

**APPLICATION FOR CHILDREN EDUCATION ALLOWANCE /
HOSTEL SUBSIDY**

FOR THE ACADAMIC YEAR 2024-2025

Ref: Railway Board's letter No.E(W) 2017/ED-2/3 dated 13.08.18
(RBE.114/2018)

1	Name of the Employee				
2	Employee / PF.No & Designation				
3	Date of Appointment (DDMMYYYY)				
4	Bill Unit & Station				
5	Particulars of Children	Child – 1		Child - 2	
	Name of the Student				
	Date of Birth				
	Class in which Studied in the Previous Academic year				
	Name of the School and Address				
	Nature of Claim (Tick whichever is applicable)	Education Allowance		Education Allowance	
		Hostel Subsidy		Hostel Subsidy	
Disabled Child			Disabled Child		
6	Divyaang Child	Yes		No	
7	Whether Residential School or College	Yes		No	
8	Whether Spouse is a Govt.Employee	Yes		No	
8(a)	If Yes, whether CEA or Hostel Subsidy or both is being claimed in his/her account	Yes		No	
9	Distance between Residence and Hostel (Pre condition -50km PBC 56/2019)				
9(a)	<u>Children Education Allowance</u> Whether Bonafide certificate from School (Recognized Central or State Govt.or Union Territory Administration or by University of a recognized educational authority having jurisdiction over the area where the institution is situated) is enclosed (Yes/NO)				
(b)	<u>Hostel Subsidy</u> Hostel Subsidy is applicable only in respect of the child studying in a residential educational institution located atleast 50 km from the residence of the Government servant				

(Tick whichever is applicable)

I declare that the particulars given above are true. I further declare that

1. My spouse is an/is not an employee Central Government/ State Government/Autonomous body/PSU/Semi Government or any other organization partly or fully funded by the Central Govt/State Govt/Railway Employee and that he/she has not claimed reimbursement of Children Education Allowance/Hostel Subsidy in respect of the Child/Children mentioned above. (Strike out whichever is not applicable)
2. My Child/Children in respect of whom reimbursement is claimed is/are studying in School which is recognized by Central or State Govt or Union Territory Administration or by university or a recognised educational authority.
3. The reimbursement of CEA/Hostel Subsidy is claimed for my eldest two surviving children only.
4. The Child/Children has/have not studied in the same class in another school in the previous academic year.
5. The Child/Children has/have not shifted to another school in the mid-session.
6. The distance between the residence and the residential hostel in which my ward(s) is/are studying is at least 50km.

If any of the above declaration is found to be false at a later date, I am aware that I am liable for disciplinary action under the relevant rules.

Signature of the employee :

Name :

Designation & Station :

PF No & Staff No :

CERTIFICATE BY THE SUPERVISOR

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

Date:

Signature of the Supervisory Official with 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) (Office seal of the educational Institution should be affixed invariably)

PROFORMA FOR BONAFIDE CERTIFICATE

It is certified that the following student has studied in this school/Institution during the previous academic year as detailed below:

1. Name of the child :
2. Father's/Mother's name :
3. Admission No :
4. Date of Birth :
5. Class & Section :
6. Academic Year : From To
7. School Affiliation/Reg No :

If Resided in Residential Complex/Hostel of the School during the year

1. Name of the child :
2. Admission No. :
3. Amount paid towards
Boarding/lodging in the
Residential Complex :

**Date &
Office Seal**

Signature of the Head of Institution/School