

**APPLICATION FOR CHILDREN EDUCATION ALLOWANCE (CEA)
FOR THE ACADEMIC YEAR**

REF: Railway Board Letter No. E(W)2017/ed-2/3 Dt 12-10-17(RBE No.147/2017)

1	BILL UNIT AND STATION OF THE EMPLOYEE		
2	NAME OF THE EMPLOYEE		
3	EMPLOYEE PF No & STAFF No		
4	PARTICULARS OF THE CHILDREN	CHILD 1	CHILD 2
a	NAME OF THE STUDENT		
b	DATE OF BIRTH		
c	CLASS IN WHICH STUDIED IN THE PREVIOUS ACEDAMIC YEAR		
d	NAME AND ADDRESS OF THE SCHOOL		
e	NATURE OF CLAIM TICK WHICHEVER IS APPLICABLE	EDUCATIONAL ALLOWANCE	EDUCATIONAL ALLOWANCE
		HOSTEL SUSIDY	HOSTEL SUSIDY
		DISABLED CHILD	DISABLED CHILD
f	ENCLOSURE	1.Certificate in Original from Head of the Institution/school duly signed with seal 2.Disability certificate if the claim is for Disabled Child	

Certified that (Tick whichever is applicable)

- My child/children mentioned above in respect of whom reimbursement of Educational expenses claimed is/are wholly dependant on me.
- My spouse is not a Central Government employee
- My spouse is a Central government employee and that he/she will not claim reimbursement of education expenses in respect of my ward/wards
- My child/children in respect of whom reimbursement of education expenses is/are studying in a recognized institution/school.
1. I hereby declare that the reimbursement of Children Education Allowance has not been claimed in respect of the child/children by a person other than me.
 2. I hereby declare that reimbursement Children education allowance is claimed for my eldest of 2 surviving children only

I hereby declare that the particulars furnished above are correct and true to the best of my knowledge. If any information furnished above is not correct, I am liable to be taken up under DAR rules 1968.

SIGNATURE OF THE EMPLOYEE:

NAME:

DESIGNATION & STATION:

PF NO & STAFF NO:

CERTIFICATE BY THE SUPERVISOR

The application is forwarded for necessary action duly certifying that the names of Child/Children furnished by the employee have been verified with the records maintained in the shop/office/station and they are eldest two surviving children as declared by the Employee.

Date:

Signature of the Supervisory official with seal

**CERTIFICATE FROM THE HEAD OF THE INSTITUTION / SCHOOL FOR THE PURPOSE OF
REIMBURSEMENT OF CHILDREN EDUCATIONAL ALLOWANCE/HOSTEL SUBSIDY**

Ref No:

Date:

The following particulars are furnished based on our Institution / School records

NAME OF THE STUDENT				
S/O D/O				
DATE OF BIRTH				
ADMISSION NO				
STUDY DETAILS OF THE STUDENT	CLASS	SECTION	ROLL NO	ACEDMIC YEAR
SCHOOL RECOGNITION NO/CODE				
SCHOOL PATTERN /CURRICULAM				
WHETHER STUDENT RESIDED IN THE RESIDENTIAL COMPLEX(HOSTEL) OF THE SCHOOL	YES/NO			
IF YES AMOUNT PAID TOWARDS BOARDING & LODGING IN THE RESIDENTIAL COMPLEX (HOSTEL OF THE SCHOOL)	Rs			

SIGNATURE OF THE HEAD OF THE INSTITUTION/SCHOOL:

SEAL WITH DATE: