

**APPLICATION FOR CHILDREN EDUCATION ALLOWANCE (CEA)
FOR THE ACADEMIC YEAR 20__-20__**

Ref: Railway Board's Letter No. E (W)2017/ED-2/3 date 12/10/2017
(RBE No. 147/2017)

(Maximum up to first 02 surviving children)

01	Name of the Employee		
02	Design and Employee No.		
03	Bill Unit No.		
04	Basic Pay and Level		
05	Amount last claimed for the academic year and standard in which studying		
06	Particulars of Children	1ST Child	2ND Child
	Name of student		
	Date of Birth and class		
	Name of the School and Address		
	Aadhar No. of the Child		
	Nature of Claim (Tick whichever is applicable)	Education allowance/ Subsidy/ Disabled Child	Education allowance/ Subsidy/ Disabled Child
07	Whether Bonafide Certificate from School is enclosed		
08	Hostel Subsidy: Whether Bonafide Certificate from school mentioning the amount of expenditure is enclosed		
09	Claim in Rs.	₹	₹

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 Government Employee.
- My wife/husband is a Central Government Employee and that she/he will not claim reimbursement education expenses in respect to our child/ children
- My child/ children in respect of whom reimbursement is claimed is/ are studying in recognized school.
- Family declaration particulars as certified for pass issuing authority are enclosed
 - (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 seal

Signature of the Applicant
Name
Emp No:

CLAIM FOR CHILDREN EDUCATIONAL ALLOWANCE**(Maximum upto 2 children, Annual ceiling Rs.18000/- per child)**

- 1) Name: _____ 2) Design: _____
- 3) Staff No. _____ 4) Pay (VIIth CPC) _____
- 5) Dept/Section _____ 6) Amount Last Claimed Rs. _____
- 7) Period Quarter last claim submitted From _____ TO _____
- 8) Amount presently claimed Rs. _____
- 9) Period Quarter for present claim From _____ TO _____
- 10) Name of Child _____ Date of Birth _____ Age _____
- 11) Name of School/College (Child Studying) _____
- 12) Class in which studying _____

13) Item wise Claim

Sr. No	ITEMS TO BE CLAIMED SCHEME	AMOUNT RS.	DATG OF ORIGINAL BILL	BILL SUBMITTED YES/NO
1.	Tuition Fee			
2.	Admission Fee			
3.	Laboratory Fee			
4.	Special Fee Agri/Electronics/Music/Other Sub			
5.	Fee under work Experience			
6.	Library Fee			
7.	Games/Sports Fee			
8.	Fee for Extra-Curricular Activities			
9.	Purchase of one set of Text Book			
10.	Purchase of one set of Note Book			
11.	Purchase of Two sets Uniform			
12.	Purchase of one set of School Shoes			
13.	Fee paid for use of any AID/Appliances by Child			
	Total Rs.			

Rs. In words _____

Certified That

- That above named child is one of the two eldest surviving child/only child.
- My child is studying in school/college shown above which is a recognized school/college and above amount has been actually paid by me.
- My husband/wife is not a government servant.
- My husband/wife is a government servant and he/she has not claimed the above education allowance and is not entitled for the reimbursement under scheme.
- My child named _____ is not studying in the same class in which he failed last year.
- I have not claimed Hostel Subsidy along with above educational Allowance and I shall be responsible if the above information is found incorrect at later stage
- A family declaration particular as certified for pass issuing authority is enclosed.
- Claim for my child is at normal rate/double the normal rate as my child is physically handicapped, certificate enclosed.
- Whatever stated above by me is correct to the best of my knowledge & belief.

Signature of the Controlling Officer**Signature of Employee**

Name: _____

Design: _____

P. F. No _____

(2)

DECLARATION FOR THE PURPOSE OF CLAIMING CHILDREN EDUCATION ALLOWANCE/ HOSTEL SUBSIDY

I _____ Design _____ Staff No: _____

Declare the following of my children for claiming Education Allowance/ Hostel subsidy

Sr. No.	Name of the child	Sex(M/F)	Date of Birth	Name & address of the school / college	Whether Handicap(Y/N)
1					
2					
3					
4					

(Singature of the employee)

Date:

No.:

Date:

Forwarding to Sr. DFA (Admn)for information and further necessary action.

Signatue of the controlling Officer

PART II Procedure to be followed by Personnel Department / Pay sheet preparing unit

Check list for verification of the claim as under:

Sr. No.	CHECK ITEM	YES/ NO/ Specific remarks
1	Claim in respect of the two eldest surviving children	
2	Separate claims/ separate declaration forms are submitted by the same claimant for more than one child	
3	Receipt in original for school fees attached duly signed by the claimant	
4	School is a recognised educational Institution	
5	Amount claimed for the items are as per the Board's guidelines and declaration form.	
6	Original vouchers are self attested by the employees and checked and signed by the dealing clerk	
7	Family declaration for pass attached with the claim duly signed by the claimant and countersigned by the controlling Officer	
8	Amount claimed has not been passed earlier for the same item	
9	Amount claimed/certified are posted in CEA register.	
10	Amount claimed does not exceed ₹ 18000/- per child in an academic year subject to maximum of ₹ 36000/- for the particular claimant in a year	
11	Claim for the first two quarters does not exceed ₹ 9000/-in the current academic year	
12	If the claim for the child is double the normal rates physically/ mentally handicapped certificate issued by Railway Medical Officer	
13	Reimbursement for the extracurricular activity is only for the activities conducted by the school	
14	Remarks on the irregular/ abnormally high value vouchers noticed during the check.	
15	The claim received up to 15 TH day of the month will be sent to accounts on very next day in one lot of r vetting.	
16	Claim to accounts department will be processed by 18 TH of the month for inclusion in the pay sheet of the month. In HQ the validation by accounts in "Online".	

TO WHOM SO EVER IT MAY CONCERN
Undertaking for production of Bonafide Certificate

I, the undersigned am working as _____ under _____ at _____. I am supposed to submit Bonafide Certificate alongwith the Children Education Allowance Application, in f/o my Son / Daughter _____ but due to pandemic of COVID 19 all the Educational Institutes are closed till further order. So I am unable to produce the same.

I assure you that, whenever Educational Institutes will re-open, I will submit the Bonafide Certificate. If I fail to produce the Certificate, Administration is authorised to recover the amount from my monthly salary.

You are therefore requested to kindly arrange to disburse amount of Children Education Allowance as per Extant Rules. In case I am not able to produce the Bonafide Certificate, the entire amount may be recovered.

It is certified that all dues claimed including school fees have already been paid.

Thanking you in anticipation,

Yours sincerely,

Signature: _____

Name: _____

Designation: _____

Department: _____

Date: _____