



icmr **NITM**
INDIAN COUNCIL OF MEDICAL RESEARCH NATIONAL INSTITUTE OF TRADITIONAL MEDICINE

आई सी एम आर – राष्ट्रीय पारम्परिक
चिकित्साविज्ञान संस्थान
स्वास्थ्य अनुसंधान विभाग, स्वास्थ्य और परिवार
कल्याण मंत्रालय, भारत सरकार

ICMR - National Institute of Traditional Medicine
Department of Health Research, Ministry of Health
and Family Welfare, Government of India

No. ICMR-NITM/BGV/23-24/

Dated: 31-05-2023

OFFICE MEMORANDUM

Sub: Reimbursement of Children Education Allowance and Hostel Subsidy – reg.
Ref: (1) ICMR Letter No. 18/1/2019-Admn-II dated 02.04.2019.
(2) DOPT OM No. A-27012/02/2017-Estt.(AL) dated 17.07.2018.

For the administrative convenience, it has been decided by the undersigned that claims for reimbursement of Children Education Allowance / Hostel subsidy shall be submitted to the office in the prescribed format (copy enclosed) in the month of April every year after completion of the financial year / academic year. No separate order will be issued in this regard hereafter.

All other terms and conditions, orders / amendments, if any issued from time to time by ICMR / Government of India will be applicable.

This for necessary information and compliance.

Director

To,
All concerned.

CC to:

- 1) Notice Board
- 2) DDO, ICMR-NITM, Belagavi
- 3) AO, ICMR-NITM, Belagavi
- 4) ACO, ICMR-NITM, Belagavi.
- 5) Dr. Manish Barvaliya, Scientist –E (IT Incharge) for uploading on Institute's portal.

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BELAGAVI**

PROFORMA FOR RE-IMBURSEMENT OF CHILDREN EDUCATION ALLOWANCE

CLAIM FOR THE ACADEMIC YEAR: _____

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

1.	Name of the Employee	:			
2.	Designation	:			
3.	If Spouse is employed, state whether in Central Govt. PSU, State Govt. (give details with name of the Spouse)	:			
4.	Designation, Office & B.U. No. of spouse, if spouse is employed in Railway	:			
5.	Details of the child / children for whom CEA / Hostel Subsidy claimed:-				
	Sequence	Name of child	DOB & Age	Standard (A.Y. _____)	Name & Place of the School / Institution
	1 st Child				
	2 nd Child				
	3 rd Child (if eligible)				

6. Re-imburement of Expenditure:-

Sequence	Period		Fixed rate of CEA (Rs.)	Amount claimed	Remarks
	From	To			
1 st Child			2250 /- PM		
2 nd Child			2250 /- PM		
3 rd Child (if eligible)			2250 /- PM		
Total amount claimed Rs.					

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BELAGAVI**

Authority vide Government of India

Ministry of Personnel, P.G. and Pensions Department of Personnel & Training New Delhi Order
No. N..A-27012/02/2017-Estt.(AL) 16 August, 2017

SELF DECLARATION

I, (Name)
(Designation)of ICMR – NITM, Belagavi do
hereby certify that my Son / Daughter namely
Studied in Class Sec Roll
No..... during Previous Academic Yearin
.....
.....School.

In the event of any change in the particulars given above which affect my eligibility for Children Education Allowance. I undertake to intimate the same promptly and refund excess payment, if any made to me.

(Signature of Employee)

Name:

Designation:

Date:

Place: Belagavi

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BELAGAVI

Authority vide Government of India
Ministry of Personnel, P.G. and Pensions Department of Personnel & Training New Delhi Order No.
N.A-27012/02/2017-Estt.(AL) 16 August, 2017.

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

Place:-

Date:-

Signature of Principal
(Affix School Stamp)