



**Avinashilingam Institute for Home Science and Higher Education for Women**

(Deemed to be University Estd. u/s 3 of UGC Act 1956, Category A by MHRD)  
Re-accredited with A++ Grade by NAAC. CGPA 3.65/4, Category I by UGC  
Coimbatore - 641 043, Tamil Nadu, India

**Dr.(Mrs.)H.Indu,  
M.Sc., M.Ed., M.Phil., M.Phil., Ph.D  
Registrar (i/c)**

**17.03.2025**

**C I R C U L A R**

Sub : Children Education Allowance - 2024-25 – Claim Form – reg.

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All the staff members are requested to collect the Children Education Allowance claim form for the academic year 2024-25 from the Finance Section from 01.04.2025 to 30.04.2025.

All the staff members are instructed to submit the claim form (Annexure I and II) and Bonafide certificate attested from the school (Annexure III) duly filled on or before 30.04.2025 without fail.

The late submission will not accepted.

  
**REGISTRAR**

To

1. Staff Notice Boards.
2. Computer Center (To upload the Circular & Claim form in the Institute website).



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**PROFORMA FOR RE-IMBURSEMENT OF CHILDREN EDUCATION ALLOWANCE/  
HOSTEL SUBSIDY FOR THE ACADEMIC YEAR: 2024-2025**

I hereby apply for the reimbursement of Children Education Allowance for my child/children for the academic year **2024-2025** 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, <b>state the occupation and office of employment (also mention whether in Central / State Govt. / Others / PSU) **</b>	:	* Designation _____ Department _____ Central/State _____
7.	Designation, Office & B.U. No. of spouse , if spouse is employed in Railway:	:	*

**8. Details of all the children of the employee:**

S.No.	Sequence	Name of the Child	DOB	Age
1.	1 <sup>st</sup> Child			
2.	2 <sup>nd</sup> Child			
3.	3 <sup>rd</sup> Child			

\* **Mandatory**

\*\* **Enclose Non-Claim Certificate obtained from the Higher Officials, if the Spouse is employed under any Central / State / PSU.**

9. Details of the Children for whom Children Education Allowance / Hostel Subsidy claimed:

S.No.	Sequence	Name of the Child	DOB	Age
1.				
2.				
3.				

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

1st Child	2nd Child

11. Distance of Hostel of child from residence of employee (in case Hostel Subsidy is claimed) \_\_\_\_\_kms. (Proof of Residence (Aadhar/EB Bill, Etc.) and distance between Residence and School/Hostel studied (Google Map Screenshot) to be submitted.

12. Amount of CEA/Hostel Subsidy already received in previous year 2023-24 \_\_\_\_\_

13. The Academic year for which CEA /Hostel Subsidy is applied now: **2024-2025**

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 mentioning the amount is attached: Yes/No

17. If Yes at Item No. 15, Amount claimed for Hostel Subsidy: \_\_\_\_\_.

18. Certified that the fee/amount indicated above had actually been paid by me.

19. Certified that my wife/husband is/is not a Central Government Servant.

20. Certified that my husband/wife, Sri/Smt:\_\_\_\_\_is presently working as : \_\_\_\_\_ in \_\_\_\_\_and he/she shall not apply/has not applied for the Children Education Allowance/ Hostel Subsidy for the child/children mentioned above.
21. 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.
22. Certified that my child/children 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.
23. The information's 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 are found to be false, I am liable for disciplinary action.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Designation & Department: \_\_\_\_\_

The family composition of the claimant has been verified from the official records and found correct.

**Signature of Sr. Subordinate  
with Office Seal and Stamp**

**FOR OFFICE USE ONLY**

S. No.	Name of the Staff	No. of Child- ren	CEA Amount	Hostel Subsidy Amount, If any	Total

**LDC / UDC / ASST. / SO / EO**

**CONSULTANT-FINANCE**

**FINANCE OFFICER (i/c)**

**REGISTRAR (i/c)**



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**DECLARATION OF THE EMPLOYEE APPLIED FOR  
CHILD EDUCATION ALLOWANCE - 2024-25**

**NAME OF THE STAFF** : \_\_\_\_\_  
**DESIGNATION** : \_\_\_\_\_  
**DEPARTMENT** : \_\_\_\_\_

**Details of all the children of the employee**

S. No.	Sequence	Name of the Child	DOB	Age	Class studied	School
1.	I					
2.	II					
3.	III					

1. Certified that my child/children 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.
2. The information's 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.
3. (a) Whether the child/children 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 :

**Date :**

**Signature:**



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**BONAFIDE CERTIFICATE FROM THE HEAD OF INSTITUTION / SCHOOL**

This is to certify that Master/Baby/Mr./Ms. ....

Roll No..... Admission No..... son / daughter of  
Sri/Smt..... is a bonafide student of this school and  
studied in Class..... during the academic year **2024-25** and as per School records  
his/her date of birth is ..... in words  
.....

This is also to certify that the above named child had studied in this school in the  
previous academic year.....2023-24. He/She bears a good moral character.

\*During the year 2023-2024 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 the affiliation /**  
**recognition Number is.....**

Date : \_\_\_\_\_

Place: \_\_\_\_\_

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

\*(Strike out if it is not applicable)