

UNIVERSITY OF JAMMU

CIRCULAR

To claim Children Education Allowance/Hostel Subsidy for the academic year 2019-20, all the employees (teaching/non-teaching) are advised to fill in the enclosed Proforma 'A' duly authenticated by the concerned Rectors/Directors/HoDs/Branch officers & Proforma 'B' duly issued by the Head of the institution/School and submit the same to the **Deputy Registrar (Accounts)** for further necessary action, within 30 days from the issue of this circular. A copy of aforesaid filled proformas be also sent to the **Deputy Registrar, TW/ Assistant Registrar (Estab NTW)** as the case may be, for office record.

The re-imburement of above allowances shall be made, subject to availability of the funds with the Finance Wing of the University.

Encl: 02 leaves

No: Estab/20/ 4091-4190

Dated: 25/08/2020

Copy to :

1. Special Secretary to the Vice-Chancellor for kind information of the Vice-Chancellor
2. Sr. P.A. to the Dean Academic Affairs/Dean Research Studies/Dean Planning & Development/Registrar/ Controller of Examinations/DCD/DDE/DIQA for information
3. All Rectors / Directors of the Offsite Campuses of the University
4. Dean Students Welfare/Provosts (Boys/Girls Hostels), Dean Students Placement/I/c Librarian (Dhanvantri Library)
5. All Heads/Directors of the Teaching Departments of the University
6. I/c Administrator, General Zorawar Singh Auditorium
7. Sr. P.A. to the Joint Registrar (Finance/ DDE)
8. I/c Computer Centre / I/c University Website/Coordinator Campuses
9. Programme Coordinator(NSS)
10. All Wardens of University Hostels
11. All Dy. Registrars SE EXEN/ I/C Media Cell / Manager Guest House
12. Chief Medical Officer
13. All Assistant Registrars
14. Chief Security Officer
15. All Sections/Guard File
16. Manager Guest House
17. Security Officer
18. All Sections
19. Guard File

W. H. Ch
REGISTRAR
25/8

UNIVERSITY OF JAMMU

Proforma '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.	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./UT Govt. (give details)	:	
7.	Name, designation and office address of the spouse.	:	

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

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

9. Name of School/Residential School and class in which children studied:

1 st Child	2 nd 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:

Contd.. P/2

13. Whether the bonafide certificate from the Head of the Institution has been attached: Yes/No
14. For Hostel Subsidy, the bonafide certificate form mentioning the amount is attached: Yes/No
15. If yes at item No. 14, amount claimed for Hostel Subsidy: _____.
16. (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 Sh/Smt: _____ is presently working as:
_____ in _____ & 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:

Designation:

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 the HoD/Branch officer/Rector/Director
with office stamp**

UNIVERSITY OF JAMMU

Proforma-‘B’

BONAFIDE CERTIFICATE FROM THE HEAD OF INSTITUTION/SCHOOL

This is to certify that Master/Baby/Mr./Miss Son/daughter of Sri/ Smt..... RollNo..... 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)