

पूर्व मध्य रेल



कार्यालय
मुख्य कारखाना प्रबंधक
सवारी डिब्बा मरम्मत कारखाना
(कार्मिक विभाग)/हरनौत
दिनांक: 21.04.2018

सं. ई/सीआरडब्ल्यू/सीईए/2018
सर्व संबंधित
सडिमका/हरनौत

विषय : Guidelines for Payment of Children Education Allowance as per 7th CPC.

संदर्भ : 1) महाप्रबंधक(का0)/हाजीपुर के पत्रांक सं ईसीआर/एचआरडी/034/सीईए/पे बिल
दिनांक 18.04.2018

2) इस कार्यालय के समसंख्यक पत्रांक दिनांक 02.04.2018

उपरोक्त संदर्भित पत्र (1) के आलोक में इस कार्यालय के समसंख्यक पत्रांक दिनांक 02.04.2018 में आंशिक संशोधन में बच्चों के शिक्षा शुल्क भुगतान/प्रतिपूर्ति हेतु पुनः संशोधित विहित प्रपत्र एवं दिशा-निर्देश (Annexure "A" "B" & C) की प्रति संलग्न कर आवश्यक कार्यवाही हेतु प्रेषित की जा रही है।

कृपया इसे व्यापक प्रचार-प्रसार किया जाए साथ ही यह सूचित है कि इच्छुक कर्मचारियों का पूर्णरूपेण भरा हुआ निर्धारित विहित प्रपत्र उपरोक्त संदर्भित दिशा-निर्देश के अनुसार वर्ष 2017-18 के लिए शिशु शैक्षणिक भत्ता का आवेदन संबंधित नियंत्रण अधिकारी द्वारा अग्रसारित प्रपत्र दिनांक 30.04.18 तक इस कार्यालय को अवश्य जमा कर दिया जाए।

संलग्न - यथोक्त

(एस.के. मिश्रा)
वरिष्ठ कार्मिक अधिकारी
मुख्य कारखाना प्रबंधक(का0)
सडिमका/हरनौत

प्रतिलिपि- सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित

- मुख्य कारखाना प्रबंधक- सादर सूचनार्थ।
- उप. मुख्य यांत्रिक इंजीनियर/सडिमका/हरनौत।
- उप. मुख्य विद्युत इंजीनियर/सडिमका/हरनौत।
- वरिष्ठ सहायक वित्त सलाहकार/सडिमका/हरनौत।
- वरिष्ठ सामग्री प्रबंधक/सडिमका/हरनौत।
- सहायक मंडल चिकित्सा अधिकारी/सडिमका/हरनौत।
- कार्यालय अधीक्षक/बिल अनुभाग/हरनौत
- शाखा सचिव, ईसीआरकेयू/हरनौत।
- अध्यक्ष/सचिव, ओबीसी एशोसिएशन, एवं एससी/एसटी एशोसिएशन/हरनौत
- सूचना पट्ट।

उत्पादन इंजीनियर/हरनौत - कृपया वेबसाइट पर अपलोड करने की व्यवस्था की जाए।

मुख्य कारखाना प्रबंधक(का0)
सडिमका/हरनौत

21-4-18

Guidelines for Payment of CEA/Hostel Subside as per 7th CPC:-

A) Application Procedure:

- i) The amount Fixed for re-imburement of CEA shall be Rs. 2250 PM and Rs. 6750 PM for Hostel subsidy **w.e.f. 01.07.2017 onwards.**
- ii) The above allowance will be double for Disabled children.
- iii) The application for re-imburement shall be done after the completion of the every financial year i.e. application for FY 2017-18 will be made on or after 01.04.2018 upto 30.04.2018. **Format of application is enclosed at Annexure 'A'.**
- iv) The application for re-imburement shall contain a bonafied certificate from the Head of Institution, where the ward of government employees studies, will be sufficient for this purpose. The certificate should confirm that the child studies in the school during the previous academic year. **Format of application is enclosed at Annexure 'B'.**
- v) The Bonafide certificate to ensure that the child has studied in the school in that Financial year should be issued by the School.
- vi) For claiming Hostel Subsidy, a certificate from Head of Institution will suffice, with additional requirement that the certificate should mention the amount of expenditure incurred by the government servant towards lodging and boarding in the residential complex. the amount of expenditure mentioned or ceiling as mention above, **whichever is lower shall be paid to the employee. (Only if hostel is located beyond 50 kms.)**
- vii) If the both the Spouses are Government employee, the applicant should declare his/her spouse has not claimed the allowance, and will be liable to be taken under D&AR if it is found to be false at later date.
- viii) All other eligibility criteria, terms & conditions as given by Railway Board time-to time shall remain in force for re-imburement of CEA.

B) Schedule of payment and forwarding of application:

- i) The complete application along with all necessary enclosures should reach Bill Compiling office of SPO/CRW/HRT by 30th April of every next financial year i.e application for claims of 2017-18 should be submitted by 30.04.2018.
- ii) The CEA claims shall be eligible for the first two (02) surviving children whose name are included in the Family composition i. Pass declaration & register before submitting an application for CEA, the concerned employee should ensure that his/her child's name is included in the family composition record available with "P" Branch.
- iii) The application as received from the departments, the respective Bill clerks will scrutinize the application and make necessary entries in **IPAS CEA module in the Month of May-2018 and accordingly payment shall be made through salary.**
- iv) Belated application shall be processed separately for arranging payment in the subsequent months.

NB : The CEA & Hostel subsidy claims from April-17 to June-17 shall be payable at the old rates as per 6th CPC and news rate of 7th CPC shall be applicable form July-17 onwards.

**PROFORMA FOR RE-IMBURSEMENT OF CHILDREN EDUCATION ALLOWANCE /HOSTEL
SUBSIDY IN TERMS OF RBE No.-147/2017**

CLAIM FOR THE FINANCIAL YEAR:

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 | : | |
| 2. | PF.No./Emp. 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 | : | |

8. Details of all the children of the employee as per Pass Declaration:

| Sl.N. | Sequence | Name | DOB | Age |
|-------|-----------------------|------|-----|-----|
| 1. | 1 st Child | | | |
| 2. | 2 nd Child | | | |
| 3. | 3 rd Child | | | |

9. Details of all the children for whom CEA/Hostel Subsidy claimed:

| Sl.N. | Sequence | Name | DOB | Age |
|-------|-----------------------|------|-----|-----|
| 1. | 1 st Child | | | |
| 2. | 2 nd Child | | | |
| 3.* | 3 rd Child | | | |

* Only if 2 & 3 are twins.

10. Academic year, Name of School/Residential School and class in which children studied:

| 1 st Child | 2 nd Child |
|-----------------------|-----------------------|
| | |

11. Distance of Hostel of Child from residence of employee (in case Hostel Subsidy is claimed).....

12. Amount of CEA/Hostel Subsidy already received up to previous quarter:.....

13. The Academic year for which CEA/Hostel Subsidy is applied now:.....

14. (a) Whether the Child for whom the CEA is applied for is disabled child : YES/NO.

(b) If yes, indicate the nature of disability:

(c) Date of disability Certificate:

(d) Indicate the percentage of disability:

15. Whether the Bonafide certificate from Head of Institution has been attached : YES/NO.

16. For Hostel Subsidy, the Bonafide certificate from mentioning the amount is attached: YES/NO

- 17. If Yes at item No. 16 , Amount claimed for Hostel Subsidy:.....
- 18. (i) Certified that the fee/amount indicate above had actually been paid by me.
 (ii) Certified that my wife/husband is/is not a Central Government Servant.
 (iii) Certified that my husband/wife Sri/Smt..... Is presently working as:..... in.....and that he/she shall not applied for the CEA for the child mentioned above.
 (iv) Certified that I or my wife/husband has not claimed this re-imburement from any other source and will not claim the same in future.
- 19. Certified that my child in respect of whom reimbursement of children Education Allowance is applied is studying in the School/Jr.College which is recognized and affiliated to Board of Education/University.
- 20.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 reimbursement of Children Education Allowance, 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/document furnished above is found to be false, I am liable for disciplinary action.

Signature of employee

Name:

Design & Station:

Working under:

Date:

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

Date:

Signature of Sr. Subordinate
with office seal and stamp

FOR OFFICE USE ONLY

| Sl. No | Name of Staff | PF No. | CEA Amount | Hostel Subsidy Amount if any | Total |
|--------|---------------|--------|------------|------------------------------|-------|
| | | | | | |

Bill Clerk/OS

Ch.OS/PB

Bill Compiling Officer

**SPECIMEN OF BONAFIDE CERTIFICATE FROM THE HEAD OF INSTITUTION/SCHOOL
FOR CHILDREN EDUCATION ALLOWANCE**

This is to certify that Master/Baby/Mr.Miss.....
Roll No.....Admission No.....son 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 Institution/School is affiliated recognized by.....and the
recognition Number is

Dated:

Place:

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

SPECIMEN OF BONAFIDE CERTIFICATE FROM THE HEAD OF INSTITUTION/ SCHOOL
FOR HOSTEL SUBSIDE

This is to certify that Master/Baby/Mr./Miss.....
Roll No.....Admission No.....son 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
.....

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

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

Dated:

Place:

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