Sub: MANUU - ER-I Section - Reimbursement of Children Education Allowance as per 7th CPC - Reg.


In terms of Ministry of Personnel, Public Grievances and Pensions, (DOPT) O.M. No. A-27012/02/2017-ES(I) dated 17.07.2018 and on the recommendation of the 7th CPC, the amount for reimbursement of Children Education Allowance/Hostel Subsidy are as under:

1. **Children Education Allowance (CEA):** The amount for reimbursement CEA has been revised to Rs.2,250/- per month irrespective of the actual expenses incurred by the Government Servant. In order to claim reimbursement of CEA, the Government Servant should produce a certificate issued by the Head of the Institution for the period/year for which claim has been preferred. The Certificate should confirm that the child studied in the school during the previous academic year. In case such certificate cannot be obtained, self-attested copy of the report card or self attested fee receipt(s) (including receipt(s)) confirming indicating that the fee deposited for the entire academic year can be produced as a supporting document to claim CEA. The period/year means academic year i.e., 12 of complete academic session.

2. **Hostel Subsidy:** The amount of ceiling of hostel subsidy has been revised to Rs.6,750/- per month. In order to claim reimbursement of Hostel Subsidy for an academic year, a similar certificate from the Head of Institution confirming that the child studied in the School will suffice, with additional requirement that the certificate should mention the amount of expenditure incurred by the Government Servant towards lodging and boarding in the residential complex. In case, such certificate cannot be obtained, self attested copy of the report card and original fee receipt(s)/e-receipt(s) which should indicate the amount of expenditure incurred by the Government servant towards lodging and boarding in the residential complex can be produced for claiming Hostel Subsidy.

3. The Expenditure on boarding and lodging or the ceiling of Rs.6,750/- as mentioned above, whichever is lower shall be paid to the employee as Hostel Subsidy. The period/year will mean the same as explained in para-1 above. A suitable proforma for CEA/Hostel Reimbursement Claims has been devised by the University (Appendix-A).

4. All the Teaching, Other Academic Staff and Officers of the University are requested to apply for CEA/Hostel Reimbursement Claims in the above prescribed format.

5. These allowance shall be effective from 01st July, 2017 as extended by the MHRD/UGC to Teaching/Academic Staff and University Officers (Registrar, Finance officer, CoE, Joint Registrars, Deputy Registrars, and Assistant Registrars).

6. Separate order shall be issued to Non-Teaching Staff and other categories as and when the same is extended by MHRD/UGC in due course.

REGISTRAR

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EPABX 2300-6612, 13, 14, 15 Website: www.manuu.ac.in
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:

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Sequence</th>
<th>Name</th>
<th>DOB</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>1&lt;sup&gt;st&lt;/sup&gt; Child</td>
<td></td>
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<tr>
<td>2.</td>
<td>2&lt;sup&gt;nd&lt;/sup&gt; Child</td>
<td></td>
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<tr>
<td>3.</td>
<td>3&lt;sup&gt;rd&lt;/sup&gt; Child</td>
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9. Details of all the children for whom CEA/Hostel Subsidy claimed:

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Sequence</th>
<th>Name</th>
<th>DOB</th>
<th>Age</th>
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<tbody>
<tr>
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<td>2.</td>
<td>2&lt;sup&gt;nd&lt;/sup&gt; Child</td>
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<td></td>
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<tr>
<td>3.</td>
<td>3&lt;sup&gt;rd&lt;/sup&gt; Child</td>
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</tbody>
</table>
10. Academic year, Name of School/Residential School and Class in which children studied:

<table>
<thead>
<tr>
<th>1st Child</th>
<th>2nd Child</th>
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</thead>
<tbody>
<tr>
<td>Academic Year:</td>
<td>Academic Year:</td>
</tr>
<tr>
<td>Name of the School:</td>
<td>Name of the School:</td>
</tr>
<tr>
<td>Class:</td>
<td>Class:</td>
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</tbody>
</table>

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 quarters: ..................................................

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

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 Srl/Smt: ________________________________ 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.

19. 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.
20. 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.

Signature : ……………………………

Name : 

Designation : 

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

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FOR OFFICE USE ONLY

<table>
<thead>
<tr>
<th>Name of staff</th>
<th>Designation</th>
<th>P.F. No.</th>
<th>CEA Amount</th>
<th>Hostel Subsidy Amount (if any)</th>
<th>Total</th>
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Dealing Asst.

Section Officer

Assistant Registrar/ Deputy Registrar/
Joint Registrar
ER-I / ER-II Section
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 studies in Class ………………… during the financial year………………………… and as per School record his / her date of birth is …………………………… in words …………………………………………………………………………………………………………………………………………………………………………

This is also certify that the above name child has studies 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………………………….. towards boarding and lodging in the residential complex.

This institution/School is affiliated recognized by ……………………………………………………………

and affiliation / recognition number is …………………………………

Dated:……………………

Place:……………………

Signature
(Head of the Institution/School with Stamp & Seal)

** (Strike out it is not applicable)