

**APPLICATION FOR CHILDREN EDUCATION ALLOWANCE (CEA)  
FOR THE ACADEMIC YEAR 2025-2026**

**(Ref: Railway Board Letter No. E(W)2017/ED-2/3 Dated 12/10/2017 (RBE No.147/2017))**

1	Bill Unit & Station of the Employee				
2	<b>Name of the Employee</b>				
3	Employee/PF No. & Designation				
4	Particulars of Children	Child-1		Child-II	
a	<b>Name of the Student</b>				
b	Dale of Birth				
c	Class in which Studied in the previous Academic Year				
d	Name and Address of the School				
e	Nature of Claim: (Tick Whichever is applicable)	Education Allowance		Education Allowance	
		Hostel Subsidy		Hostel Subsidy	
		Disabled Child		Disabled Child	
f	ENCLOSURE	1.Certificate in Original from Head of the Institution/school duly signed with seal 2.Disability certificate if the claim is for Disabled Child			

Certified that: **(Tick whichever is applicable)**

- ▶ My child/Children mentioned above in respect of whom reimbursement of education expenses is claimed is/are wholly depended upon me.
- ▶ My Spouse is not a Central Government Employee.
- ▶ My Spouse is a Central Govt. Employee and that he/she will not claim reimbursement of education expenses in respect of our Ward/wards.
- ▶ My child/children in respect of whom reimbursement is claimed is/are studying in recognized School.

- 1) I hereby declare that reimbursement of Children Education Allowance has not been claimed in respect of the child /children by a person other than me.
- 2) I hereby declare that reimbursement of Children Education expenses is claimed for my eldest two surviving children only.

I hereby declare that the particulars mentioned above are correct to the best of my knowledge. If any information furnished above not correct, am liable to be taken up under D&AR.

SIGNATURE OF THE EMPLOYEE:.....

NAME:

DESIGNATION & STATION:

PF 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

Signature of the forwarding official

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)

**PROFORMA BONAFIDE CERTIFICATE**

It is certified that Master/Baby/Kumari ..... Admission No  
..... Date of Birth ..... S/o-D/o, Shri /Smt .....  
has studied in **Class** .....during the previous academic year from  
..... in this School/Institution, which is registered and affiliated vide  
Reg. No .....

Date.....

Office Seal with Date

Signature of the Head of the  
Institution/School