

No.E/Wel/1075/Wheel Chair

Dt. 06/04/15

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

DS-WREU

Sub. : Finacial Assistance for purchasing Wheel Chair and Calliper for Handicapped Railway Employees and their wards.


Ref. : HQ/CCG's letter No.E/SBF/1075/126 Dt.06/04/15.

A copy of Dy.CPO(W) & Secy, CSBF Committee's letter No.E/SBF/1075/126 Dt.06/04/15, is reproduced below for inofmration, guidance and give wide publicity amongst staff working under your control.

All staff of the units who desire to purchase wheel chair and calliper for handicapped serving non gazetted railway employees and their ward once in a five year are advised to submit their applications in enclosed proforma with proper documents.

This scheme is admissible w.e.f. 01/04/15.

Encl : Proforma


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

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

Copy of letter no. E/SBF/1075/126 Dt.06/04/15

Sub. : Finacial Assistance for purchasing Wheel Chair and Calliper for Handicapped railway employees and their wards.

Ref. : Minutes of CSBF Committee meeting held on 22/23-01-2015.

In the CSBF committee meeting held on 22/23-01-2015, it has been decided to grant Finacial Assistance for purchaing Wheel Chair and Calliper for Handicapped serving non gezetted railway employees and their wards once in a five year. The amount decided for Calliper is maximum of Rs.20,000/- and wheel chair is maximum of Rs.10,000/- or the actual cost of equipment which ever is less.

In this connection it is requested to send applications in enclosed proforma of each employees alongwith propoer documents duly recommended by Local SBF committee and signed by dealing clerk / inspector.

In the above connection, proper register to be maintained.

This scheme is admissible w.e.f. from 01/04/2015.

Encl. As above

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

DS-WREU
WESTERN RAILWAY – STAFF BENEFIT FUND
APPLICATION FORM – FINACIAL ASSISTANCE FROM SBF FOR PURCHASING
WHEEL CHAIR / CALLIPER ETC.)

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 : Grade Pay & Basic Pay
8. Whether belong to SC/ST/OBC/Gen

Section – B Details for which assistance sought

1. Name of self / ward / dependent for whom assistance is sought
2. Relationship with the employee
3. If dependant is covered under pass rule ?
4. Type of equipement
5. Whether assistance sought for above equipment from SBF earlier (If yeas, when (date to be indicated)
6. Attested copy of disability certificate attached (Yes / No)
7. 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 finacial asistance amount, if sanctioned & received.

Encl. : Original bill and copy of current payslip.

Signature of employees.

Place

Date

Section – C (Recommendation of Railway / Govt. Doctor)

It is certified that the above person needs the equipment as sought for

Signature of Railway /Govt. Docotor & Seal
Name of Doctor
Designation of Railway / Govt. Doctor
Place of working & Seal
Date