



उत्तर प्रदेश आयुर्विज्ञान विश्वविद्यालय

सैफई, इटावा (उ०प्र०)

Uttar Pradesh University of Medical Sciences

Saifai, Etawah - 206 130 (U.P.)

Website: www.upums.ac.in

पत्र संख्या: 153 /U.P.U.M.S./F&A (367-CD)/2024-25

दिनांक: ०४ अप्रैल, 2025

कार्यालय आदेश

विश्वविद्यालय द्वारा जारी कार्यालय आदेश 2609/UPUMS/Estt-II(180)/2019-20 Dt. 27-11-2019 के क्रम में विश्वविद्यालय में कार्यरत नियमित चिकित्सा शिक्षकों/अधिकारियों/कार्मिकों को निर्देशित किया जाता है कि वित्तीय वर्ष/शैक्षिक सत्र 2024-25 हेतु बाल्य शिक्षा भत्ता (Children Education Allowance) की प्रतिपूर्ति के लिए इस कार्यालय आदेश के साथ संलग्न प्रारूप पूर्ण रूप से भरकर मूल रूप में अपने विभाग में जमा कर दें। संकलित फार्मों को विभागाध्यक्ष द्वारा वित्त एवं लेखा विभाग में दिनांक: 30-04-2025 तक उपलब्ध कराया जायेगा।

बाल्य शिक्षा भत्ते (Children Education Allowance) की प्रतिपूर्ति रू० 2812.50 प्रतिमाह प्रति बच्चा (अधिकतम प्रथम दो बच्चों के लिए) होगी। उक्त हेतु चिकित्सा शिक्षकों/अधिकारियों/कार्मिकों को संस्था (विद्यालय) के प्रधानाध्यापक द्वारा जारी प्रमाण-पत्र/वार्षिक रिपोर्ट कार्ड की स्वप्रमाणित प्रति/12 माह की फीस रसीद की मूल प्रति (तीनों में से कोई भी एक प्रमाण) प्रतिपूर्ति फार्म के साथ संलग्न करना होगा।

नोट – संलग्न प्रारूप विश्वविद्यालय की वेबसाइट से डाउनलोड किया जा सकता है।

(अभिनव रंजन श्रीवास्तव)
कुलसचिव

प्रतिलिपि –

1. वित्त अधिकारी।
2. प्रमुख निजी सचिव मा० कुलपति महोदय को अवलोकनार्थ।
3. संकायाध्यक्ष (चिकित्सा संकाय)।
4. चिकित्सा अधीक्षक।
5. वरिष्ठ प्रशासनिक अधिकारी।
6. निजी सचिव, कुलसचिव।
7. समस्त नोटिस बोर्ड।
8. प्रभारी अधिकारी सी०ए०सी० को विश्वविद्यालय की वेबसाइट पर अपलोड कराने हेतु।

(अभिनव रंजन श्रीवास्तव)
कुलसचिव



उ०प्र० आयुर्विज्ञान विश्वविद्यालय
सैफई, इटावा (उ०प्र०)
U.P. University of Medical Sciences
Saifai, Etawah - 206 130 (U.P.)

REIMBURSEMENT OF CHILDREN EDUCATION ALLOWANCE FORM

CLAIM FOR THE ACADEMIC YEAR :.....

1.	Name of Applicant				
2.	Employee ID				
3.	Designation				
4.	Name of the Department & Location				
5.	If Spouse is employed, state whether in Central Govt., PSU, State Govt. (give details with name of the Spouse)	Yes/No			
6.	Designation, Office of Spouse, if spouse is employed				
7.	Details of the Child/Children for whom CEA/Hostel Subsidy claimed:-				
	Sequence	Name of Child	DOB	Standard	Name & Place of the School/Institution
	1 st Child				
	2 nd Child				
	3 rd Child (Only in case of twins as second child birth)				

8. Re-imbursment of Expenditure:-

Sequence	Period	Rate of CEA (Rs.)	Hostel subsidy (Rs.)	Total Amount Claimed	Remarks
1 st Child					
2 nd Child					
3 rd Child (Only in case of twins as second child birth)					
Total Amount Claimed Rs.					

9. Distance of Hostel of child from residence of employee (in case Hostel Subsidy):.....

10. a) Whether the child for whom the CEA is applied for is a disabled child:.....

b) If yes, indicate the nature of disability:.....

c) Date of disability certificate:.....

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

11. For Hostel Subsidy, the Bonafide certificate from mentioning the amount is attached:.....

12. Whether the Bonafide certificate from Head of Institution has been attached:.....

(In case such certificate can not be obtained, self attested copy of the report card or self attested fee receipt)

13. a) Certified that I or my wife/husband is/is not a Government Servant.



उ०प्र० आयुर्विज्ञान विश्वविद्यालय
सैफई, इटावा (उ०प्र०)
U.P. University of Medical Sciences
Saifai, Etawah - 206 130 (U.P.)

-2-

- b) Certified that my wife/husband Shri/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-imbusement from any other source and will not claim the same in future.
14. Certified that my child in respect of whom re-imbusement of Children Education Allowances is applied is studying in the School/Jr. College which is recognized and affiliated to Board of Education/University.
15. Certified that I am claiming the CEA in respect of my One/two/three(Only in case of twins as second child birth) eldest surviving children only, the information furnished above are complete and correct and I have not suppressed my 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 Applicant)

Name :

Designation :

A/c No :

Bio ID/Employee ID :

Mob. No. :

Email ID :

For Administration Department Use Only

(In case of submission of claim for the first time, verification from establishment is essential)

- Certified that 1).....DOB..... and 2) DOB.....
3. (Only in case of twins as second child birth)DOB.....is/are One/two/three (Only in case of twins as second child birth) eldest surviving children of the above employee as per their service records.

Dealing Asstt.

Authorized Signatory
(Seal & Signature)

Forwarded:

For Accounts Office Use Only

Passed for payment of Rs.....

AA/JAO/AAO

AO

SAO

SFAO

CFAO

FO

CERTIFICATE FROM THE HEAD OF INSTITUTION/SCHOOL
(FOR REIMBURSMENT 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.

Date:.....

Place:.....

(Signature of Principal)

(Affix School Stamp)