

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))

| | | | | | |
|------|---|---|-----|---|---------|
| 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 |
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| 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 | <u>Hostel Subsidy</u> Whether Bonafide Certificate from school mentioning the amount of expenditure is enclosed. | | | | |

Certified 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 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

ON THE LETTER HEAD OF THE INSTITUTION WITH ADDRESS AND PIN

(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/Smthis/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