



गुरु घासीदास विश्वविद्यालय, बिलासपुर (छ0ग0)

GURU GHASIDAS VISHWAVIDYALAYA, BILASPUR (C.G.)

(A Central University established by the Central Universities Act, 2009 No. 25 of 2009)

(केन्द्रीय विश्वविद्यालय अधिनियम 2009 नं. 25 के अन्तर्गत स्थापित)

Phone No. 07752-260017

website-www.ggu.ac.in

क्रमांक 661/स्था./प्रशा./2020

बिलासपुर, दिनांक 20/02/2020

कार्यालयीय ज्ञाप

सातवें केन्द्रीय वेतन आयोग की सिफारिशें संतान शिक्षा भत्ता (सीईए) एवं छात्रावास परिदान (सब्सिडी) प्रदान करने हेतु भारत सरकार, कार्मिक लोक शिकायत तथा पेंशन मंत्रालय, कार्मिक और प्रशिक्षण विभाग के कार्यालय ज्ञापन-समेकित अनुदेश सं.कं.27012/02/2017-स्था.(एएल) दिनांक 17 जुलाई, 2018 को विश्वविद्यालय की वित्त समिति की बैठक दिनांक 09.08.2019 के बिन्दु क्रमांक 5 में सातवें केन्द्रीय वेतन आयोग के भत्तों के लिये घोषित अनुशंसाओं को विश्वविद्यालय में अंगिकृत किये जाने हेतु किये गये अनुशंसा को कार्यपरिषद की बैठक दिनांक 09.08.2019 में अनुमोदित व अंगिकृत किये जाने का निर्णय लिया गया है।

सातवें केन्द्रीय वेतन आयोग की सिफारिश तथा विश्वविद्यालय के उपरोक्त प्राधिकारियों के निर्णय अनुसार सातवें केन्द्रीय वेतन आयोग द्वारा संतान शिक्षा भत्ता (सीईए) एवं छात्रावास परिदान (सब्सिडी) के लिये इस कार्यालयीय ज्ञाप के साथ संलग्न निर्धारित प्रपत्र में संबंधित शिक्षकों/अधिकारियों एवं कर्मचारियों से आवेदन अपेक्षित हैं।

अतः समस्त शिक्षकों/अधिकारियों एवं कर्मचारियों से संतान शिक्षा भत्ता (सीईए) एवं छात्रावास परिदान (सब्सिडी) के लिये निर्धारित प्रपत्र में ही आवेदन संबंधित प्रकोष्ठ में प्रस्तुत करें।

आदेशानुसार,

कुलसचिव (कार्यवाहक)

बिलासपुर, दिनांक 20/2/2020

पृ.क्र.662/स्था./प्रशा./2020
प्रतिलिपि:

01. कुलपति महोदया/कुलसचिव के सचिव/निज सहायक की ओर कुलपति महोदया/कुलसचिव जी के सूचनार्थ प्रेषित।
02. वित्ताधिकारी/आंतरिक अंकेक्षण अधिकारी की ओर सूचनार्थ एवं आवश्यक कार्यवाही हेतु।
03. विश्वविद्यालय के समस्त विभागाध्यक्ष/विभागीय अधिकारियों की ओर सूचनार्थ।
04. विश्वविद्यालय वेब पटल प्रभारी की ओर इस आशय के साथ प्रेषित है कि कृपया उपरोक्त कार्यालयीय ज्ञाप को विश्वविद्यालय के वेब पटल पर अपलोड करने की कार्यवाही करें।
05. कार्यालय प्रति।

[Handwritten Signature]

सहायक कुलसचिव (प्रशासन)

[Handwritten Initials]

PROFORMA FOR RE-IMBURSEMENT OF CHILDREN EDUCATION ALLOWANCE/HOSTEL SUBSIDY FOR THE ACADEMIC 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.	Present Department/Office	:	
5.	Name of Spouse	:	
6.	If spouse is employed, State whether in Central Govt., PSU, State Govt. (give details)	:	
7.	Name , Designation and Office address of the Spouse.		

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

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

9. Name of School/Residential School and Class in which children studied:

1 st Child	2 nd Child

10. Distance of Hostel of child from residence of employee (in case Hostel Subsidy is claimed)_____.
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:
14. Whether the Bonafide certificate from Head of Institution has been attached : Yes/No.
15. For Hostel Subsidy, the Bonafide certificate from mentioning the amount is attached: Yes/No

16. If Yes at Item No. 15, Amount claimed for Hostel Subsidy:.....
17. (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-imburement from any other source and will not claim the same in future.
18. 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.
19. 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 :

Date:

The details of child/children for whom the present claim is submitted by the official has been verified from the official records and found correct.

**Signature of Administrative Authority
with office stamp**

BONAFIDE CERTIFICATE FROM THE HEAD OF INSTITUTION/SCHOOL

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

**This is further certified that 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 to/ recognized by.....
vide affiliation/recognition Number

Dated:

Place:

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

** (Strike out it if not applicable)