

तमिलनाडु केन्द्रीय विश्वविद्यालय

(संसद द्वारा पारित अधिनियम 2009 के अंतर्गत स्थापित)

CENTRAL UNIVERSITY OF TAMIL NADU

(Established by an Act of Parliament, 2009) तंजावुर रोड/Thanjavur Road, तिरुवारूर/Thiruvarur - 610 004 **2** : 04366 - 220311, **3** : 04366 - 225312

PROFORMA FOR RE-IMBURSEMENT OF CHILDREN EDUCATION ALLOWANCE/HOSTEL SUBSIDY

CLAIM FOR THE FINANCIAL YEAR:- 2020-21

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

1.	Name of the Employee	:
2.	Employee No.	:
3.	Designation	;
4.	Office / Department	;
5.	Name of Spouse	:
6.	If spouse is employed, state whether in Central Govt., PSU, State Govt. (give details)	•
7.	Designation & Office of spouse, if spouse is employed in Railway:	:

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

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

9.	Academic y	ear, N	Vame o	of Sc	:hool/	Resi	dential	School	and	Class	in	which	children	studied
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	1 st Child	2 nd Child			
Academic Year:	Name of the School:	Academic Year:	Name of the School:		
[2020-21]		[2020-21]			
Class:		Class:			
		I			

- 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: 2020-21
- 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:
- 13. Whether the Bonafide certificate from Head of Institution has been attached: Yes/No.
- 14. For Hostel Subsidy, the Bonafide certificate from 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.
 - 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.
- 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.	8. The information furnished above is 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.									
			Signa	ture :						
			Name	:						
			Desig	nation :						
			Date	:						
•	The family particulars of the claimant has been verified from the official records and found correct. Section Officer/AR									
В.	Finance section: Name of staff	Designation	Emp. No.	CEA Amount	Hostel Subsidy Amount (if any)	Total				
I	Dealing Assistant	Assistant	Registrar		Joint Registrar					

APPENDIX - B

BONAFIDE CERTIFICATE FROM THE HEAD OF INSTITUTION/SCHOOL

* (Strike out it is not applicable)