



MAHATMA GANDHI CENTRAL UNIVERSITY

[A Central University established by an Act of Parliament]

REIMBURSEMENT OF CHILDREN EDUCATION ALLOWANCE / HOSTEL SUBSIDY

[Ref: OM No. A-27012/01/2017-Estt.(AL) dated 17/07/2018]

IMPORTANT INSTRUCTIONS:

- The form must be **filled-in completely** by the Employee in his/her **own handwriting** in **Capital Letters** with **Blue Ink only**. Please **do not overwrite**. Corrections should be made by cancelling and re-writing and such corrections should be counter-signed by the employee concerned.
- Each page of this Form should be signed by the concerned Employee with date.

PART – ‘A’

(to be filled by the Employee)

Name of the Employee			
Designation			
Department / Centre / Section			
Date of Joining			
Claim for the Academic Year			
Child's Particulars	Child - I	Child - II	
Name of the Child			
Date of Birth			
Name of the School			
Class in which studying			
Re-Imbursement of Expenditure			
Sequence	Amount Claimed for CEA	Amount Claimed for Hostel Subsidy, if any	Remarks
1 st Child			
2 nd Child			
Total Claimed (Rs.)			

*Distance (in Kms) of Hostel of Child from residence of employee (in case of Hostel Subsidy):

DECLARATION

1. I hereby, certify that:

- i. the child / children mentioned above in respect of whom reimbursement of Children Education Allowance / Hostel Subsidy claimed is wholly dependent upon me
- ii. my spouse is not a Central Government Servant.

OR

my spouse is a Central Govt. servant and that she/he has not claimed / will not claim Children Education Allowance / Hostel Subsidy in respect of our child / children.

- iii. my child / children in respect of whom reimbursement of Children Education Allowance / Hostel Subsidy applied is studying in the School / Junior College which is recognized and affiliated to Board of Education / University.
 - iv. during the period covered by the claim the child / children attended the school regularly and did not absent himself / herself from the school without proper leave for a period exceeding one month.
 - v. the child in respect of whom reimbursement of Children Education Allowance / Hostel Subsidy is applied is **one of the two eldest surviving children.**
2. Whether the Child / Children for whom Children Education Allowance applied is disabled Child: **(YES / NO).**
- a. If Yes, indicate nature of disability : _____
 - b. Indicate the percentage of disability : _____
 - c. Date of Disability Certificate : _____
3. The particulars / information furnished above are complete & 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.

Place: _____

Date: _____

Signature of the Employee

PART – 'B'

(to be filled by the Office)

The claim of the above official has been checked and the amount of Rs. _____ is reimbursable as per rules. It is therefore, proposed to reimburse Rs. _____ to the above named official.

Dealing Assistant

Section Officer

Asst. Registrar/Deputy Registrar

To,
The Registrar, MGCU

BONAFIDE CERTIFICATE
FROM THE HEAD OF THE INSTIUTION / SCHOOL

A. IN CASE OF DAY SCHOLARS

1. This is to certify that Baby / Master / Miss / Mr _____
S/o D/o _____ Roll No. _____
Admission No. _____ is a Bonafide student of this School and studied in
Class _____ during the Financial Year _____ and as per
School records her / his Date of Birth is _____ (in numbers) _____

(in words)
2. She / He bears a good moral character.
3. This Institution / School is affiliated recognized by _____
_____ and the affiliation / recognition number is _____.

B. IN CASE OF HOSTELER [if applicable, to be filled-up in addition to (A) above]

4. During the year Baby / Master / Miss / Mr _____
had resided in the residential complex (Hostel) of the school and paid an amount of _____ Rs.
(in figures) _____

(in words)
towards boarding and lodging in the residential complex.

Date: _____

Place: _____

Signature

**Head of the Institution /
School (with Stamp and Seal)**