



इन्दिरा गाँधी आयुर्विज्ञान संस्थान, शेखपुरा, पटना-14

(बिहार सरकार का एक स्वायत्तशासी संस्थान)

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जापांक: ई.गा.आ.सं/2023/ /लेखा

दिनांक: /09/2023

कार्यालय आदेश

विषय: सातवें केन्द्रीय वेतन आयोग की सिफारिश-बाल शिक्षा भत्ता (सी.ई.ए.) तथा छात्रावास सब्सिडी प्रदान करने संबंधी निर्णय का कार्यान्वयन- समेकित दिशा निर्देश।

उपर्युक्त विषयक दिनांक ई.गा.आ.सं./2014/121/लेखा दिनांक 25.08.2014 के इस कार्यालय आदेश के अनुक्रम में, भारत सरकार, कार्मिक लोक शिकायत एवं पेंशन मंत्रालय, कार्मिक एवं प्रशिक्षण विभाग के दिनांक 16.07.2018 के पत्र संख्या ए-27012/02/2017-स्था (ए. एल.) द्वारा बाल शिक्षा भत्ता (सी.ई.ए.) के संबंध में कुछ विशेष स्पष्टीकरण जारी किए गए हैं। जिसके नियमानुसार “सी.ई.ए. एवं छात्रावास सब्सिडी की प्रतिपूर्ति किसी वित्तीय वर्ष में वित्तीय वर्ष पूरा होने के बाद एक ही बार की जा सकती है।” अतः उपरोक्त उल्लेखित परिपत्रानुसार सभी नियम लागू होंगे एवं दावाकर्ता को भुगतान हेतु संबंधित दस्तावेज़ लेखा शाखा को उक्त नियमानुसार प्रस्तुत करना होगा। उक्त कार्यालय आदेश की एक प्रति इसके साथ, एतद्वारा, सूचना एवं आवश्यक कार्यवाई हेतु अग्रेषित की जाती है। यह आदेश तत्काल प्रभाव से प्रभावी होगा। पत्र के साथ दावा प्रारूप संलग्न है।

— हस्ता. —

निदेशक

ई.गा.आ.सं., पटना-14

जापांक: ई.गा.आ.सं/2023/188/लेखा

दिनांक: 9/09/2023

प्रतिलिपि: निदेशक कोषांग/प्रशासन शाखा/सभी सूचना पट्ट एवं वेबसाइट पर अपलोड हेतु आवश्यक सूचनार्थ/लेखा शाखा-आवश्यक सूचनार्थ एवं कार्यरर्थ प्रेषित।

निदेशक

ई.गा.आ.सं., पटना-14

**FORM FOR RE-IMBURESMENT OF
CHILDREN EDUCATION ALLOWANCE**

CLAIM FOR THE ACADEMIC YEAR:

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

1.	Name of the Govt. Servant	:	
2.	Personal No.	:	
3.	Designation	:	
4.	Name of the Unit	:	
5.	If Spouse is employed, state whether in Central Govt., PSU, State Govt. (give details with name of the Spouse)	:	
6.	Designation, Office & B.U. No.of spouse, if spouse is employed in Railway	:	
7.	Details of the child / children for whom CEA / Hostel Subsidy claimed:-		
	Sequence	Name of child	DOB
			Standard (A.Y.)
	1 st Child		
	2 nd Child		
			Name & Place of the School / Institution

8. Re-imburement of Expenditure:-

Sequence	Period	Rate of CEA (Rs.)	Amount claimed	Remarks
1 st Child				
2 nd Child				
Total amount claimed Rs.				

- 9. Distance of Hostel of child from residence of employee (in case Hostel Subsidy):
- 10. Amount of CEA / Hostel Subsidy already received up to previous quarter:
- 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 Head of Institution has been attached : Yes / No
- 14. For Hostel Subsidy, the Bonafide certificate from mentioning the amount is attached:
- 15. If Yes at Item No. 14, Amount claimed for Hostel Subsidy: Rs _____
- 16. (a) Certified that I or my wife / husband is / is not a Central Government servant.
 (b) Certified that my wife / husband Sri / Smt is presently working as:..... in and that he / she shall not apply / has not applied for the Children Education Allowance for the child /children mentioned above.
 (c) 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 re-imburement of Children Education Allowance is applied is studying in the School / Jr. College which is recognized and affiliated to Board of Education / University.
- 18. Certified that I am claiming the CEA in respect of my two eldest surviving children only, 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.

Date: _____

Place: _____

(Signature of Govt. Servant)

Name:

Design. :
.....

Authority vide Government of India Ministry of Personal P.G and Department of Personal & Training New Delhi Order No. A-27102/02/2017-Estt. (AL) 16 August 2017
(This order shall be effective from 01 Jul 2017)

CERTIFICATE FROM THE HEAD OF INSTITUTION /SCHOOL
(FOR REIMBURSEMENT CEA)

Ref No.....

Date:.....

It is certified that Master/Kumari _____ having Admission
No. _____ D.O.B. _____ Son / Daughter of Mr /Mrs _____
is a bonafide student of this school/Institution and studied in Class _____ Sec _____ Roll
No. _____ during the previous Academic year namely
_____ vide affiliation Regd. No./Code
_____ and pattern _____ curriculum.

Place: _____

Date:- _____

Signature of principal
(Affix School Stamp)

SELF DECLARATION

I _____ do hereby certify that my Son/Daughter
namely _____ Studied in Class _____
Sec. _____ Roll No. _____ during previous Academic Year _____ in
_____ School.

In the event of any change in the particulars given above which affect my eligibility for Children Education Allowance. I undertake to intimate the same promptly and refund excess payment, if any made to me.

Signature of Govt. Servant

Name: _____

Designation: _____

Place: _____

Date: _____