

सर्व संबंधित,
इकाई प्रभारी/पर्यवेक्षक
पूर्व मध्य रेल, दानापुर

विषय: वर्ष 2022-2023 के लिए शिशु शिक्षण भत्ता के संबंध में।

विषयांकित मामले में सभी संबंधित इकाई प्रभारी/पर्यवेक्षक को सूचित किया जाता है कि वर्ष 2022-23 में कर्मचारियों के शिशु शिक्षण भत्ता भुगतान से संबंधित दावा का प्रपत्र/आवेदन पूर्ण रूपेण भरा हुआ एवं **Bona-fied Certificate** जो शिक्षण संस्थान द्वारा संस्थान के लेटर हेड (मुहर सहित) पर प्राधिकृत रूप से जारी किया गया हो, की मूल प्रति के साथ इस कार्यालय को दिनांक 31.05.2023 तक प्रेषित करना सुनिश्चित करें।

दावा संबंधित प्रपत्र को अग्रसारित करते समय निम्नलिखित बिन्दुओं की जांच एवं दस्तावेज की उपलब्धता सुनिश्चित किया जाना अपेक्षित है:-

1. CEA प्रपत्र पूर्ण रूप से भरा हुआ हो।
2. बच्चे का नाम तथा जन्मतिथि जो कि CEA प्रपत्र, शैक्षणिक प्रमाण पत्र तथा पारिवारिक विवरण में एक समान हो, अन्तर पाये जाने पर अमान्य घोषित कर दिया जाएगा।
3. यह सुनिश्चित करेंगे कि कर्मचारी अपने बच्चे के लिए जिन संस्थान का शैक्षणिक प्रमाण पत्र दे रहे हैं, वह संस्थान राज्य सरकार अथवा मान्यता प्राप्त बोर्ड जैसे कि **CBSC, ICSE** द्वारा निबंधित या संबद्धता प्राप्त होना चाहिए।
4. हॉस्टल सब्सिडी का भुगतान तभी मान्य होगा जब उक्त हॉस्टल अध्ययनरत शिक्षण संस्थान के संबद्धता में संचालित हो रहा हो।
5. दावा किये जाने वाले प्रपत्र के साथ शिक्षण भत्ता, हॉस्टल सब्सिडी अथवा संबंधित भुगतान का मूल प्राप्ति रसीद संलग्न किया जाना अनिवार्य है।

उक्त तथ्यों को सुनिश्चित करने के उपरान्त ही कर्मचारी के आवेदन प्रपत्र को सूचीबद्ध कर इस कार्यालय को अग्रसारित करें, ताकि भुगतान में अन्यथा विलम्ब न हो।

Handwritten Signature
मंडल कार्मिक अधिकारी
पूरमे/दानापुर

प्रतिलिपि: सूचनार्थ व आवश्यक कार्यवाही हेतु।

1. मुख्य कार्यालय अधीक्षक/सा०:- कृपया मंडल रेल प्रबंधक महोदय के सादर सूचनार्थ।
2. अपर मंडल रेल प्रबंधक/इन्फ्रा एवं परिचालन को कृपया सूचनार्थ।
3. सभी शाखा अधिकारी/दानापुर मंडल।
4. संबंधित यूनियन एवं एसोसिएशन/दानापुर।

Handwritten Signature
कृते मंडल रेल प्रबंधक(का०)
पूरमे/दानापुर

**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.	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:

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

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: 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

Xxw
4/12/17

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.
- 17 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.
18. 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

Forwarded to : Sr.DFM/CKP for vetting and early return.

Bill Clerk/OS

Handwritten signature and date: 20/11/22

Bill Compiling Officer

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 has studies in the school
and Paid an amount of Rs towards education (T/FEE, BOOKS,COPY AND DRESS ETC).

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

This Institution/School is affiliated / recognized by and the
Affiliation/Recognition Number is

Dated :

Place :

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

** (Strike out if it is not applicable)

Head
21/12/23