



पूर्व तट रेलवे
EAST COAST RAILWAY

प्रमुख मुख्य कार्मिक अधिकारी का कार्यालय
Office of the Pr. Chief Personnel Officer
रेल सदन, द्वितीय तल, भुवनेश्वर - 17
Rail Sadan, 2nd Floor, Bhubaneswar-17

No.ECoR/Pers/Wel/CSBF/Med. Asst/2021-22

Dated: 18.08.2021

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

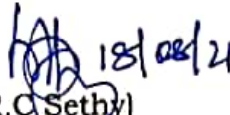
Sub:- Grant of lump sum Medical Assistance from CSBF for incurable diseases for the financial year 2021-22.

Applications are invited in the enclosed format for grant of lump sum medical assistance under Head-8 of Central Staff Benefit Fund (Relief of Distress, Sickness etc for staff in GP up to 4600/-) for the financial year 2021-22 to Non-Gazetted Railway Employees & their dependents.

Application completed in all respect from employee suffering from incurable diseases i.e Cancer, Heart ailment, Kidney & Thalassemia may be forwarded to Welfare Section of PCPO's office for sanction of necessary assistance. It is an open ended financial assistance, hence beneficiaries 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.

Encl: As above.


(R.C Sethy)

Asst. Personnel Officer (II)
for Principal Chief Personnel Officer

Copy for information & necessary action to:

1. Steno to PCPO for kind information of PCPO.
2. Steno to CPO (Admn) for kind information of CPO (Admn).
3. Sr. System Manager/ECoR/BBS- for uploading the notification in Welfare portal of the Personnel department in ECoR website.
4. Dy. CPO (Con)/BBS
5. General Secretary- ECoRSC & ECoRSU, AISCSTREA, AIOCREA & ECoRRPFA.
6. All members of CSBF.
7. Notice Board.


(R.C Sethy)

Asst. Personnel Officer (II)
for Principal Chief Personnel Officer

**APPLICATION FOR GRANT OF LUMP-SUM FINANCIAL ASSISTANCE FROM
CSBF FOR INCURABLE DISEASES FOR THE FINANCIAL YEAR 2021-2022**

Sl No	Nature of ailment	Put ✓/mark
1	Cancer	
2	Heart ailment	
	Stent placement	
	Bypass/Open Heart Surgery	
3	Kidney	
	Kidney Dialysis	
	Kidney Transplant	
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

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)

Recommendation of Railway Medical Officer

Signature of Railway Medical Officer

(Seal)

