



डॉक्टर हरीसिंह गौर विश्वविद्यालय, सागर (म.प्र.)

(केन्द्रीय विश्वविद्यालय)

DOCTOR HARISINGH GOUR VISHWAVIDYALAYA, SAGAR (M.P.)

(A CENTRAL UNIVERSITY)

वित्तीय कार्यालय, सागर (म.प्र.) - 470 003

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कं. : वित्त-लेखा / शि.प्र.म. / 2025-26 / 470

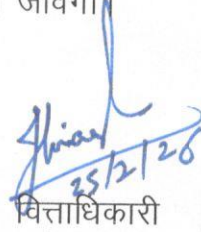
दिनांक: 25-02-2026

कार्यालय आदेश

समस्त सम्माननीय शिक्षकों, अधिकारियों एवं कर्मचारियों को सूचित करना है कि सत्र 2025-2026 के संतान शिक्षा भत्ता की प्रतिपूर्ति संबंधी आवेदन दि. 10 अप्रैल 2026 तक भुगतान हेतु स्वीकार किये जायेंगे।

अतः सभी से अनुरोध है कि संतान शिक्षा भत्ता की प्रतिपूर्ति संबंधी आवेदन संलग्न निर्धारित प्रारूप (हार्ड कॉपी) में निर्धारित तिथि तक वित्त एवं लेखा शाखा में श्री जगदीश प्रसाद रैकवार, उ.श्रे.लि. के पास जमा कराने की कृपा करें, ताकि प्राप्त आवेदनों पर भुगतान हेतु अग्रिम कार्यवाही की जा सके।

उक्त तिथि के पश्चात् प्राप्त आवेदनों पत्रों पर विचार नहीं किया जावेगा।

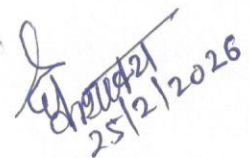

25/2/26
वित्ताधिकारी

डॉ हरिसिंह गौर वि.वि., सागर

संलग्न - उपरोक्तानुसार

प्रतिलिपि:

1. समस्त प्रशासनिक, अधिष्ठातागण - डॉ हरिसिंह गौर वि.वि., सागर।
2. समस्त विभागाध्यक्ष - डॉ हरिसिंह गौर वि.वि., सागर।
3. समस्त अधिकारी - डॉ हरिसिंह गौर वि.वि., सागर।
4. विश्वविद्यालय यंत्री - डॉ हरिसिंह गौर वि.वि., सागर।
5. अनुभाग अधिकारी (वित्त एवं लेखा) - डॉ हरिसिंह गौर वि.वि., सागर।
6. समस्त शाखा प्रभारी - डॉ हरिसिंह गौर वि.वि., सागर।
7. कुलपति जी के सचिव - डॉ हरिसिंह गौर वि.वि., सागर।
8. कुलसचिव जी के निजी सहायक - डॉ हरिसिंह गौर वि.वि., सागर।
..... को सूचनार्थ
9. आई.टी. सेल - डॉ हरिसिंह गौर वि.वि., सागर।


25/2/2026

सहायक कुलसचिव
वित्त एवं लेखा शाखा
डॉ हरिसिंह गौर वि.वि., सागर



डॉक्टर हरिसिंह गौर विश्वविद्यालय, सागर (म.प्र.)
(केन्द्रीय विश्वविद्यालय)
DOCTOR HARISINGH GOUR VISHWAVIDYALAYA, SAGAR (M.P.)
(A CENTRAL UNIVERSITY)

APPLICATION FOR CHILDREN EDUCATION ALLOWANCE (CEA)
FOR THE ACADEMIC YEAR 2025-2026

1.	Name of the Employee (in capital letters)		
2.	Designation		
3.	Permanent/Temporary		
4.	Place of Duty		
5.	Employee ID		
6.	Employee No.	Basic Pay Rs.:	Pay Level:
7.	Particulars of Children	Child – I	Child - II
	i) Name of the Student		
	ii) Date of Birth		
	iii) Class		
	iv) Class Studied during Year		
	v) Name of the School/ College and Address		
8.	Nature of Claim (Tick whichever is applicable)	1. Education Allowance ☐ 2. Hostel Subsidy ☐ 3. Disabled Child ☐	1. Education Allowance ☐ 2. Hostel Subsidy ☐ 3. Disabled Child ☐
9.	Whether Bonafide Certificate from School/College is enclosed		
10.	Hostel Subsidy: Whether Bonafide Certificate from School/College mentioning the amount of expenditure is enclosed.		
11.	Claim in Rs.		
12.	1+2 Child Claim in Rs.	Total Rs. :	

- (i) I hereby declare that:-
- * My child/children mentioned above in respect of whom reimbursement of education expenses is claimed is/are wholly depended upon me.
 - * My wife/husband is not a Central Government Employee.
 - * My wife/husband is a Central Government Employee and that she/he will not claim reimbursement education expenses in respect of our child/children.
 - * My child/children in respect of whom reimbursement is claimed is/are studying in recognized school and not studying in the same class in which he/she failed in last year.
 - * Family declaration particulars as certified for pass issuing authority are enclosed.
- (ii) I hereby declare that reimbursement of Children Education Allowance has not been claimed in respect of the child/children by a person other than me.
- (iii) I hereby declare that reimbursement of Children Education expenses is claimed for my eldest two surviving children only.

I hereby declare that the particulars mentioned above are correct to the best of my knowledge. If any information furnished above is not correct, I am liable for all as per rules. My composition is as under:-

S.No.	Name	Date of Birth	Age	Relationship	Remarks
1.					
2.					
3.					
4.					
5.					
6.					

Place:

Date:

Signature of the Applicant

Name:

Designation:

Dept./Section:

Emp. No./ID:

A/c No.:

Bank Name:

Mob. No.:

**Signature of the forwarding official
With Office Seal**

Documents to be enclosed:-

1. CEA Application filled in all respect.
2. Bonafide Certificate from School/College-Proforma-I
3. Bonafide Certificate from School/College for Hostel Subsidy – Proforma-II (if applicable)
4. Tuition Fee Receipt Enclosed.
5. Employee Pay Slip from April 2025 Enclosed.

CERTIFICATE FROM SCHOOL

(Children Education Allowance)

School/College Name:

This is to certify that Master/Baby/Mr./Ms.:

Son/Daughter of Smt/Sri:

Roll No. is a Bonafide of this

Convent/School/College and is Studied in Class During the

Academic Year: **2025-2026**

Date of Birth as per School Record :

In Words

Admission Register No.:

Date:

Signature of the Head of the
Institution/School/College
(with stamp and seal)

BONAFIDE CERTIFICATE FOR HOSTEL SUBSIDY

This is to certify that Master/Baby/Mr/Ms.....

Son/Daughter of Smt/Sri!

Roll No..... is a Bonafide Student of our

/School/College and is Studied in Class During The Academic

Year **2025-2026**

During the year Master/Mr/Ms

Has resided in the Residential Complex (Hostel) of the school and paid an

amount of Rs. in words)

Towards boarding and lodging in the residential complex.

Date of admission in the Hostel :

Date of birth, as per school record :

In word:

Admission Register No.....

Date:

Signature of the Head of the
Institution/School/College
(with stamp and seal)