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पूर्व तट रेलवे
EAST COAST RAILWAY

प्रमुख मुख्य कार्मिक अधिकारी का कार्यालय
Office of the Principal Chief Personnel Officer
रेल सदन, द्वितीय तल, भुवनेश्वर
Rail Sadan, 2nd Floor, Bhubaneswar
PIN- 751 017, Phone- 51074(Rly)

ECoR/Pers/Wel/CSBF/Assistance/ 2018-19

Dt. 24.01.2019

To
All PHODs/CHODs/HODs
CAO(Con)/ECoR/BBS
Chairman/RRB/BBS


Sub- Financial assistance for training for developing occupational skills of Physically, Mentally challenged railway employees and their wards for the financial year 2018-19.

Ref- This office letter of even number dtd. 12.11.2018.

Please refer letter on the above quoted subject where in it was advised to submit the application on or before 31.01.2019 duly attaching necessary documents along with money receipt from 01.04.2018 onwards to this office.

As the above assistance is being granted on monthly basis once for the financial year hence the closing date is now extended up to 31.03.2019.

Therefore it is requested to give wide publicity among the staff of your department for taking advantage of the scheme. Application complete in all respect should be sent to this office by 31.03.2019.


(R.R. Panda)

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

Copy for information & necessary action to:

1. The Ch. S&WI to PCPO for kind information to PCPO.
2. The PS to CPO(Admn) for kind information to CPO(Admn)
- ✓ 3. The Sr. System Manager/ECoR/BBS- for uploading the notification in Welfare portal of the Personnel department in ECoR website.
4. Dy. CPO (Con)/Co-Ordn./BBS.
5. The General Secretary-ECORSC & ECoRSU, AISCSTREA, AIOBCREA & ECoRRPFA.
6. All Members of CSBF
7. Notice Board.


(R.R. Panda)

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

website
upload
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SMC(TT)
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**APPLICATION FOR FINANCIAL ASSISTANCE FOR TRAINING FOR DEVELOPING
OCCUPATIONAL SKILLS OF PHYSICALLY/MENTALLY CHALLENGED RAILWAY
EMPLOYEES, SPOUSE & THEIR WARDS FOR THE YEAR 2018-19**

(Photograph of the Disabled employee/Ward should be attached)

1	NAME of the applicant in full (BLOCK LETTERS)	
2	Designation	
3	Station	
4	Department	
5	PF No/NPS No	
6	Present Address & Contact Number	
7	Pay Level & Basic Pay	
8	Net Pay Drawn	
9	Income from other sources, if any	
10	Name of the Disabled Employee/Spouse & Ward in full (BLOCK LETTERS)	
11	Sex : (Male/Female)	
12	Date of birth of the Diseased/Ward	
13	Relationship with the employee (Certificate should be furnished from the Controlling officer in case of dependent brothers/sisters)	
14	Educational Qualification	
15	Nature of disability i.e. whether HH/VH/OH	
16	Interest/Hobbies of the Child	
17	Whether undergoing any training (Enclose documentary proof)	
18	Cost of the above training	
19	Nature of Training Required	
20	If any type of aids required (Wheel chairs, Prosthetics etc)? If yes, mention the equipment	

I declare that particulars given above are correct and shall be liable to disciplinary action if any of them is found incorrect afterwards.

Dated: _____

Signature of the applicant

Recommendation of the Controlling Officer

Signature of Controlling Officer

No. _____

Dated _____

Recommendation of the Railway Medical Officer

Signature
(Office Stamp)

Forwarded to the Secretary, Staff Benefit Fund Committee, E.Co.Railway, Bhubaneswar with the remarks that the particulars given by the applicant have been verified and found to be correct and the claim for Financial Assistance is in order.

Signature of the controlling officer

