अखिल भारतीय आयुर्विज्ञान संस्थान, रायपुर (छत्तीसगढ़)
All India Institute of Medical Sciences, Raipur (Chhattisgarh)
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No. 22/124/2019-20/Admin/2156 Date: 03/02/2020

CIRCULAR

All the officers, faculty members and employees of AIIMS Raipur working on regular and deputation basis who are desirous of claiming reimbursement of Children Education Allowance shall submit their request to the respective Administrative Office of AIIMS Raipur alongwith information in enclosed Annexure-A and Annexure-B for consideration on or before 15th April of the particular year.

2. Non-receipt of requests by due date may result in delay of reimbursement to the concerned official for that particular year.

3. This issues with the approval of the competent authority.

Encl.: As above.

(Parijat Diwan)
Senior Administrative Officer
AIIMS Raipur

Copy to :

1. Office of the Director, AIIMS Raipur.
2. Dean (Academics), AIIMS Raipur.
3. Deputy Director (Administration), AIIMS Raipur.
4. Medical Superintendent, AIIMS Raipur.
5. Financial Advisor, AIIMS Rapur.
6. Principal, College of Nursing, AIIMS Raipur.
7. All concerned HoD/In-charge, AIIMS Raipur.
8. All Officers of AIIMS Raipur.
9. Guard file.

With a request to endorse to all officers, faculty members & employees working in your respective departments/sections.

Annexure 'A'

PROFORMA FOR RE-IMBURSEMENT OF CHILDREN EDUCATION ALLOWANCE/HOSTEL SUBSIDY FOR THE ACADEMIC 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.	Present Department/Office	:	
5.	Name of Spouse	:	
6.	If spouse is employed, State whether in Central Govt., PSU, State Govt. (give details)	:	
7.	Name , Designation and Office address of the Spouse.		

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

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

9. 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. The Academic year for which CEA /Hostel Subsidy is applied now: _____
12. (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

Contd..P/2

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

17. (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 : ..... in .....and 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-imbursement from any other source and will not claim the same in future.

18. 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.

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 :
Date:

The details of child/children for whom the present claim is submitted by the official has been verified from the official records and found correct.

Signature of Administrative Authority with office stamp

Annexure 'B'

BONAFIDE CERTIFICATE FROM THE HEAD OF INSTITUTION/SCHOOL

This is to certify that Master/Baby/Mr./Miss ..... Son/ daughter of Sri/Smt.....Roll No..... Admission No..... is a bonafide student of this school and studied in Class..... during the academic year ..... and as per School records his/her date of birth is ..... .

**This is further certified that during the year 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 to/ recognized by..... vide affiliation/recognition Number .....

Dated:
Place:

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

**(Strike out it if not applicable)