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04/05/20

पूर्व मध्य रेल

सं: स्था/पीबी/सी.ई.ए./2019-20

दानापुर, दिनांक: 04 मई/2020

समस्त शाखा अधिकारी,
पूर्व मध्य रेल,
दानापुर मंडल ।

विषय: शिशु शिक्षण भत्ता (CEA) वर्ष/2019-20 का
भुगतान के संबंध में ।

सूचित किया जाता है कि वर्ष/2019-20 का शिशु शिक्षण भत्ता (CEA) का भुगतान किया जाना है । इस संबंध में संबंधित ईकाईयों/स्टेशनों/डिपो को निर्देश देने की व्यवस्था की जाये कि वर्ष/2019-20 का शिशु शिक्षण भत्ता (CEA) का भुगतान हेतु दिनांक 30.06.2020 तक अधोहस्ताक्षरित के कार्यालय में पूर्ण रूपेण भरा प्रोफॉर्मा एवं Student Bonafied प्रमाण पत्र के साथ उपलब्ध कराने हेतु सुनिश्चित किया जाये । निर्धारित तिथि के उपरांत वर्ष/2019-20 का शिशु शिक्षण भत्ता (CEA) का भुगतान नहीं की जायेगी ।

अतः कृपया इसकी सूचना संबंधित ईकाईयों/स्टेशनों/डिपो को देने की व्यवस्था की जाये । इसे अतिआवश्यक समझा जाये ।

कृपे वरीय मंडल कार्मिक अधिकारी,
दानापुर ।

प्रतिलिपि निम्नलिखित को सूचनार्थ प्रेषित :

1. मरेप्र महोदय के निजी सचिव- मरेप्र महोदय के सादर सूचनार्थ प्रेषित ।
2. अमरेप्र महोदय (इंफ्रा.) एवं (ओ.पी) के निजी सचिव अमरेप्र महोदय (इंफ्रा) एवं (ओ.पी) महोदय के सादर सूचनार्थ प्रेषित ।

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04/05/2020
कृपे वरीय मंडल कार्मिक अधिकारी,
दानापुर ।

**PROFORMA FOR RE-IMBURSEMENT OF CHILDREN EDUCATION ALLOWANCE/HOSTEL
SUBSIDY INTERMS 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.	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	:	

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

Sl.No.	Sequence	Name	DOB	Age
1				
2				
3				

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

Sl.No.	Sequence	Name	DOB	Age
1				
2				
5*				

* 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 a disabled child : -

(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 : -

16. For Hostel Subsidy, the Bonafide certificate from mentioning the amount is attached : -

Contd..P/2

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:.....
inand that he/she shall not apply/has not applied for the Children Education Allowance 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/documents furnished above is found to be false, I am liable for disciplinary action.

Signature :

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	P.F.No.	CEA Amount	Hostel Subsidy Amount if any	Total

Bill Clerk/OS

Bill Compiling Officer

BONAFIDE CERTIFICATE FROM THE HEAD OF INSTITUTION/SCHOOL

This is to certify that the (name)..... , Roll No., Admission No. son/daughter of Mr./Miss..... is a bonafide student of this school and studied in Class during the financial year. and as per School records his 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 is

He bears a good moral character.

During the year had studies in the school and paid and amount of Rs. towards education .

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

This Institution/School is affiliated/registered by and the affiliation/registered Number is

Dated :-

Place: - Patna .

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

BONAFIDE CERTIFICATE FROM THE HEAD OF INSTITUTION/SCHOOL

This is to certify that the (name)..... , Roll No.,
Admission No. daughter of Mr./Miss.....is a bonafide student
of this school and studied in Class during the financial year. and as per
School records 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 is She bears a good moral character.

This Institution/School is affiliated/registered by and the affiliation/
registered Number is

Dated :-

Place: - Patna .

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