Scheme: **Dentures**

{All Non-Gazetted staff}

(Half set i.e. 2 teeth & above of either side Rs. 10,000/- Full set Rs.20,000/-) (Claims for full set once in entire Service) (Claims for half set of denture, it can be claimed for twice in the entire service.)

(This Grant is being allotted from the SBF head of RELIEF OF DISTRESS AND SICKNESS ETC. for all non-gazetted staf)

To, The Secretary, Staff Benefit Fund Co HQ/Div	ommittee, / W.Shop			
	re-imbursement of the cos rom the Staff Benefit Fund			aimed any reimbursement of
Name of Employee _				
Designation		Railway Telephone No		
Place of work/Office		Bill Unit No.	Mobile	e No
Staff No(P.F No.)		Date of Appointment		
Pay Level	Basic	Pay Level	Grade Pay	
(Enclosed) Money	Receipt No	Date	Rs	
_ I declare that the st	atements made by me are	true and if found incorre	ect, I will liable to be ta	aken up under DAR.
Date &Place :				
	• •			f the cost of dentures as on rant.
Date			Signature and St	tamp of Bills Clerk
scheme since the sa	is only for reimbursemen ame is done free in Railwa ed that Half/Full set d	ay Hospital.		not permissible under this
	S	Signature and Star	np of Astt. Distric	ct Medical Officer/DMO
Forwarded vide Mem To	o No.			
	Benefit Fund Committee _ ove have been verified and		Shop) for further prod	cess. It is certified that the
		(Signature of	forwarding Supe	rvisor/Depot Incharge)

SBF MEMBER CRMS

SBF MEMBER NRMU

SBF MEMBER
AISCSTRE ASSOCIATION

SBF MEMBER
AIOBCREASSOCIATION