

MAHATMA GANDHI CENTRAL UNIVERSITY, BIHAR

REIMBURSEMENT OF CHILDREN EDUCATION ALLOWANCE / HOSTEL SUBSIDY

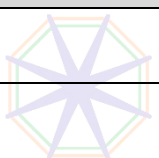
[Ref: OM No. 12011/03/2008 (Allowance) dated 02/09/2009]

IMPORTANT INSTRUCTIONS:

- The form must be filled-in completely by the Employee in his / her own handwriting in Capital Letters with Blue Ink only. Please do not overwrite. Corrections should be made by cancelling and re-writing and such corrections should be counter-signed by the employee concerned.
- Each page of this Form should be signed by the concerned Employee with date.

PART – ‘A’

(to be filled by the Employee)

Name of the Employee		
Designation		
Department / Centre / Section		
Date of Joining		
Child's Particulars	Child - I	Child - II
Name of the Child		
Date of Birth		
Name of the School		
Class in which studying		
Amount Claimed From		
i. Tuition Fee*		
ii. One Set of Text Books & Note Books		
iii. Two Sets of Uniform		
iv. One Set of School Shoes		
OR		
HOSTEL SUBSIDY (including boarding, lodging and expenses as detailed from (i) to (iv) above)		
Total Claimed (Rs.)		

Important Note: (Reimbursement for the following items can be claimed under this Scheme)

* Tuition Fee, admission fee, laboratory fee, special fee charged for agriculture, electronics, music or any other subject, Fee charged for practical work under the programme of work experience fee paid for the use of any aid or appliance by the child, library fee, games/sports fee and fee for extra-curricular activities. This also includes reimbursement for purchase of one set of text books and note books, two sets of uniforms and one set of school shoes which can be claimed for a child, in a year.

DECLARATION

1. **I hereby, certify that:**

- i. the child / children mentioned above in respect of whom reimbursement of Children Education Allowance / Hostel Subsidy claimed is wholly dependent upon me
- ii. the education fees / expenses indicated against the child / children has actually been paid by me **(Receipt enclosed) (Note: Copy of fee card & Bank Challans / Paid up Receipts / Purchase receipts in original are to be enclosed).**
- iii. my spouse is not a Central Government Servant.

OR

- my spouse is a Central Govt. servant and that she/he has not claimed / will not claim Children Education Allowance / Hostel Subsidy in respect of our child / children.
- iv. my child / children in respect of whom reimbursement of Children Education Allowance / Hostel Subsidy applied is studying in the School / Junior College which is recognized and affiliated to Board of Education / University.
 - v. during the period covered by the claim the child / children attended the School regularly and did not absent himself / herself from the School without proper leave for a period exceeding one month.
 - vi. the child in respect of whom reimbursement of Children Education Allowance / Hostel Subsidy is applied is **one of the two eldest surviving children.**

2. Whether the Child / Children for whom Children Education Allowance applied is disabled Child:
_____ **(YES / NO).**

- a. If Yes, indicate nature of disability : _____
- b. Indicate the percentage of disability : _____
- c. Date of Disability Certificate : _____

3. The particulars / information furnished above are complete & 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.

Place: _____

Date: _____

Signature of the Employee

PART – 'B'

(to be filled by the Office)

The claim of the above official has been checked and the amount of Rs. _____ is reimbursable as per rules. It is therefore, proposed to reimburse Rs. _____ to the above named official.

Dealing Assistant

Section Officer

Deputy Registrar

To,
The Registrar, MGCUB

BONAFIDE CERTIFICATE
FROM THE HEAD OF THE INSTIUTION / SCHOOL

A. IN CASE OF DAY SCHOLARS

1. This is to certify that Baby / Master / Miss / Mr _____
S/o D/o _____ Roll No. _____
Admission No. _____ is a bonafide student of this School and
studied in Class _____ during the Financial Year _____ and as per
School records her / his Date of Birth is _____ (in numbers) _____
_____ (in words)
2. She / He bears a good moral character.
3. This Institution / School is affiliated recognized by _____
_____ and the affiliation / recognition number is _____.

B. IN CASE OF HOSTELER [if applicable, to be filled-up in addition to (A) above]

4. During the year Baby / Master / Miss / Mr _____
had resided in the residential complex (Hostel) of the School and paid an amount of
Rs. _____ (in figures) _____
_____ (in words)
towards boarding and lodging in the residential complex.

Date: _____

Place: _____

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