

No.E/Wel/1075/Wheel Chair

Dt. 20/07/16

To,
All Officers, Sr. Supervisor,
ADI Divn.

Sub. : Finacial Assistance for Physically Handicapped Railway Employees/Wards.
Ref. : HQ/CCG's letter No.E/SBF/1075/126 Dt.15/07/16.


A copy of Dy.CPO(W) & Secy, CSBF Committee's letter No.E/SBF/1075/126 Dt.15/07/16, is reproduced below for inofmration, guidance give wide publicity amongst the staff working under your control.

All staff of the units who desire to purchase appliance / equipments for him / his wards are advised to submit their applications in enclosed proforma with proper documents on or before 31st August, 2016.

The amount will be decided after scrutinizing the application.

Please give this wide publicity amongst the staff.

Encl : Proforma


(Kamlesh Kumar Bhatt)
APO(G)/ADI
For DRM(E)/ADI

C/- Divn Secy, WRMS, WREU, AISTREA, AIOBCREA – Kind information pl.
CSBF / LSBF Committee memembrs – ADI Divn.

Copy of letter no. E/SBF/1075/126 Dt.15/07/16

Sub. : Finacial Assistance for Physically Handicapped employees/wards.

In the CSBF committee meeting held on 27/28-06-2016, it has been decided to grant Finacial Assistance for purchase of Appliance / Equipements by physically Handicapped employees / wards.

In this connection, it is requested to issue the notification at your Division / Unit for wide publicity. The applications in enclosed performa of such employees alongwith proper documents fully recommended by local SBF committee and signed by dealing clerk / inspector. Certificate of physically handicapped should be attached with the application.

The amount will be decided after scrutinizing the application.

In the above connection, proper register to be maintained.

Encl. As above

Sd/-
Dr.(Mrs.) Sanghmitra,
Dy.CPO(W) &
Secy, CSBF Committee

WESTERN RAILWAY – STAFF BENEFIT FUND
APPLICATION FORM – FINANCIAL ASSISTANCE FROM SBF FOR PURCHASING
EQUIPMENTS BY PHYSICALLY HANDICAPPED EMPLOYEES & THEIR WARDS.

Section – A Employee Details :

1. Name of Employee (In Block Letter)	
2. Designation :	PF No.:
3. Department :	Station working :
4. Working under :	P.B.Unit No. :
5. Pay sheet preparing unit :	
6. Name of Division / Unit :	ADI Division
7. Pay Band Level :	Basic Pay
8. Whether belong to SC/ST/OBC/Gen	

Section – B Details for wards

1. Name of Girl student / ward
2. Relationship with the employee
3. Whether eligible for passes or not ?
4. Whether married or unmarried ?

Section – C Details for which assistance sought :

1. Type of equipment	
2. Whether assistance sought for above equipment from SBF earlier (If yeas, when (date to be indicated)	
3. Attested copy of disability certificate attached (Yes / No)	
4. Cost of equipment	Rs.

Kindly enclose current pay slip / Original bill in the name of employee / ward.

Declaration : I hereby declare that all particulars filled in above by me are true and correct to the best of my knowledge and in the event of any irregularity or concealment of fact. I will render myself liable for DAR action and refund the financial assistance amount, if sanctioned & received.

Encl. : Original bill and copy of current payslip.

Signature of employees.

Place
Date

DS-WREU

Forward by Unit I/c with Signature & Seal

