

ए.बी.एक्स / PABX : 26588980, 26588707, 26589336, 26589745
26589873, 26589414

फैक्स / FAX : 011-26588662, 011-26859791, 011-26589258

तार/GRAM: विज्ञानी/SCIENTIFIC

web-site : www.icmr.nic.in

E-mail : icmrhqds@sansad.nic.in



भारतीय आयुर्विज्ञान अनुसंधान परिषद

INDIAN COUNCIL OF MEDICAL RESEARCH

स्वास्थ्य अनुसंधान विभाग (स्वास्थ्य एवं परिवार कल्याण मंत्रालय)

DEPARTMENT OF HEALTH RESEARCH (MINISTRY OF HEALTH & FAMILY WELFARE)

वी. रामलिंगस्वामी भवन, अन्सारी नगर, पोस्ट बॉक्स 4911, नई दिल्ली-110 029

V.RAMALINGASWAMI BHAWAN, ANSARI NAGAR, POST BOX-4911, NEW DELHI-110029

No.18/2/2018-Admn-II

Dated: 2.5.2018.

To

The Directors/Directors-in-Charge of
Permanent Institutes/Centres of ICMR.

Subject: Guidelines, Proforma, Certificate from the Head of Institution/School, Self Declaration for submission of Children Education Allowance.

Sir/Madam,

In continuation of this office letter of even number dated 14.3.2018, I am directed to send herewith the Guidelines, Proforma, Certificate from the Head of Institution/School, Self Declaration for submission of Children Education Allowance issued by DOPT for claiming Children Education Allowance for information and necessary action please.

Yours faithfully,

(Bharat Bhushan)
Sr. Administrative Officer
for Director General

Encl : As above

Copy to:-

- 1 PS to DG/PS to Addl. DG/Sr. DDG (A)/Sr. FA
- 2 All Divisional Heads
- 3 PS to Dy. Director General(A)
- 4 Asstt. Director-General (Admn.) (AX)/(RR)
- 5 ✓ IRSM Division- with the request to place above circular on ICMR website.

GUIDELINES FOR SUBMISSION OF
CHILDREN EDUCATION ALLOWANCE CLAIM

1. CEA rate from **Apr 17** to **Jun 17** is **Rs 1500/- PM** (required to submit School fees receipt and bills).
2. CEA rate from **Jul 17** to **Mar 18** is **Rs 2250/- PM** (Fixed amount no need to submit receipts / bills).
3. For **Hostel Subsidy** the rate is **Rs 6750/- PM** w.e.f. **01 Jul 17**.
4. CEA for **Specially Abled Children** is **Rs 4500/- PM** w.e.f. **01 Jul 17**.
5. For claiming CEA submit a certificate issued by **Head of Institution / School**.
6. For Hostel Subsidy similar certificate required with additional information about expenditure towards boarding and lodging in the residential complex.
7. Re-imburement of CEA forms are given below.

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

CLAIM FOR THE ACADEMIC YEAR: 2017-18

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

1.	Name & Rank 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)	:	No
6.	Designation, Office & B.U. No. of spouse, if spouse is employed in Railway	:	NA
7.	Details of the child / children for whom CEA / Hostel Subsidy claimed:-		
	Sequence	Name of child	DOB
			Standard (A.Y. 2017-18)
			Name & Place of the School / Institution
	1 st Child		
	2 nd Child		

8. Re-imburement of Expenditure:-

Sequence	Period	Rate of CEA (Rs)	Amount claimed	Remarks
1 st Child	Apr 17 to Jun 18	@ 1500/- PM	4,500.00	School Fee receipts and other bills attached
	Jul 17 to Mar 18	@ 2250/- PM	20,250.00	Fixed amount.

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: **NIL**

11. The Academic year for which CEA / ~~Hostel Subsidy~~ is applied now: **2017-18**

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: **NA**

15. If Yes at Item No. 14, Amount claimed for Hostel Subsidy: Rs **NA**.

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:

Rank :

P.No.:

II
COUNTERSIGNED

Date:

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.~~ _____
was studying in Class _____ Sec _____ Roll No. _____ during the Previous
Academic Year from _____ to _____ School / Institution, namely
_____ vide affiliation Regd No. /
Code _____ and pattern _____ Curriculum.

Place:

Date:-

Signature of principal
(Affix School Stamp)

SELF DECLARATION

I Service No. _____ Rank _____ Name _____
of Unit _____ do hereby certify that my Son / Daughter
namely _____ Studied in Class _____ Sec _____
Roll No. _____ during Previous Academic Year **2017-2018** 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: _____

Rank: _____

P.No. _____

Place: _____

Date: _____