



दक्षिणी रेलवे Southern Railway

No:U/P.483/IPAS/Vol.I

मंडलकार्यालय/ Divisional Office

कार्मिक शाखा/ Personnel Branch

मदुरै/Madurai

दिनांक/ Date:14.03.2025

CIRCULAR

विषय / Sub : Children Education Allowance for the year 2024-2025.

संदर्भ / Ref : 1.Board's Letter No.E(W)2017/ED-2/3 dated 13/08/2018.

**2.Board's Letter No.E(W)2019/ED-2/1 dated 22/08/2019.
(RBE No.114/2018, PBC 186/2019 & 56/2019)**

**3.Board's Letter No.2024/E(W)/ED-2/2 dated 07.05.2024
(RBE No.40/2024, PBC 76/2024)**

Railway Board has communicated the norms for Claiming the Children Education Allowance(CEA) and Hostel subsidy(HS). As per the Board's letter:

1. The amount fixed for Reimbursement of CEA will be Rs.2812.5/-pm and Rs.8437.5/-pm for Hostel Subsidy.
2. The allowance for Divyaang children of government employees shall be payable at double the normal rates of CEA will be 5625/- per month.
3. **The Reimbursement will be done just once a year, after completion of financial year.**
4. For reimbursement of CEA, a certificate from the Head of Institution, where the ward of government employee studies will be sufficient but should confirm that the child studied in the school during the previous academic year.
5. However, for hostel subsidy, a similar certificate from the Head of Institution with additional information regarding **amount of expenditure incurred by the government servant towards lodging and boarding in their residential complex.** So that the amount of expenditure mentioned or the ceiling, Rs.8437.5/- pm whichever is lower shall be paid to the employee.
6. **Hostel subsidy is applicable only in respect of child studying in Residential educational institution located at least 50km from the residence of Government servant.**

Schedule for payment of CEA for the year 2024-25:

7. **Applications for Reimbursement/ Payment of CEHS will be collected upto 04.04.2025.**

8. The received applications will be scrutinized and processed in IPAS by **15.04.2025** and forwarded to Accounts Department for vetting and return before April month Bill Process. So that the vetted records will be uploaded to pay rolls for payment in **APRIL -2025** salary.
9. Belated applications will be considered for payment in subsequent months.
10. To ensure that the child/ ward has studied during the academic year a **Bonafide certificate** from the school has to be obtained. This can be in any format given by the school. **School Registration Number is Must.**
11. If both the spouses are Government servants, the applicant should declare that his/her spouse has not claimed the allowance; and will be liable for action under D&AR if it is found to be false at a later date.
12. **Claims shall be admissible only for the first two eldest surviving children whose names are included in the Family Composition of the employee in PB records. Before submitting an application for CEA every employee should ensure that his/her child's name is included in the Family Composition in PB records or else such claims shall not be processed.**
13. The controlling supervisors are requested to collect the applications of the employees of their office with **Bonafide Certificates and Original Fee Receipts/Cash bills for Hostel Subsidy** and forward the same to Divisional office in one lot under a covering letter. **Applications without covering letter shall not be entertained.**

Encl : Application form for CEHS and Family Composition

टी. शंकरन T.Sankaran

मंडल कार्मिक अधिकारी / मदुरै

Divisional Personnel Officer/MDU

Copy to:

PS to DRM for kind information of DRM please,
PS to ADRM for kind information of ADRM please,
All Branch Officer's/MDU Divn,
All CS&WI's, S&WI's/Personnel Branch,
All Branch Ch. OS/All Supervisors,
DS/SRMU, DS/DREU, AISC&ST/REA., AIOBC/REA.



APPLICATION FOR CHILDREN EDUCATION ALLOWANCE (CEA)/ HOSTEL SUBSIDY (HS)

01	Name of the Employee :		
02	Designation of the Employee:		
03	Employee Number:		
04	Pay Bill Unit No:		
05	PARTUCULARS OF CHILDREN	CHILD – I	CHILD – II
	Name of the Student		
	Date of Birth		
	Class (STD)		
	Academic Year		
	Name of the School		
	Address		
06	Nature of Claim (i)Tick Whichever is applicable (ii)For disable child, Proof of Percentage of disability should be enclosed	Education Allowance <input type="checkbox"/> Hostel Subsidy <input type="checkbox"/> Disabled Child <input type="checkbox"/>	Education Allowance <input type="checkbox"/> Hostel Subsidy <input type="checkbox"/> Disabled Child <input type="checkbox"/>
07	Whether Bonafide Certificate from School is enclosed	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
08	Hostel Subsidy: Whether Bonafide Certificate from School mentioning the amount of expenditure is enclosed	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

Certified that:

- ❖ My Child/Children mentioned above in respect of whom reimbursement of education expenses is claimed is/ are wholly depended upon me.
- ❖ My Wife/Husband is not a Central Government Employee.
- ❖ My Wife/Husband is a Central Government Employee and that She/he will not claim reimbursement Education expenses in respect of our child/Children.
- ❖ My Child/Children in respect of whom reimbursement is claimed is/are studying in recognized schools.

(i) 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.

(ii) 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 is not correct, I am liable to be taken up under D&AR.

Date:

Signature of the Employee

Certification by the Supervisor

The above application is forwarded to DPO / MDU for Necessary action, duly certifying that the names of Child/Children furnished by the employee have been verified with records maintained in this office and they are the eldest two surviving children declared by the employee.

Date:

Signature of forwarding official seal



**APPLICATION OF FAMILY COMPOSITION FOR REIMBURSEMENT OF CHILDREN
EDUCATION ALLOWANCE(CEA) / HOSTEL SUBSIDY (HS)**

S.No	Name	Relationship	Date Of Birth
1			
2			
3			
4			
5			

Particulars Of Employees

6	EMP No	
7	EMP Name	
8	Designation/Station	
9	Department	
10	Date Of Appointment	
11	Date of Retirement	
12	Date of Joining the present station	
13	Pay Rs.	
14	Pay band	
15	Grade Pay & Level	

It is further declared that the Child/Children mentioned above is / are my eldest surviving Child/Children only. This will also prove according to the order of DOB indicated in the Family Composition for the privilege Pass account. I am aware that my claim is permissible only the two eldest surviving Child/Children only. I have not willfully suppressed or misrepresented any facts on this aspect.

Name:

Designation & station:

PF Number:

Bill Unit No:

Date:

Station

Signature of the employee

Certified that the above details furnished under Sl.No.1 to 13 and also the fact of child/children names is/are available in the family composition declared by the employee and maintained in the pass declaration register.

No.

Office of the

Date:

Forwarded to DPO / MDU: The particulars furnished by the employee have been verified and found correct.

Official

Signature of the Supervisory Official

Name:

Designation:

Station: