



# मौलाना आज़ाद राष्ट्रीय प्रौद्योगिकी संस्थान भोपाल-462003

(शिक्षा मंत्रालय, भारत सरकार के अधीन राष्ट्रीय महत्व का संस्थान)

MAULANA AZAD NATIONAL INSTITUTE OF TECHNOLOGY BHOPAL- 462003

(An Institution of National importance under Ministry of Education, Govt. of India)

No:-MANIT/F&A/2025/ 128

Dated: 09.04.2025

## परिपत्र

//Circular//

**विषय** : वर्ष 2024-25 के लिए बाल शिक्षा भत्ते के लिए दावा प्रस्तुत करने के संबंध में ।

**Subject** : Submission of claim for Children Education Allowance for the year 2024-25-reg.

उपरोक्त उद्धृत विषय वस्तु के संदर्भ में, मैनिट भोपाल के सभी नियमित कर्मचारियों को सूचित किया जाता है कि वित्तीय/शैक्षणिक वर्ष 2024-2025 के लिए बाल शिक्षा भत्ता/छात्रावास भत्ता का दावा संलग्न निर्धारित प्रारूप में भर कर लेखा अनुभाग में दिनांक 30.04.2025 से पहले जमा करें।

**टिप्पणी**:-नियत तिथि के बाद दावा प्रपत्र पर विचार नहीं किया जाएगा ।

With reference to the above cited subject matter, this is to inform all the regular employees of the MANIT Bhopal to submit the claim of Children Education Allowance/Hostel Allowance for the financial/academic year 2024-2025 in the enclosed prescribed format to the Accounts section on or before 30.04.2025.

**Note**: -After the due date claim form will not be entertained.

कुलसचिव/Registrar

**Enclosed**:- As stated above.

**Copy to**:-

1. All Deans
2. All HoDs/Chairman, Centers for circulation amongst the employees.
3. All Assistant Registrars/Deputy Registrars
4. All Section In charges for circulation amongst the employees
5. PIC, Institute website, to ensure upload of this circular
6. PA to Registrar, for record
7. PA to Director, for kind information

कुलसचिव/Registrar

09/4/25



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## **FORMAT OF RE-IMBURSEMENT OF CHILDREN EDUCATIONAL ALLOWANCE/ HOSTEL SUBSIDY**

### **CLAIM FOR THE FINANCIAL/ACADEMIC YEAR: 2024-2025.**

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

1.	<b>Name of the Employee</b>	
2.	<b>Bank Account No.</b>	
3.	<b>Employee No.</b>	
4.	<b>Designation</b>	
5.	<b>Office (Department/Section)</b>	
6.	<b>Name of Spouse</b>	
7.	<b>If spouse is employed, state whether in Central, Govt. PSU, State Govt.(give details)</b>	
8.	<b>Designation, Office &amp; B.U.No. of Spouse, if spouse is employed is Railway.</b>	

9. Details of all the Children of the employee.

Sr. No.	Sequence	Name of Children	Date of Birth	Age
01.				
02.				
03.				

10. Details of all the **Children for whom CEA/Hostel Subsidy Claimed.**

Seq.	Name of Children	DoB	Age	Class Studied	Name & Address of School/Institute	Whether Divyaang Yes/No
1 <sup>st</sup> Child						
2 <sup>nd</sup> Child						

11. Distance of Hostel of child from Residence of employee (in case Hostel Subsidy is claimed:.....(Kilometer).

12. Amount of CEA/Hostel Subsidy already received up to previous year :.....

13.(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:.....(attach copy of certificate).

(d) Indicate the percentage of disability:.....

14. For Hostel Subsidy, the Bonafide Certificate from mentioning the amount is attached:  
Yes/No

15.(a) Certified that the fee/amount had actually been paid by me.

(b) Certified that my Wife/Husband is not a Central Government Servant.

Certified that my Husband/Wife Shri/Smt is presently working as .....  
in.....and that he/she not apply/has not  
applied for the Children Education Allowance for the child 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.

16. 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.

17. 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.

Name of Employee:.....

Signature:.....

Designation & Station:.....

Date:.....

The family composition of the claimant has been verified from the official records such as past Declaration/Register etc. and found correct.

Dy./Asst. Registrar (Estt.)

(with office seal and stamp)

**FOR OFFICE USE ONLY**

S.No.	Name of Staff	P.F.No.	CEA Amount	Hostel Subsidy amount if any	Total

Superintendent

Asst. Registrar (Accounts)

Dy. Registrar (Accounts)

Registrar

Director

**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)**

**BONAFIDE CERTIFICATE FROM THE HEAD OF INSTITUTION/SCHOOL.  
(For Reimbursement of Children Education Allowances/Hostel Allowance)**

**A-For Children Education Allowance :-**

It is certified that Master/Kumari.....  
bonafide student of this school having Admission No/Reg. No/Enroll  
No.....D.O.B.....Son / Daughter of  
Mr/Mrs.....was studying in  
Class.....Sec/Division.....Roll No.....during the  
Previous Academic Year from 2024 to 2025 in School / Institution, namely (with  
Address).....

.....  
This School/Institution is affiliated recognized by:.....and the  
affiliation/recognition Number is.....

The information furnished above is complete and correct as per records of the  
School/Institute.

Place :-.....  
Date :-.....

**Signature of Principal/Head of Institution  
(Affix School Seal/Stamp)**

**\*\*B-For Hostel Subsidy Allowance :-**

This is further certified that during the year  
Master/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/hostel. The School/Institute is located  
beyond a distance of 50 Kms from the residence of the parents. The information furnished  
above is complete and correct as per records of the School/Institute.

Place :-.....  
Date :-.....

**Signature of Principal/Head of Institution  
(Affix School Seal/Stamp)**

**\*\* (Strike out, if it is not applicable)**