



पूर्वतटरेलवे/EAST COAST RAILWAY
मुख्यालयकार्यालय, कार्मिकविभाग, रेलसदन, साउथब्लॉक, भुवनेश्वर
Headquarters Office, Personnel Department, Rail Sadan,
South Block Bhubaneswar-751017



संख्या/No. ECoR-HQ/PERS(Wel)/24/2020

दिनांक/Date: 14.05.2025

सेवा में/To,

All PHODs/CHODs/HODs

CAO (Con)/ECoR/BBS

Chairman/RRB/BBS

विषय/Sub: Financial assistance from CSBF for Medical Assistance for incurable diseases for the financial year 2025-26.

Applications are invited in the enclosed format for grant of lump sum medical assistance under Head-8 (Relief of Distress, Sickness etc for all non-gazetted Railway employees) of Central Staff Benefit Fund for the financial year 2025-26.

Application complete in all respect may be forwarded to Welfare Section of PCPO's office for sanction of necessary assistance. It is an open ended financial assistance, hence new applicants may apply at any time during the financial year.

It is requested to give wide publicity among all Non-Gazetted Railway Employees working in your department/office.

(S.C. Hota)

Asst. Personnel Officer (I)
For Principal Chief Personnel Officer

Copy for information & necessary action to:

1. Steno to PCPO for kind information of PCPO.
2. MD/CH/BBS- For kind information & necessary action please.
3. Sr. System Manager- for uploading the notification in Welfare portal of Personnel department in ECoR website.
4. Dy. CPO/Con/ECoR/BBS
5. General Secretary- ECoRSC, ECoRSU, AISTREA, AIOBCREA
6. All members of CSBF
7. Notice Board

Asst. Personnel Officer (I)
For Principal Chief Personnel Officer

**APPLICATION FOR GRANT OF LUMP-SUM FINANCIAL ASSISTANCE FROM CSBF
FOR INCURABLE DISEASES FOR THE FINANCIAL YEAR 2025-2026**

Sl No	Nature of ailment	Put ✓ mark
1	Cancer	
2	Heart ailment	
	Stent placement (One time)	
	Bypass/Open Heart Surgery(One time)	
3	Kidney	
	Kidney Dialysis	
	Kidney Transplant (One time)	
4	Thalassemia	

1	Name of the applicant in full (In BLOCK LETTERS)	
2	Designation	
3	Department/Station/Division	
4	Pay Band & Grade Pay/Level	
5	Basic Pay	
6	PF No/NPS No	
7	Mobile Number	
8	Name of the patient	
9	Relationship with the employee	

I declare that the statement/bio-data given above are true to the best of my knowledge and belief. I shall be liable to disciplinary action, if any of them is found incorrect afterwards. I also declare that no claim has been made from any other sources for which the above claim has been submitted herewith.

Date

Signature of the applicant

Recommendation of Railway Medical Officer

Signature of Railway Medical Officer

(Seal)

Forwarded to Central Staff Benefit Fund Committee. Except the statement regarding sickness, I have checked the information in other respects and found correct.

Signature of the controlling officer

(Seal)