smt:_____is presently working as : _____ in _____and he/she shall not apply/has not applied for the Children Education Allowance/ Hostel Subsidy for the child/children mentioned above.
20. 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.
21. Certified that my child/children 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.
22. The information's 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: _____

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

FOR OFFICE USE ONLY

S. No.	Name of the Staff	No. of Child- ren	CEA Amount	Hostel Subsidy Amount	Total

LDC / UDC / ASST. / SO

CONSULTANT-FINANCE

FINANCE OFFICER (i/c)

REGISTRAR (i/c)



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**DECLARATION OF THE EMPLOYEE APPLIED FOR
CHILDREN EDUCATION ALLOWANCE – 2025-26**

NAME OF THE STAFF : _____
DESIGNATION : _____
DEPARTMENT : _____

Furnish the details of all the children of the employee:

S. No.	Sequence	Name of the Child	DOB	Age	Class studied	School
1.	I					
2.	II					
3.	III					

1. Certified that my child/children in respect of whom reimbursement of Children Education Allowance is applied is studying in the School/Jr. College, is recognized and affiliated to Board of Education/University.
2. The information's 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.
3. (a) Whether the child/children 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 OBTAINED FROM THE HEAD OF INSTITUTION / SCHOOL

This is to certify that Master/Baby/Mr./Ms.
Roll No..... Admission No..... son / daughter of
Sri/Smt..... is a bonafide student of this school
and studied in Class..... during the academic year **2025-26** 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.....2024-25. He / She bears a good moral
character.

*During the year 2025-2026 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..... (Enclose copy of
Affiliation / Recognition Certificate)**

Date : _____

Place: _____

**Signature of Head of the Institution / School
(With Designation Seal and Round seal)**

*(Strike out if it is not applicable)