

APPLICATION FOR CHILDREN EDUCATION ALLOWANCE AND HOSTEL SUSBSIDY (CEA & HS) FOR THE ACADEMIC YEAR 202 - 202

(Ref: Railway Board letter No. E(W)2017/ED-2/3 dated 03.08.2018 (RBE No. 114/2018))

1.	Bill Unit & Station of the Employee		BU: 0606_____ /				
2.	Name of the Employee						
3.	PF / Employee No. & Designation (11 Digit PF Number)						
4.	Particulars of Children (Family Composition to be enclosed)		Child -1		Child -2		
	Name of the Student						
	Date of Birth	Sex (M/F)					
	Class in which Studied in the previous Academic year						
	Name of the School and Address:						
	Nature of claim: (Tick Whichever is applicable)		Education Allowance <input type="radio"/>	Hostel Subsidy <input type="radio"/>	Disabled Child <input type="radio"/>	Education Allowance <input type="radio"/>	Hostel Subsidy <input type="radio"/>
5(a).	Children Education Allowance: Whether Bonafide Certificate from School is enclosed (Yes / No)						
5(b).	Hostel Subsidy: Whether Bonafide certificate from school mentioning the amount of expenditure is enclosed (Yes/No)						
5(c)	Residential Address						
5(d)	Hostel Address						
5(e)	Distance between Residence and Hostel						

Certified that: (**Strikeout wherever not applicable**)

My Child/Children mentioned above in respect of whom reimbursement of education expenses is claimed is/are wholly depended upon 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 our ward/wards. / My child/children in respect of whom reimbursement is claimed is/are studying in recognized school.

1. 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.
2. I hereby declare that reimbursement of Children Education Allowance 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 Employee)

I hereby declare that the particulars mentioned above along with FCC of the Employee are verified by me and is found 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 for forwarding Official
with date and office seal

To be printed on the Letter Head of the Institution with full postal Address

(if there is no printed letter head, Name of the Institution and full postal Address should be written clearly)

प्रोसेना बोनफाइड सर्टिफिकेट /
PROFROMANA BONAFIDE CERTIFICATE

It is certified that Master / Baby / Kumari

....., Admission No.

Date of Birth S/D/o S/Shri

has studied in Class Section During the previous academic year
i.e., 2020-2021 in this School / Institution, which is registered and affiliated vide Reg.
No.

**** During the year Master / Baby / Kumari

has resided in the residential – complex (Hostel) of the School and paid an amount
of ₹/- towards boarding and lodging in the residential complex.

***** (strike out if it is not applicable)

Official Seal with Date

Signature of the Head of
the Institution / School

बच्चों के शैक्षिक भत्ते (सीईए) / छात्रावास सब्सिडी (एचएस) की प्रतिपूर्ति के लिए परिवार संरचना का आवेदन

APPLICATION OF FAMILY COMPOSITION FOR REIMBURSEMENT OF CHILDREN EDUCATIONAL ALLOWANCE (CEA) / HOSTEL SUBSIDY (HS)

Sl. No.	Name	Relationship	Date of Birth
01.			
02.			
03.			
04.			
05.			

Particulars of Employee

06.	PF Number	
07.	Designation / Station	
08.	Department	
09.	Date of Appointment	
10.	Date of Retirement	
11.	Date of Joining the present Station	
12.	Pay in the Pay Matrix	
13.	Grade Pay (VI CPC)	
14.	Pay Level in VII CPC	

It is further declared that the Child / Children mentioned above is / are my eldest surviving Child / Children only. This will also prove according to the order of DOB indicated in the Family Composition for the Privilege Pass Account. I am aware that my claim is permissible only the two eldest surviving Child / Children only. I have not willfully suppressed or misrepresented any facts on this aspect.

Date:

Signature of the Employee

Station:

Certified that the above details furnished under Sl. No. 01 to 11 and the fact of Child / Children names is / are available in the Family Composition declared by the employee and maintained in the Pass declaration register.

Date:

Pass Issuing Authority

Office Seal