

No.E/Wel/SBF/1075/Muskan

Dt.18/09/18

To,
Controlling Officers,
Unit Incharge, Supervisory Staff on
ADI Divn.

DS-WREU

Sub. SBF Financial Assistance to unmarried Girl child of serving N.G. Railway employees under Women Empowerment Scheme – “MUSKAN”
Ref. : HQ-CCG's letter No.E(SBF)1075/127 Dt.07/09/18.

It has been decided by CSBF Committee in the meeting on 20-21/08/2018 that :

- 1) Unmarried Girl Child of serving N.G. Rly. Employee to be granted maximum Rs.10,000/- (Ten Thousand only) for “Braces” for teeth and Rs.3,000/- (Three Thousand only) for “Spectacles”. (Documents like doctor's prescription & purchase bill required) Proforma enclosed.
- 2) Railway School Girl child of Railway employees to be provided School bags with CSBF Sticker.
- 3) Certificate course in Computer Training by any recognised institute like NIIT and APTECH. Rs.10,000/- will be given Girl child of Railway Employees in Grade Pay upto Rs.2400/- Proforma enclosed.

All above grant will be disbursed from fund available in the head “Women Empowerment” under scheme “MUSKAN”.

This scheme is admissible w.e.f. 01/09/2018.

Application with proper documents in duplicate submitted in the Welfare Section, DRM Office, ADI on or before 17/12/18.

Unit Incharge / Controlling officers & supervisory staff are requested to give wide publicity amongst the staff.

Encl. As above.


(A.U. Solanki)
Chairman, LSBF &
APO(Engg.)-ADI

C/- DRM/ADRM/Sr.DPO-ADI – For kind information please.
SBF Members – ADI Divn.

DS-WREU

SBF Western Railway – Scheme “MUSKAN” ADI Division

Application form Financial assistance from SBF for purchasing
“BRACES” for teeth and Spectacles.

Section – A – Employee details

1.	Name of the Employee (In block section)		
2.	Designation		PF/PRAN No.
3.	Department		Station of Working
4.	Working Under		Pay bill Unit No.
5.	Pay Sheet preparing Unit		Basic Pay
6.	Pay Band		Grade Pay
7.	Whether belong to SC/ST/OBC/Gen.		

Section – B – Details for which assistance sought

1.	Name of the unmarried Girl Child	
2.	Type of Equipment	“BRACES” for teeth / Spectacles
3.	Approximate cost of Equipment	
4.	Whether eligible for passes or not	

Kindly enclose current pay slip / original bill in the name of employee & doctor's prescription for the same.

Declaration:- I hereby declare that all particulars filled in above by me 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 to be submitted within Six months, copy of current pay slip & Doctor's prescription.

Signature of employees

Signature of Forwarding Unit Incharge
Designation
Date & Seal

STAFF BENEFIT FUND – ADI DIVISION
APPLICATION FORM FOR COMPUTER TRAINING
FROM ANY RECOGNISED INSTITUTE TO WARDS OF RAILWAY EMPLOYEES
IN GRADE PAY UPTO RS.2400/-

DS-WREU

Section A- Details of Employees:

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

Section B (Detailed particulars in whose favour application is made)

- 1) Name of the student / ward _____
(in BLOCK LETTERS)
- 2) Relation with the employee _____
- 3) Whether eligible for passes or not ? _____
- 4) Name of college/Institute where admitted in 2018-19 _____

NOTE

Certified that the information given by me is correct. In the event of any irregularity or concealment of fact, I will render myself liable for DAR action and refund the amount if sanctioned & received.

Encl. : Copy of current pay slip & certificate of institute.

Rly. Auto phone No. _____ **Mobile Phone No. of Employee** _____

Sign of Employee _____
Name _____
Designation _____

Signature of Forwarding Unit Incharge
Designation
Date & Seal

NOTE:- It is certified that all above particulars of the employee are verified by me and found correct as employee has submitted all required documents.

Signature of dealing SBF clerk / Inspector.
Name : _____
Designation _____
Division/Unit _____

Signature of Personnel Officer
Name _____
Division : **ADI**

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