

UNIVERSITY OF JAMMU

CIRCULAR

To claim Children Education Allowance/Hostel Subsidy for the academic year 2022-23 (for first two surviving children), 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 of their child alongwith family details form as per Performa 'C' and submit the same to the **Deputy Registrar (Adm. TW)/Assistant Registrar (Estab)** for further necessary action upto 31st March, 2023 for onward submission to the Finance Wing.

Encl: 03 leaves

No: Estab/23/ 32337-436

Dated: 10-03-2023

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

Basantia
REGISTRAR
Basantia 09/03/23

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.	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:
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