

  
**OFFICE OF THE DIRECTOR,  
CENTRAL SANSKRIT UNIVERSITY,  
SHREE SADASHIVA CAMPUS, PURI (ODISHA).**

**NOTICE**

**DATE.09-03-2026**

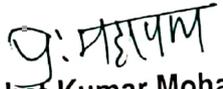
**NO..605.**

**Subject :- Submission of Children Education Allowance (CEA) forms for the Academic Year 2025-26.**

In compliance with the directives from our Headquarter, New Delhi, all regular faculty and non-faculty staff members are hereby informed to submit the Children Education Allowance (CEA) claim forms for the Academic Year 2025-26 (Form attached).

Eligible employees are requested to submit the duly filled CEA forms along with the required supporting documents to the concerned office on or before 31<sup>st</sup> March 2026.

Kindly ensure timely submission to facilitate smooth processing of the claims as required by Headquarter, New Delhi.

  
**(Prof. Prabhakar Kumar Mohapatra)**  
निदेशक **Director** OR  
केन्द्रीय संस्कृत विश्वविद्यालय  
Central Sanskrit University  
श्री सदाशिव परिसर, पुरी (ओडिशा)  
Shri Sadashiva Campus, Puri (Odisha)

**PROFORMA FOR CLAIM OF CHILDREN EDUCATION ALLOWANCE/ HOSTEL SUBSIDY**

**CLAIM FOR THE FINANCIAL YEAR:- 20\_\_\_\_\_**

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

1	Name of the Employee	:	
2	SAMARTH ID	:	
3	PFMS Vendor Code:		
4	Designation	:	
5	Posting Location	:	
6	Name of Spouse	:	
7	If Spouse is employed, State whether in Central Govt., PSU, State Govt. (give details)	:	

8 Details of two eldest children for whom CEA/ Hostel Subsidy is being claimed:

Sl. No.	Name of child	Name of School	DOB	Class	Is this a repeat class? If yes, give reason.
(i)					
(ii)					

10 In case hostel subsidy is claimed

Sr	Name of Child	Name of Hostel	Distance of Hostel from residence	Whether day boarding or fully residential
1				
2				

- 14 (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 & attach certificate:  
 (c) Date of issue of disability certificate.

- 15 Whether the Bonafide certificate from Head of Institution has been attached: Yes/ No.  
 16 For Hostel Subsidy, the Bonafide certificate from hostel mentioning the amount is attached: Yes/ No  
 17 Certified that my spouse has not claimed this amount from any where else.

- 18 Certified that children in respect of whom this claim is filed are students of recognised schools affiliated to a recognised Board/University.  
 18 Certified that this claim is filed only in respect of two eldest surviving children.  
 Certified that I am claiming the CEA in respect of my two eldest surviving children only. 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.  
 19  
 20 List of enclosures is listed on back side of this form.

Date:

Signature

Name

Certified that family particulars have been checked.

SO (Admn)

Director/DD(Admn)

**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)

**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 \_\_\_\_\_  
is a bonafide student of this school/Institution and studied in Class \_\_\_\_\_ Sec \_\_\_\_\_ Roll  
No. \_\_\_\_\_ during the previous Academic year namely  
\_\_\_\_\_ vide affiliation Regd. No./Code  
\_\_\_\_\_ and pattern \_\_\_\_\_ curriculum.

Place: \_\_\_\_\_

Date:- \_\_\_\_\_

Signature of principal  
(Affix School Stamp)

## SELF DECLARATION

I \_\_\_\_\_ do hereby certify that my Son/Daughter  
namely \_\_\_\_\_ Studied in Class \_\_\_\_\_  
Sec. \_\_\_\_\_ Roll No. \_\_\_\_\_ during previous Academic Year \_\_\_\_\_ in  
\_\_\_\_\_  
\_\_\_\_\_ 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 Govt. Servant**

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Place: \_\_\_\_\_

Date: \_\_\_\_\_