

**APPLICATION FOR CHILDREN EDUCATION ALLOWANCE (CEA)**  
**FOR THE ACADEMIC YEAR 2019-20**

Ref : Railway Board Letter No E(W2017/ED-2/3Dated 12/10/2017(RBE No.147/2017)

01	Name of the Employee		
02	Employee No & Design.		
03	Bill Unit No		
04	Basic Pay and Level		
05	Amt last claimed for the Academic year and STD in which studying		
06	PARTICULARS OF CHILDREN	CHILD- 1	CHILD -2
	Name of the student		
	Date of Birth & Class		
	Name of the School and Address		
	Aadhar No Of the Child		
	Nature of Claim (Tick Whichever Is applicable)	<b>Education allowance/Subsidy Disabled Child</b>	<b>Education allowance Subsidy/Disabled Child</b>
07	Whether Bonifide Certificate from School is enclosed		
08	Hostel Subsidy:Whether Bonafide Cert from school manioning the amt 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 is not a Central Government Employee.
- My wife is a Central Govt Employee and that she will not claim reimbursement education expenses in respect of our child.
- My child in respect of whom reimbursement is claimed is 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 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:

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)

### **PROFORMA BONAFIDE CERTIFICATE**

It is certified that Master/Baby/Kum .....  
Admission No..... Date of Birth .....  
Son/Daughter of Shri/Smt.....has  
studied in Class ..... Sec ..... during the previous  
Academic year from ..... to ..... in this School/Institution.

This institution/School is affiliated/ recognized by .....

And the affiliation / recognition number is .....

\*During the year Master/Baby/Mr./Ms..... has Resided in the  
residential Complex (Hostel) of the school and paid an amount of Rs.....  
(Rupees ..... ) towards Boarding and  
Lodging in the residential complex.

\*(Strike out if it is not applicable)

Seal with date

Signature of the Head of the  
Institution /School

APPLICATION FOR CHILDREN EDUCATION ALLOWANCE (CEA)/

HOSTEL SUBSIDY (HS)

(As per RBE No.147/2017 and PCPO/SC's Serial Circular No.185/2017)

01	Name of the Employee:		
02	Designation of the Employee:		
03	Employee Number :		
04	Tkt.No/Pay Bill Unit No:		
05	PARTICULARS OF CHILDREN	CHILD-1	CHILD-2
	Name of the Student		
	Date of Birth		
	Class (STD.)		
	Academic Year		
	Name of the School		
	Address		
06	Name of Claim (i) Tick whichever is applicable (ii) For disable child, proof of percentage of disability should be enclosed	Education Allowance <input type="checkbox"/> Hostel Subsidy <input type="checkbox"/> Disabled Child <input type="checkbox"/>	Education Allowance <input type="checkbox"/> Hostel Subsidy <input type="checkbox"/> Disabled Child <input type="checkbox"/>
07	Whether Bonafide Certificate from School is enclosed	Yes <input type="checkbox"/> No. <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
08	Hostel Subsidy : Whether Bonafide Certificate from School mentioning the amount of expenditure is enclosed	Yes <input type="checkbox"/> No. <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
09	Claim in Rs.		

Contd....2

**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 reimbursemet is claimed is / are studying in recognized schools.

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 Employee with Date

**Certification by the Supervisor**

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

Signature of forwarding official  
With date & Seal.

**E.Co.Railway**  
**FAMILY DECLARATION FORM (for Privilege Pass/PTO)**

PASS A/C NO.....(to be filled by the pass issuing authority)

NAME :  
DESIGNATION & STATION :  
DATE OF APPOINTMENT :  
PF ACCOUNT NO. :  
ADHAR NO. :  
CLASS OF PASS ENTITLED :  
RATE OF PAY (Grade Pay) :  
SCALE OF PAY (Pay Band) :  
Mobile No. of Employee :

Sl.No.	Name of the Family/Dependent Members	Relationship	Age	Date of Birth
1				
2				
3				
4				
5				
6				

Signature of forwarding Officer with seal

Signature of the Employee

1. Family includes
  - I) Spouse of railway servant whether earning or not.
  - II) Son/Sons below 21 years age and fully dependent on the railway servant.
  - III) Son/Sons below 21 years and above who is a bonafide student of any recog. Instn.
  - IV) Son/sons who is invalid irrespective of age.
  - V) Unmarried daughter of any age whether earning or not. (see note 4 below)
  - VI) Widow/legally divorced daughters provided they are dependent on the railway servant.
2. Dependent relative in relation to a railway servant, whose father is not alive, means
  - i) Mother/Divorced Mother
  - ii) Unmarried/Widowed/Legally divorced Sister
  - iii) Brother/Step brother below 21 years of age provided he resides with and is wholly dependent of the railway servant.
3. Dependent relative in relation to widow appointed on compassionate ground will include dependent widow mother of the deceased railway employee.
4. In case the daughter is a railway employee, a corresponding debit shall be made in the pass account of the daughter as well to the extent of her own entitlement of passes as railway employee. {Ref: A(V)}.
5. A bonafide certificate in that respect is to be submitted at the beginning of the academic session {Ref: A(iii)}. Further entitlement are as per rule: 2(d)(iii) of railway servant (pass) rule: 1986.
6. Provided, that a person, shall be considered to be a dependent relative only if his/her income from all sources (including pension & dearness relief) does not exceed Rs. 9000/- and the Dearness Relief admissible to the pensioner/family pensioner thereon, rounded off to the nearest ten rupee figure of 15% of the basic pay per month of the railway servant whichever is more (example: 9000+360 = 9360 as on 01.01.2017 with DR @4%.

**DECLARATION**

I hereby declare that all the declarations given above are true. Further, none of the above persons declared as dependent relative has a monthly income from all sources above "Rs 9000 + Applicable Dearness Relief" or 15% of my basic pay per month. In case any declaration is found false at any stage, I would be liable for disciplinary action.

Signature of Employee

Counter Signature of forwarding officer with Seal