

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-imbusement of the cost of Prosthetics purchased by me. I have not claimed any Re -imbusement 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 &amp; 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  
AIOBCRE ASSOCIATION