

**PROFORMA FOR RE-IMBURSEMENT OF CHILDREN EDUCATION ALLOWANCE/HOSTEL
SUBSIDY IN TERMS OF RBE No. 147/2017****CLAIM FOR THE FINANCIAL YEAR: - 2024 - 2025**

I hereby apply for the reimbursement of Children Education Allowance for my child/children and relevant particulars are furnished below: -

| | | |
|----|--|--|
| 1. | Name of the Employee (CAPITAL LETTERS) | |
| 2. | P.F. No./Employee No. | |
| 3. | Designation | |
| 4. | Office & Bill Unit No. | |
| 5. | Name of Spouse | |
| 6. | If spouse is employed, State whether in Central Govt., PSU, State Govt. (give details) | |
| 7. | Designation, Office & B.U. No. of spouse, if spouse is employed in Railway: | |

Details of the eldest children for whom CEA/Hostel subsidy claimed:

| Sl. No. | Particulars of Child | 1 st Child | 2 nd Child |
|---------|--|--|--|
| 1. | Name | | |
| 2. | Date of Birth | | |
| 3. | Class studied during FY 2024 – 2025 | | |
| 4. | Name of the School/ College with address | | |
| 5. | Nature of Claim (Tick (✓) whichever is applicable) | <input type="checkbox"/> Educational Allowance <input type="checkbox"/> Hostel Subsidy <input type="checkbox"/> Disabled Child | <input type="checkbox"/> Educational Allowance <input type="checkbox"/> Hostel Subsidy <input type="checkbox"/> Disabled Child |
| 6. | Amount Claimed | | |

- Distance of Hostel of child from residence of employee (in case Hostel Subsidy is claimed) _____
- Whether the child for whom the CEA is applied for is a disabled child: YES/NO _____
- If yes, indicate the nature of disability with %: _____
- Date of disability certificate. _____
- Certified that my child in respect of whom the Children Education Allowance is claimed is studying in the School/College **which is recognized and affiliated to Board of Education/University.**

Contd...2.

.2.

6. I hereby declare that the information furnished above are complete and correct and I have not suppressed any relevant information. In the event of any change in the particulars given above which affect my eligibility for CEA/Hostel Subsidy, I undertake to intimate the same promptly and also to refund excess payments if any made. Further, I am aware that if at any stage the information/documents furnished above is found to be false, I am liable for disciplinary action.

Signature:

Name:

Design & Station

Working Under:

Date:

Certified that the details of the employee have been verified with the family composition details of the claimant from the official record/register and found correct.

Forwarded to Sr. DPO/SUR for necessary action.

**Signature of forwarding official
With office seal and stamp**

List of documents to be enclosed:

1. CEA/Hostel subsidy application filled in all respect.
2. Bonafide certificate from the School/College (Annexure 'B')
3. Copy of Family Declaration Details duly certified by the supervisory official.

BONAFIDE CERTIFICATE FROM THE HEAD OF INSTITUTION/SCHOOL

This is to certify that Master/Baby/Mr./Miss Roll
no..... Admission No..... Son / Daughter of
Sri/Smt..... is a Bonafide student of this school and studied
in Class..... during the financial year and as per School records his/her
date of birth is in words
.....

This is to also certify that the above named child had studied in this school in the
previous academic year.

He / She bears a good moral character.

** During the year Master/Baby/Mr./Miss..... had resided in
the residential complex (Hostel) of the school and paid an amount of Rs..... toward
boarding and lodging in the residential complex.

This Institution/School is affiliated recognized by
..... **and the affiliation/recognition Number**
is.....

Dated:

Place:

Signature Head of the
Institution/School
(with Stamp and seal)

** (Strike out it is not applicable)

CENTRAL RAILWAY
FAMILY DECLARATION FOR PASS & PTO

Name:
Office:

Design:
Rate of Pay:

PF No :
Date of App :

| Sl. No | Name of family member and dependent relatives | Relationship | Age | Date of Birth | ADHAAR. NO. |
|--------|---|--------------|-----|---------------|-------------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |
| 7. | | | | | |
| 8. | | | | | |
| 9. | | | | | |
| 10. | | | | | |

Sign of Head of the office

Signature of the employee