

**APPLICATION FORM FOR CLAIM OF  
CHILDREN EDUCATION ALLOWANCE / HOSTEL SUBSIDY**

(Reference : Railway Board's L.No. E(W)2017/ED-2/3 dated 12.10.2017 (RBE No. -147/2017))

**To**  
,  
APO Bills.

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

CLAIMED FOR ACADEMIC SESSION			
START		END	
MONTH*	YEAR*	MONTH*	YEAR*

\* It should be clearly mentioned in bonafide certificate issued by School authority.

01. Employee's Name	:-			
02. Designation	:-	03.PF No.	:-	
04. Bill Unit No.	:-	05.Station	:-	
06. Unit Name				
07. Name of Spouse				
a) if spouse is employed in Railway then give his/her detail	:-	PF No.:-	Station :-	
		Unit Name :-		
b) if spouse is government Employee( other than Railway) give details		NO		

Certified that my husband / wife Sri / Smt:.....shall not apply / has not applied for the Children Education Allowance for the child mentioned in claiming form.

Certified that I or my wife/husband has not claimed this re-imbusement from any other source and will not claim the same in future.

Certified that my child in respect of whom reimbursement of Children Education Allowance is applied is studying in the School which is recognized and affiliated to Board of Education/University.

The information furnished for CEA / Hostel Subsidy and in annexure are complete and correct and I have not suppressed any relevant information. In the event of any change in the particulars given for CEA / Hostel Subsidy which affect my eligibility for reimbursement, I undertake to intimate the same promptly and also to refund payments / 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 & Seal of Forwarding unit****Signature of Employee**

**FORM FOR CLAIMING CHILDREN EDUCATION ALLOWANCE / HOSTEL SUBSIDY**

	First Child	Second Child
Name of The Child		
Class		
Date of Birth		
Academic Period (MM/YY)		
School Name		
<b>Is Child with disability ? If yes, then -</b>		
(a) Nature of disability		
(b) Date of disability certificate		
(c) Indicate the percentage of disability		
<b>Hostel Subsidy Detail, if claiming (YES / NO).</b>		
Distance from Residence to School (in KM)		
Boarding / Lodging expenditure actually paid		
<b>Total Amount Claimed</b>		

It is certified that the Shri/Kum. ----- and Shri/Kum ----- is/are my first two surviving eldest children. Bonafide certificate from Head of Institution has been attached as Annexure-B Certified that the boarding / lodging fee/amount indicate above had actually been paid by me. A certificate of institution mentioning the amount of Boarding / Lodging is attached as Annexure-B. In case of Hostel Subsidy, This is certify that my family does not reside within 50 KM radius from residential School (Hostel) in which my child stay (Day & Night)

**Signature of Employee**

The family composition of the claimant has been verified from the official records such as Pass Declaration / Register etc and found correct.

**Signature & Seal of Forwarding unit**

FOR OFFICE USE ONLY		
<b>Sanctioned Amount</b>		
<b>Total Sanctioned Amount ==&gt;</b>		

Sanctioning Authority

Sanctioning Authority

Dealing Clerk

**BONAFIDE CERTIFICATE  
(TO BE ISSUED BY THE HEAD OF INSTITUTION)**

It is certified that Master / Kumari ..... having admission  
No. .... D.O.B. .... Son / Daughter of Mr./Mrs .....  
..... was studying in class ..... Sec. .... Roll No. .... during the  
previous academic year start from Month ..... Year ..... to Month ..... Year .....  
... School / Institution, namely .....  
..... vide affiliation Regd. No. / Code .....  
and Pattern (Board) ..... curriculum.

\*\*\* It is certified that this School / Institution is a residential School / Institution. During the previous  
academic year start from Month ..... Year ..... to Month ..... Year .....  
... Master / Kumari ..... was resided in the residential complex (Hostel)  
of the School and paid an amount of Rs. .... in words Rs. ....  
..... towards boarding and lodging for residing in the complex (Hostel) of  
our school / institution.

\*\*\* Strike out if it is not applicable.

Place :-

Date :-

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

## FAMILY DECLARATION

SR NO	NAME	RELATION	D.O. B	AADHAAR NO

**Signature-**

**Emp Name –**

**Designation-**

**P.F No-**

**Mob No-**