



अ.नि.द्वी.स.वि.नि.
ANIIDCO

अण्डमान तथा निकोबार द्वीपसमूह समन्वित विकास निगम लिमिटेड
(सरकारी उपक्रम)

**ANDAMAN AND NICOBAR ISLANDS
INTEGRATED DEVELOPMENT CORPORATION LTD**

(A Government undertaking)

CIN:UN74999AN1988SGC000028, GSTIN: 35AACCA4070B1ZB

दिनांक Dated 12th Jan, 2022

परिपत्र CIRCULAR

Consequent upon the decision taken by the Govt. on the recommendation made by the 7th CPC on the subject of Children Education Allowance Scheme, it is compulsory to submit a certificate from the Head of Institution, where the ward of the employees studied. The certificate should confirm that the child studied in the school during the previous year.

Therefore, all the concerned employees are requested to submit the claim for Children Education Allowance once in a year latest by 30/04/2022 along with a certificate obtained from the Head of Institution/School where the ward of the employees studied, for the academic year 2021-22. No claim will be entertained after 30/04/2022. The forms are enclosed herewith.

Note:- Employee may note that Children Education Allowance is 2250/- per month (excluding Dies Non Period if any) irrespective of the actual expenditure.

Encl:A/A

वरिष्ठ प्रबंधक (का.व प्रशा) Sr. Manager (P&A)
(F. No. 2-24/ANIIDCO/2017-18/4069)

प्रतिलिपि Copy to:-

1. All Unit Incharges with the request to circulate the same to all concerned employees working their control.
2. The CFO, ANIIDCO.
3. Manager (IT), ANIIDCO with the request to upload the circular in the website.
4. Accounts Section, ANIIDCO.
5. Notice Board

वरिष्ठ प्रबंधक (का.व प्रशा) Sr. Manager (P&A)

**APPLICATION FOR RE-IMBURSEMENT OF CHILDREN
EDUCATIONAL ALLOWANCE**

| | | | |
|---|--|---|---------------------|
| 1. | NAME OF GOVT. EMPLOYEE (IN BLOCK LETTERS) | : | |
| 2. | SPG NO. | : | |
| 3. | RANK | : | |
| 4. | NAME OF CHILD | : | |
| 5. | DATE OF BIRTH OF CHILD | : | |
| 6. | NAME OF INSTITUTION/SCHOOL/COLLEGE | : | |
| 7. | CLASS/STD | : | |
| 8. | ACADEMIC SESSION | : | FROM _____ TO _____ |
| 9. | WHETHER SPOUSE IS GOVT. SERVANT | : | Yes/No |
| | a) If yes, name of Department in which spouse is employed | : | |
| | b) Whether he/she is claiming CEA from Department concerned | : | Yes/No. |
| <p>Certified that I am claiming the CEA in respect of my two eldest surviving children only and in the event of any change in the particular given above which affect my eligibility for CEA, I undertake to inform the same promptly and also to refund excess payment, if any made.</p> | | | |

Date :

Place :

Signature of Govt. Servant

Name : _____

Rank: _____

SPG No.: _____

Location/branch: _____

CERTIFICATE
(TO BE ISSUED BY THE HEAD OF INSTITUTION)

It is certified that Master/Kumari _____
DOB _____ Son/Daughter of Smti./ - - - Shri
_____ was studying in _____ class
_____ during the previous academic year from _____ to
_____ in our School/Institution, namely (Name of School,
location with complete address _____
_____ which is recognized by the educational authority of
_____ vide
affiliation/ Regd. No./Code _____ dated _____ (not
applicable for Government School).

This certificate has been issued for the purpose of grant of Children
Education Allowance.

Place : _____

Date : _____

Signature of Principal/
Head of Institution
(with School Stamp/Seal)

RE-IMBURSEMENT OF HOSTEL SUBSIDY

Certified that the child/children mentioned below in respect of whom re-imbursement of tuition fee/Hostel fee is claimed is/are wholly dependent upon me:-

| Name of the child | Date of Birth | School in which studying | Class in which studying | Monthly tuition fee actually payable | T/Fee/Hostel Fee actually paid from _____ to _____ | Amount of reimbursement claimed |
|-------------------|---------------|--------------------------|-------------------------|--------------------------------------|--|---------------------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | Yes/No |

2 Whether spouse is Govt. Servant:

a) If yes, name of Department in which spouse is employed _____

b) Whether he/she is claiming CEA from Department concerned _____

Yes/No

Certified that:-

- i) I am claiming the Hostel Subsidy in respect of my two eldest surviving children only and in the event of any change in the particular given above which affect my eligibility for Hostel Subsidy/CEA, I undertake to inform the same promptly and also to refund excess payment, if any made.
- ii) I have not claimed and will not claim CEA in respect of my aforesaid ward for whom I am claiming Hostel subsidy.
- iii) My above wards has/have been admitted in above school/hostel which is at a distance of _____ Km from my residence.

Date: _____

Place: _____

Signature of Govt Servant

Name: _____

Rank: _____

SPQ No. _____

Loc/branch: _____