

Scheme: **Spectacles**

{All Non-Gazetted staff @ Rs. 3,500}

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

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

I hereby apply for the re-imbursement of the cost of spectacles purchased by me. I have not claimed any reimbursement of the cost of spectacles from the Staff Benefit Fund during the last 3 (Three) years.

Name of Employee \_\_\_\_\_

Designation \_\_\_\_\_ Railway Telephone No. \_\_\_\_\_

Place of work/Office \_\_\_\_\_ Bill Unit No. \_\_\_\_\_ Mobile 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 statements made by me are true and if found incorrect, I will liable to be taken up under DAR.

Date &amp; Place: \_\_\_\_\_

**Signature of the Applicant**

As per the Service Register maintained, the applicant has received his / her last payment for reimbursement for the cost of Spectacles on **(date)** \_\_\_\_\_ which has already crossed the period of **03 (Three) 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 spectacles are necessary for the above employee.

**Signature and Stamp of Astd. 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