

**APPLICATION FORM FOR GRANT OF LUMP-SUM ASSISTANCE ON
MEDICAL GROUND FROM THE STAFF BENEFIT FUND
FOR THE YEAR, 2017-18**

| Sl No. | Nature of ailment (Please mark Tick) | (Specify in details of diseases) |
|--------|---|----------------------------------|
| 1 | Cancer | |
| 2 | Heart Ailment | |
| 3 | Kidney | |
| 4 | Any other disease (Name) | |

| | | |
|----|---|----------------|
| 1 | Name of the applicant in full (in BLOCK LETTERS) | |
| 2 | Designation | |
| 3 | PF No/NPS No | |
| 4 | Department/Station/ Division | |
| 5 | Railway Phone No/Mobile No | |
| 6 | Group ' C' or ' D' | |
| 7 | Date of Initial Appointment | |
| 8 | Pay Band & Grade Pay / Level | |
| 9 | Basic Pay | |
| 10 | Name of the patient | |
| 11 | Relationship of the patient with the employee | |
| 12 | Attested Xerox copy of the prescription of attending physician. | |
| 13 | Amount spent by employee for the diseases, along with medicine purchased bills/vouchers | |
| 14 | Amount of assistance applied for. | |
| 15 | Reasons for not availing the Railway Medical facilities, if any | |
| 16 | Period of LWP, LHAP if any during the sick periods (Railway Employee) | |
| 17 | Details of grant sanction during the last 3 years from SBF if any | |
| | Details of documents enclosed | 1. 2. 3. |

I declare that, the statement/bio-data given above are true to the best my knowledge and belief. I shall be liable to disciplinary action, if any of them is found incorrect afterwards.

Date:

Signature of the applicant

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

Encl. _____ sheets.

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

Signature of the controlling officer
(Seal)

Recommendation of Rly Medical officer

Signature
(Seal)

Recommendation of Sr. DPO/DPO/WPO

Signature
(Seal)

Note: To mention the details of the diseases diagnosis and taking treatment is mandatory in the Part-'A' of the form. The CSBF committee will decide the amount for grant based on the disease and expenditure incurred for the purpose.