

EAST COAST RAILWAY

APPLICATION FOR REIMBURSEMENT OF CHILDREN EDUCATION ALLOWANCE FOR THE ACADEMIC YEAR

(Ref : Railway Board Letter No.E(W))2017/ED-2/3 dtd.12.10.2017 (RBE No.147/2017)

01	Name & Design. of the Employee		
02	PF Number/Employees No.		
03	Pay Bill Unit No.		
04	PARTICULARS OF CHILDREN :	CHILD - 1	CHILD - 2
	Name of the Student		
	Date of Birth & Class		
	Name of the School & Address		
	Nature of Claim : (tick whichever is applicable)	Education Allowance/Hostel Subsidy/Disabled Child	Education Allowance/Hostel Subsidy/Disabled Child
05	Whether Bonafide Certificate from School is enclosed		
06	Amount of CEA claimed for Academic session		

Certified that :

- My child/children mentioned above in respect of whom reimbursement of education expenses is claimed is/are wholly dependent upon me.
- My wife/husband is not a Central Govt. Employee.
- My wife/husband is a Central Govt. Employee and that she/he will not claim reimbursement of education expenses in respect of our child/children.
- My child/children in respect of whom reimbursement is claimed is/are studying in recognized school.
- (i) I hereby declare that reimbursement of CEA has not been claimed in respect of the child/children by a person other than me.
- (ii) I hereby declare that reimbursement of CEA 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 Forwarding Official
with date & Office Seal

Signature of the Applicant
Name :
Employee No.:
Date :

EAST COAST RAILWAY

FORM FOR REIMBURSEMENT OF HOSTEL SUBSIDY

Certified that the Child/Children mentioned below in respect of whom re-imbusement of Tuition Fee/Hostel Fee is claimed is/are wholly dependent upon me :-

Name of the Child	Date of Birth	Name of School/Institution	Class in which studying	Monthly Tuition Fee actually payable	Tuition Fee /Hostel Fee actually paid from..... to	Amount of Reimbursement claimed

2. Whether Spouse is Government Servant : Yes / No

(a) If yes, name of Employer / Department under which spouse is employed :

(b) Whether he/she is claiming CEA from Department concerned : Yes / No

Certified that :-

- 1) I am claiming the Hostel Subsidy in respect of my two eldest surviving children only and in the event of any change in the particulars given above which affect my eligibility for Hostel Subsidy/CEA, I herewith undertake to inform the same promptly and also to refund excess payment, if any made.
- 2) I have not claimed and will not claim CEA in respect of my aforesaid ward for which I am claiming Hostel Subsidy.
- 3) My above wards has/have been admitted in above school/hostel which is at a distance of km from my residence.

Date :

Place :

Signature of forwarding Officer with date & office seal

Signature of the Railway Employee

Name :

Designation :

Deptt.

Bill Unit No.

PF No.

PRAN No. (NPS Staff).....

SAMPLE

BONAFIDE CERTIFICATE FOR CHILDREN EDUCATION ALLOWANCE
(TO BE ISSUED BY THE HEAD OF EDUCATIONAL INSTITUTION)

It is certified that Master/Kumari Date of Birth
..... Son/Daughter of Smt./Shri was studying in Class
..... during the previous academic year from to
..... in our School/College/Institution, namely (Name of School/College/Institution,
location with complete address)
....., which is
recognized by the educational authority of vide
Recognition No. dated (not applicable for Govt. School).

This certificate has been issued for the purpose of grant of Children Education Allowance.

Date:

Place:

Signature of Principal /
Head of Educational Institution
(Affix School Stamp/seal)