

APPLICATION FOR CHILDREN EDUCATION ALLOWANCE(CEA)

FOR THE ACADEMIC YEAR

Period of reimbursement

Ref: Railway Board letter No. E(W2017/ED-2/3 Dated 12/10/2017(RBE No. 147/2017))

आरेडिका / रायबोर्डले



01	Name of the Employee				
02	Employee No. & Design				
03	Shop/Tkt. No. Pay Bill Unit No.				
04	Family details				
S.NO	Name	DOB	Age	Relation	Remarks
05	PARTICULARS OF CHILDREN	CHILD-I		CHILD-II	
	Name of the student				
	Date of Birth & Class				
	Name of the School and Address				
	Claim amount				
	Nature of Claim(tick which is applicable)	Education Allowance/Hostel Subsidy/Disabled Child		Education Allowance/Hostel Subsidy/Disabled Child	
06	Whether Bonafide Certificate from school is enclosed				
07	Hostel Subsidy Whether Bonafide Certificate from school mentioning the amount of expenditure is enclosed.				

P.T.O



MCF/RBI

Certified that:-

आवेदिका / पत्रवाली



- 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 recognised school.
- (I) 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.
(ii) 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 to be taken up under D&AR.

Signature of the forwarding official
with date and Office Seal

Signature of the Applicant
Name & Emp no



MCF/RBL

ON THE LETTER HEAD OF THE INSTITUTION WITH ADDRESS AND PIN

आरेडिका / राधवाले

(if there is no printed letter head ,institutions name and address should be written clearly)



**PROFORMA OF BONAFIDE CERTIFICATE FOR
REIMBURSEMENT OF CHILDREN EDUCATION ALLOWANCE**

Certified that Master /Baby/Mr./Ms. S/o,D/o. Shri/Smt
.....his/her Scholar Register No/Registration
No..... Roll No.....is a bonafide student of our
Convent/School and has studies Class During the Academic year
.....session/Period.....and School Registration no.....

During the year Master /Baby/Mr./Ms.....
Has resided in the residential complex (Hostel) of the school and paid an amount of Rs.
.....towards boarding and lodging in the residential complex.

(strike out if is not applicable)

OFFICE SEAL WITH DATE

Head of the Institution
Convent/School



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