PATIALA LOCOMOTIVE WORKS, PATIALA

Asstt. Personnel Officer-I,
PLW/Patiala

Sub : Application for Reimbursement of Children Education Allowance (CEA) for the academic year 2025-26 to be submitted after 31.03.2026.

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The claim for reimbursement of Children Education Allowance (CEA) for the academic year 2025-2026 is submitted as under :-

SN	General Details	Details/Information
1	Name of the Child	.....
2	Age of the Child as on 31.03.2026	DOB: ..... [Age] Year.....Months.....
3	Class in which child has studied	.....
4	क्या **CEA** हेतु पहले भी इसी क्लास में क्लेम किया था। **(Yes or No)**	..... यदि हां, तो दवारा क्लेम करने का प्रमाण सहित कारण बताएं? कारण :.....
5	Name of the School/ College	.....
6	Affiliated to Board/University	.....
7	Whether Recognized **or** Not	.....
	Total amount to be claimed is maximum **@ 2812.5/- PM** per child **[for the period from 01/04/2025 to 31.03.2026] Total Rs. 33750/-.** To be claim reimbursement of Children Education Allowance, 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 has 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 Railway Board's letter No. E(W)2019/ED-2/1 Dated 22.08.2019.

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 ..... (**Ist or 2nd**) eldest surviving child.

Declaration of Present Family Structure.

SN	Name of member of the family	Relation with the employee	DOB as per School record	Age of child as on **31.03.2026**
1		Self	XXXXXXX	
2				
3				
4				

I hereby declare that the above said 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

NAME .....
EMP. No.....
Design.....
Bill Unit.....
Placed of Posting.....
Mobile No.....

पी. एल. डब्ल्यू
P.L.W