

2018-2019

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-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 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**