



WESTERN RAILWAY

Headquarter Office,
Church gate,
Mumbai-400 020.

No. E (SBF) 1075/109 VOI

Date. 19/11/2012

DRM(E)BCI/BRC/RIM/ADI/RJI/BVP
CWM-PL/PRTN/SBI/DHD/BVP/
DY CAO(TA) AJMER-SR AFA- DKZ

DS-WREU

Sub—Financial Aid for chronologically ill patients requiring use of Diapers

Ref—Minutes of CSBF Committee meeting held on 24/25/-9-2012.

In the CSBF Committee meeting held on 24/25/-9-2012 it has been decided to grant financial aid of Rs 2500/- p.m. to Railway beneficiaries of **N. G. Staff**, who are chronologically ill and require use of Diapers due to poor bowel/bladder control. The financial aid does not cover the period for indoor treatment. The application as per the enclosed format should be submitted with recommendation of Railway doctor. The scheme would extend till the available of fund **w. e. 1 01/10/2012**. Amount for earlier than 01.10.2012 should not be entertained. It is the responsibility of Railway employees to inform SBF section whenever the requirement of diaper is **no more**. In case of any concealment of fact, the employee will be liable for DAR action and refund the grant if received. The amount will be debited from head "Relief of distress, sickness etc. above GP Rs.1800/-for Gr. C Staff & "Relief of distress, sickness etc. below Rs. 1800/- for Gr D Staff. The amount will have to be debited from the amount sanctioned for Maintenance Allowance. However, separate record to be maintained for Maintenance, Denture & Diaper for Group 'C' & 'D' staff separately.

Encl- Form (reverse side)


(S. B. Marshale) 19/11/12
Dy CPO(W)&
Secy CSBF Committee



STAFF BENEFIT FUND

Application for Grant for Financial Assistance for Chronically ill patients requiring use of Diapers w.e.f 01/10/2012 .

Section A-Details of Employee

DS-WREU

- 1) Name of the employee (in BLOCK LETTERS) _____
- 2) Designation _____ PF No _____
- 3) Department _____ Station of working _____
- 4) Working under _____ Pay bill _____ Unit No. _____
- 5) Pay sheet preparing unit _____
- 6) Name of Division/Unit _____
- 7) Pay band _____ Grade Pay _____
- 8) Whether belongs to SC/ST/OBC/GEN _____

Section B---Details of Dependant

- 1) Name of dependent _____
 - 2) Relation with employee _____
 - 3) Whether entitled for pass as per pass rule _____
 - 4) Name of Disease _____
 - 5) Total No of Diaper required per day _____
 - 6) Cost of per Diaper _____
 - 7) Cost of diaper is demanded for period from _____ to _____
- Encl—original purchase bill of diaper

I hereby certify that , the information given above by me is correct. In the event of any concealment of fact, I will render myself liable for DAR action and refund the grant if received any, by me.

Rail Auto phone _____
P&T / mobile No _____

Sign of the employee _____
Name _____
Designation _____
Office _____

It is certified that above dependant is chronically ill and requires use of diaper due to poor bowel/bladder control. He/She is not admitted as Indoor patient and is alive as on date.

Signature of Railway/Private Doctor _____
Designation of Railway _____
Sign of forwarding Unit In-charge _____
Designation _____
Date & Seal _____

Signature of forwarding officer _____
Designation _____
Seal _____