

Scheme : **Dentures**

2018-2019

CSBF
APPENDIX 'F'

{Staff Pay Level upto 7 (Old GP Rs. 4600 including MACP) }
(Half set i.e. 2 teeth & above of either side Rs. 7500/- Full set Rs.15,000/-)
(Granted once in entire Service)

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

I hereby apply for the re-imbusement of the cost of dentures purchased by me. I have not claimed any reimbursement of the cost of dentures from the Staff Benefit Fund during my service as on date.

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** _____

(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 never applied for reimbursing the cost of dentures as on date. 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 **Half /Full set** of Dentures 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