

GOVERNMENT OF JAMMU & KASHMIR
OFFICE OF THE PRINCIPAL/DEAN GOVT. MEDICAL COLLEGE SRINAGAR
10- Karan-nagar, Srinagar, Kashmir, 190010. Phone No: 0194-2504114, FAX: 0194-250311



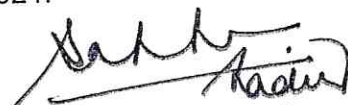
Subject: Grant of Children Education Allowance (CEA) and Hostel Subsidy to the Employees of Union Territory of J&K.

C I R C U L A R

Reference is invited to the Government Order No. 473-F of 2019 Dated 28-11-2019 followed by clarification issued by Finance Department vide No.A/Clar(2019)-676/J Dated 14-08-2020, the reimbursement of the Children Education Allowance (CEA) and Hostel Subsidy as applicable shall be released to those Govt. employees who shall furnish the information as per the prescribed formats.

Accordingly all concerned employees of this institution are directed to furnish the prescribed formats to this office by or before 15th April, 2021 positively so that the reimbursement is made well in time.

The reimbursement of Children Education Allowance (CEA) and Hostel Subsidy can be claimed for the period 01-04-2020 to 31-03-2021.


Sabreena Kadir (KAS),
 Chief Accounts Officer,
 Government Medical College,
 Srinagar.

No: MC/Accts/1584-94
 Dated 28-03-2021

1. Administrator Associated Hospitals Srinagar.
2. All HOD's of Government Medical College Srinagar.
3. Project Director, Post Partum LD Hospital Srinagar.
4. Principal, Govt. Nursing College Srinagar.
5. Principal, AMT School Srinagar.
6. Registrar Academics, Govt. Medical College Srinagar.
7. All Medical Superintendent of Associated Hospitals GMC Srinagar.
8. Administrative Officer, Govt. Medical College Srinagar.
9. Sr. Private Secretary to Principal/Dean, GMC Srinagar for information PMC.
10. Incharge IT GMC Srinagar for information with the directions to upload the said circular on the official website of GMC Srinagar.

Annexure 'A'

**PROFORMA FOR RE-IMBURSEMENT OF CHILDREN EDUCATION ALLOWANCE/HOSTEL
SUBSIDY IN TERMS OF RBE No. 147/2017**

CLAIM FOR THE FINANCIAL 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.	Office & Bill Unit No.	:	
5.	Name of Spouse	:	
6.	If spouse is employed, State whether in Central Govt., PSU, State Govt. (give details)	:	
7.	Designation, Office & B.U. No. of spouse , if spouse is employed in Railway:		

8. Details of all the children of the employee:

Sl. No.	Sequence	Name	DOB	Age
1.	1 st Child			
2.	2 nd Child			
3.	3 rd Child			

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

Sl. No.	Sequence	Name	DOB	Age
1.				
2.				

10. Academic year, Name of School/Residential School and Class in which children studied:

1 st Child	2 nd Child

11. Distance of Hostel of child from residence of employee (in case Hostel Subsidy is claimed)....
12. Amount of CEA/Hostel Subsidy already received up to previous quarter:....
13. The Academic year for which CEA /Hostel Subsidy is applied now: ..
14. (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:
15. Whether the Bonafide certificate from Head of Institution has been attached : Yes/No.
16. For Hostel Subsidy, the Bonafide certificate from mentioning the amount is attached: Yes/No

Contd..P/2

Annexure 'B'

BONAFIDE CERTIFICATE FROM THE HEAD OF INSTITUTION/SCHOOL

This is to certify that Master/Baby/Mr./Miss Roll
no..... Admission No..... son of
Sri/Smt..... is a bonafide student of this school and studied
in Class..... during the financial year and as per School records his/her
date of birth is in words
.....

This is to also certify that the above named child had studied in this school in the
previous academic year.....

He/She bears a good moral character.

** During the year Master/Baby/Mr./Miss..... had resided in
the residential complex (Hostel) of the school and paid an amount of Rs..... toward
boarding and lodging in the residential complex.

This Institution/School is affiliated recognized by
..... and the affiliation/recognition Number
is.....

Dated:

Place:

Signature Head of the
Institution/School
(with Stamp and seal)

** (Strike out it is not applicable)

17. If Yes at Item No. 16, Amount claimed for Hostel Subsidy:.....
18. (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 Sri/Smt:..... is presently working
as : inand 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. 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:

Design & Station

Working Under:

Date:

The family composition of the claimant has been verified from the official records such
as Pass Declaration/Register etc and found correct.

Date:

**Signature of Sr. Subordinate
With office seal and stamp**

FOR OFFICE USE ONLY

Sl. No.	Name of staff	P.F.No.	CEA Amount	Hostel Subsidy Amount if any	Total

Forwarded to : Sr.DFM/CKP for vetting and early return.

Bill Clerk/OS

Bill Compiling Officer