

Scheme: Prosthetics (Artificial Limb)

{Application Once in 05 Years @Rs.40,000/-}

To,
The Secretary,
Staff Benefit Fund Committee,
HQ _____/Div. _____/ W.Shop _____

I hereby apply for the re-imbursement of the cost of Prosthetics purchased by me. I have not claimed any Re -imbursement of the cost of Prosthetics purchased from the Staff Benefit Fund during the last five years.

Name of Employee : _____

Designation : _____ Railway Telephone No. _____

Place of work: _____ Bill Unit No. _____ Mobile No. _____

Staff No. _____ Date of Appointment _____

Pay Band _____ Basic _____ Pay Level _____ Grade Pay _____

(Enclosed) Money Receipt No. _____ Date: _____ Rs. _____

Last Date of Reimbursement made for claiming prosthetics date _____

I declare that the statements made by me are true and if found incorrect, I will liable to be taken up under DAR.

Date & Place : _____

Signature of the Applicant

As per the Service Register maintained, the applicant has not applied for reimbursement of cost of Prosthetics during the last 5 years.. Necessary entry to the effect will be made in the Service Register after receipt of the Grant.

Date _____

Signature and Stamp of Bills Clerk

Forwarded and certified that set of Prosthetics are necessary for the above employee.

Signature and Stamp of Astt. District Medical Officer/DMO

Forwarded vide Memo No.

To
The Secretary, Staff Benefit Fund Committee _____ (HQ/Div/W.Shop) for further process. It is certified that the particulars stated above have been verified and found correct.

(Signature of forwarding Supervisor/Depot Incharge)
Stamp of Office

SBF MEMBER
CRMS

SBF MEMBER
NRMU

SBF MEMBER
AISCSTRE ASSOCIATION

SBF MEMBER
AIOBCREASSOCIATION