डीज़ल रेल इंजन आधुनिकीकरण कारखाना, पटियाला

Date of application.....

Assistant Personnel Officer
DMW/Patiala.

Sub: Application for Reimbursement of Children Education Allowance (CEA) for the academic year 2018-19 to be submitted after 31.03.2019.

The claim for reimbursement of Children Education Allowance (CEA) for the **academic year 2018-19** is submitted as under:-.

	General Details	Details / Information
1.	Name of the Child	
2.	Age of the Child as on 31.03.2019	DOB: Age: Years Months
3.	Class in which child has studied	
4.	Whether CEA for same class claimed in the past	Yes/No
5.	Name of the School/ College	
6.	Affiliated to Board/ University	
7.	Whether Recognized or Not	

	Total amount to be claimed is maximum @2250/- P.M. per child for the academic year 2018-19. To claim reimbursement of CEA, the employee should produce a certificate issued by the Head of the Institution for the period/year for which claim has been preferred. The certificate should confirm that the child had studied in the school during the previous academic year. In case, such certificate cannot be obtained, self-attested copy of the Report Card or self attested Fee Receipt(s) including e-receipt(s) confirming/indicating that the fee was deposited for the entire academic year may be produced. The same is/are required to be attached with this application form.	
	Total amount claimed	Rs.

I have read the policy instructions of DOPT's O.M No. A-27012/02/2017-Estt.(AL) dated 16/17/07.2018 circulated by Railway Board vide letter No. E(W)2017/ED-2/3 dated 13.08.2018 (RBE No. 114/2018) and further circulated by DMW vide No. DMW(P)/R/110 dated 22.03.2019.

I hereby declare that the children education allowance (CEA) claimed by me now has not been claimed/ got reimbursed by my spouse from his/her department/employer and shall not be claimed in future by me or my spouse.

I further declare that this is my .....(1st or 2nd) eldest surviving child.

Declaration of present Family structure

S.No	Name of the member of the family	Relation with the employee	DOB as per School record	Age of child as on 31.03.2019
1		Self	XXXXXXXXXX	
2				
3				
4				

I hereby declare that the above stated facts are true to the best of my knowledge and belief and I shall be fully responsible for any misinformation.

( )
Signature of the Applicant

Forwarding by Controlling Officer/ In-charge

Name:..... Emp No:.....

Design:..... Bill Unit:.....

Place of Posting :.....

Mobile No: .....

डी.एम.डब्ल्यु
D.M.W.

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