

To
The Divl. Railway Manager (P),
East Coast Railway
SAMBALPUR.

(Through proper Channel)
Sub- Application for Composite Transfer Grant.

Respected Sir,

I the undersigned applying for Composite Transfer Grant.

1. Name of applicant : -----
2. Designation :-----
3. Reason for apply: a) Transfer (per/tem)(our request/ Administration interest).
 b) Retirement.
4. Applied for : Composite Transfer Grant.
5. Already granted and received : -----
6. Place from where transfer/
retired . : -----
7. Place of present posting on
transfer . : -----
8. Letter No. under which
transfer / retired . : -----
9. Date of appointment : -----
10. Date of sparing on transfer : -----
11. Date of resumption at
New Station . : -----
12. Date of retirement. : -----
13. Rate of pay at the time
of transfer /retirement. : -----
14. Present Pay : -----

15. Rly. accommodation provided : -----
or not at old station.

16. Rly. Qr. vacated or not : -----

17. Retention of Rly. Qr. At old : -----
station.

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18. Luggage shifted or not : -----

19. Luggage pass obtain or not : -----

20. Address where the luggage : -----
shifted.

21. Family members shifted : -----
or not from old station.

22. Remarks, if any : -----

(Signature of applicant with Designation)

NOTE : Filling up the columns correctly . More information will be asked. If
necessary. Strike out the Information, which are not applicable.

No _____

Dated _____

Forwarded to the Sr. D.P.O, E. Co. Rly /SBP for favourable disposal. The particulars
furnished by the party are verified and found correct.

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EAST COAST RAILWAY
COMBINED NOMINATION FOR PROVIDENT FUND, CGIES & DCRG

DEPARTMENT : _____ STATION : _____
BILL UNIT No. _____
PROVIDENT FUND No. _____

I Sri _____ hereby direct that the amount at my credit in my account of the State Railway Provident Fund, any amount that may be sanctioned by the Central Government under the Central Government Employees Group Insurance Scheme 1980. Any gratuity that may be sanctioned by the Government in the event of my death while in service and the right to receive any gratuity which having become admissible to me on retirement and remain unpaid at my death may be paid to the following nominees.

Scheme	Name & address of the nominee	Nominee(s) relationship	Date of Birth of the nominee	Amount of share to be paid to each	Contingencies' on the happening of which shall the nomination become invalid	Name, address & relationship of the person, if any on whom the right of nominee is conferred in the event of his predeceasing the subscriber
PF						
CGEGIS						
DCRG						

This nomination supersedes the nomination, if any made by me earlier which stands cancelled.

NOTE : The nominees for the receipt of amount under CGEIS and DCRG are member/members of my family. Whether Depositor is married or unmarried : _____.

Signature of the Railway Employee

Name :

(in Block letter)

P.F.NO.

Post held :

Department:

Station:

Date :

Witness to signature :

1. _____

(Signature)

Name & Designation _____

P.F.No _____

2. _____

(Signature)

Name & Designation _____

P.F.No. _____

EAST COAST RAILWAY

PROFORMA OF APPLICATION FOR LEAVE ENCASHMENT

(Authority: Railway Board's Lr. No.F(E)III/2008/CE-I/I (RBE No. 161/2008)
dt. 29.10.08 circulated under ECoR's No. PC-41/2008)

In terms of Para 540 (A) (ACS-107), Indian Railway Establishment Code, Volume – I, I
Hereby apply for encashment of Ten Days Leave on Average Pay.

I also hereby intimate that I have availed Privilege Pass bearing No. _____
_____ dt. _____ and _____ days Leave on Average Pay from _____ to _____
_____ has been sanctioned by competent Authority.

I further undertake that the balance of 30 days of Leave on average Pay will be
available in my Leave Account after debiting Leave encashment period as well as
Leave.

Accordingly, Leave Encashment may be paid to me for the _____ time (Mention the
no. of encashment like 1st or 2nd etc.)

Place: _____
Date: _____

Signature: _____
Name: _____
Designation: _____
Station: _____

Supervisor in charge
(With Seal of office)
Forwarded to:-

_____ (BCO)
(Sign of Gaz Officer)

Certified that the above information have been verified from the records and found
correct.

Bill Compiling Officer
(With Seal)

EAST COAST RAILWAY

LEAVE APPLICATION FORM

Department: Office

Applicant's name in full

Designation and rate of pay/Band pay/Grade pay:

Length of service:

The date of attaining the age of 58 years:

The date of attaining the age of 60 years:

Nature and period of leave applied for and date from which required:
.....

.....Purpose for which leave is required:
.....

Extension of leave (if any) and period:

If on medical grounds, Medical certificate submitted by Railway Medical

Officer/Registered qualified Private practitioner:.....

Address while on leave:

.....

.....
Signature of the applicant:

Name in full:

Designation:.....

Date:

EAST COAST RAILWAY

APPLICATION FOR REIMBURSEMENT OF CHILDREN EDUCATION ALLOWANCE(CEA) FOR THE

ACADEMIC YEAR _____

Ref: Railway Board letter no.E(W2017/ED-2/3,Dated 12.10.2017 (RBE NO.147/2017)

01	Name & Design.of the Employee		
02	P.F.Number/Employee No.		
03	Pay Bill Unit No.		
04	PARTICULARS OF CHILDREN	CHILD-1	CHILD-2
	Name of the student		
	Date of Birth & Class		
	Name of the School & Address		
	Nature of Claim(Tick whichever is applicable)	Education Allowance/ Hostel Subsidy/Disabled Child	Education Allowance/ Hostel Subsidy/Disabled Child
05	Whether Bonafide Certificate from school is enclosed.		
06	Amount of CEA claimed for Academic session		

Certified that :-

- My child/children mentioned above in respect of whom reimbursement of education expenses claimed is/are wholly depended upon me.
- My wife/husband is not a Central Government Employee.
- My wife/husband is a Central Govt.Employee and that she/he will not claim reimbursement of education expenses in respect of our child/children
- My child/children in respect of whom reimbursement is claimed is/are studying in recognised school :-
- (i) I hereby declare that reimbursement of children education allowance has not been claimed in respect of the child/children by a person other than me.
(ii) I hereby declare that reimbursement of Children Education expenses is claimed for my eldest two surviving children only.

I hereby declare that the particulars mentioned above are correct to the best of my knowledge, if any information furnished above is not correct, I am liable to be taken up under D&AR.

(SIGNATURE OF FORWARDING OFFICIAL)
WITH DATE & OFFICE SEAL

No. _____

SIGNATURE OF THE APPLICANT

Name:

Employee

Date

BONAFIDE CERTIFICATE FOR CHILDREN EDUCATION ALLOWANCE

(TO BE ISSUED BY THE HEAD OF EDUCATIONAL INSTITUTION)

It is certified that master/Kumari _____ Date of Birth
_____ Son/Daughter of Smt./Shri
_____ was studying in class _____
during the previous academic year from
_____ to _____
in our School/College/Institution, namely (Name of School/College/Institution, location
with complete address)

_____ ,

-

_____ which is recognised by the educational authority of
_____, vide recognition No.
_____ dated. _____ (not applicable
for Govt. School).

This certificate has been issued for the purpose of grant of Children Education Allowance.

Place: _____

Date: _____

Signature of Principal/
Head of Educational Institution
(Affix School Stamp/seal).

BONAFIDE CERTIFICATE FOR HOSTEL SUBSIDY

(TO BE ISSUED BY THE HEAD OF RESIDENTIAL EDUCATIONAL INSTITUTION)

It is certified that Master/Kumari
_____ of
Date of Birth _____ Son/Daughter of Smt./Shri

Was studying in class _____ and residing in the Hostel of this
School/Institution during the previous academic session year from _____
to _____ in our Residential School/Institution, namely (Name of
school, location with complete address) _____

Which is recognized by the educational authority of
_____ vide recognition
no. _____

(not applicable for Government School/Hostel). He/She has paid the under
mentioned tuition and Hostel fee.

1. Hostel Fee(Boarding and Lodging) :
Rs. _____
2. CEA(Tuition, Science, Music fee etc.) :
Rs. _____

It is also certified that this School/College/Institution
_____ is a residential
School/College/Institution and Master/Kumari
_____ was admitted to the hostel of the
same school/institution on _____ (Date from which
continuously residing in the Hostel).

Signature of Principal/
Head of Educational
Institution
(Affix School Stamp/Seal)