



GOVERNMENT OF JAMMU & KASHMIR
OFFICE OF THE PRINCIPAL/DEAN GOVT. MEDICAL COLLEGE SRINAGAR
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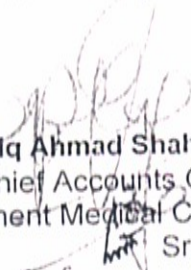
Subject: Grant of Children Education Allowance (CEA) and Hostel Subsidy to the Employees of Union Territory of J&K.

C I R C U L A R

Reference is invited to the Government Order No. 473-F of 2019 dated 28-11-2019 issued by Financial Commissioner, Finance Department available on the (*website of JKFinance*) regarding the subject matter and in pursuance of the instructions, the reimbursement of the Children Education Allowance (CEA) shall be applicable for children from Class Nursery to 12th affiliated to Universities or Boards of Education/Hostel Subsidy for two eldest children with the exception in case the second child birth results in twins as per the rates fixed in the aforesaid Government Order subject to the completion of the formalities as laid down in the prescribed format in the form of Annexure-A & B (copy enclosed as ready reference).

Accordingly the prescribed format may be circulated among the staff members and be furnished by or before 20th March, 2020 so that the reimbursement is made well in time.

The effective date of the reimbursement shall be w.e.f. 1st November, 2019 upto the 29th February, 2020 in respect of Children Education Allowance (CEA) and Hostel Subsidy which can be claimed concurrently.


(Rafiq Ahmad Shah) KAS,
Chief Accounts Officer,
Government Medical College,
Srinagar.

No:MC/Accts/1789-95
Dated: 12-03-2020

1. Administrator Associated Hospitals Srinagar.
2. All HODs _____
3. All Medical Superintendent _____
4. Administrative Officer, Govt. Medical College Srinagar for information.
5. Senior Private Secretary to Principal/Dean, Govt. Medical College Srinagar for information PMC.
6. Incharge IT GMC Srinagar for information and compliance. They are directed to upload the information as desired in the said circular.
7. Office record.

Annexure 'A'

**PROFORMA FOR RE-IMBURSEMENT OF CHILDREN EDUCATION ALLOWANCE/HOSTEL
SUBSIDY IN TERMS OF RBE No. 147/2017**

CLAIM FOR THE FINANCIAL YEAR: -

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

1.	Name of the Employee	:	
2.	P.F. No./Employee No.	:	
3.	Designation	:	
4.	Office & Bjl Unit No.	:	
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.	1 st Child			
2.	2 nd Child			
3.	3 rd Child			

9. Details of all the children for whom CEA/Hostel Subsidy claimed:

Sl. No.	Sequence	Name	DOB	Age
1.				
2.				

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

1 st Child	2 nd Child

11. Distance of Hostel of child from residence of employee (in case Hostel Subsidy is claimed)....
12. Amount of CEA/Hostel Subsidy already received up to previous quarter: _____
13. The Academic year for which CEA /Hostel Subsidy is applied now: ..
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

-:2:-

17. If Yes at Item No. 16, Amount claimed for Hostel Subsidy:.....
18. (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.
(iv) 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.
17. 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.
18. 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 & Station

Working Under:

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	P.F.No.	CEA Amount	Hostel Subsidy Amount if any	Total

Forwarded to : Sr.DFM/CKP for vetting and early return.

Bill Clerk/OS

Bill Compiling Officer

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 financial year 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.....

He/She bears a good moral character.

** During the year 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)