

# UNIVERSITY OF JAMMU

## CIRCULAR

To claim Children Education Allowance/Hostel Subsidy for the academic year 2020-21 (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 & Family details form as per Proforma 'C' and submit the same to the **Deputy Registrar (Adm. TW)/Assistant Registrar (Estab. NTW)** for further necessary action upto 31<sup>st</sup> March, 2021 for onward submission to the Finance Wing.

Encl: 03 leaves

No: Estab/21/ 19992 - 20091

Dated: 23-03-21

Copy to :-

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

  
REGISTRAR  
  


# 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 <sup>st</sup> Child			
2.	2 <sup>nd</sup> Child			

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

1 <sup>st</sup> Child	2 <sup>nd</sup> 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:

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-imbursment 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/Rectoer/Director  
with office stamp

UNIVERSITY OF JAMMU

Proforma-5B

BONAFIDE CERTIFICATE FROM THE HEAD OF INSTITUTION/SCHOOL

This is to certify that Master/Baby/Mr./Miss ..... Son/daughter of  
Sri. Smt..... RollNo..... Adm. sion No..... is a  
bonafide student of this school and studied in Class.... during the academic  
year..... and as per School records 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)

## FORM-3 (Details of Family)

### Details of Family for Unmarried/married Government Servants :

1. Name of the Government servant \_\_\_\_\_
2. Employee No \_\_\_\_\_
3. Designation \_\_\_\_\_
4. Date of Birth (as entered in the Service book) \_\_\_\_\_
5. Date of appointment \_\_\_\_\_
6. If Divyang, please state – Yes/No. If Yes, please provide documentary evidence.
7. Details of family as on \_\_\_\_\_

S.No.	Name of member of family	Date of birth	Occupation	Initial of Government Servant	Initial of Head of Office/DDO
1.	2.	3.	4.	5.	6.

#### **(A) For unmarried Government Servant :**

1. Father (Name \_\_\_\_\_)
2. Mother (Name \_\_\_\_\_)
3. Dependent Sisters alongwith their marital status (Name/s & age \_\_\_\_\_)
4. Dependent Brothers (Name & age \_\_\_\_\_)

#### **(B) For married Government Servant :**

1. Wife in the case of male Officer (Name \_\_\_\_\_)
2. Husband in the case of Female Officer (Name \_\_\_\_\_)
3. Daughter(s) (Name/s in order of their ages alongwith their marital status \_\_\_\_\_)
4. Son(s) (Name/s in the order of their ages alongwith their marital status \_\_\_\_\_)
5. Dependent Brother(s)/Sister(s) (Name/s, ages & their marital status \_\_\_\_\_)
6. Father (Name \_\_\_\_\_)
7. Mother (Name \_\_\_\_\_)

Place \_\_\_\_\_

Signature of the University Employee \_\_\_\_\_