

2019-2020

CSBF

Scheme : **Spectacles**

APPENDIX 'E'

{Staff Pay Level upto 7 (Old GP Rs. 4600 including MACP) @ Rs. 2,500}

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

I hereby apply for the re-imburement 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 Band _____ Basic _____ Grade Pay /Pay Level _____ MACP Grade Pay _____

Fresh Application Yes / No _____ - _____ Last applied in year _____

(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 & 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 Officer

Forwarded and certified that spectacles are necessary for the above employee.

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 Officer)
Stamp of Office**