

**APPLICATION FOR ASSISTANCE FROM DSBF/TPJ FOR PURCHASE OF SPECTACLES**  
**(FOR STAFF UPTO GRADEPAY Rs4600/- ONLY ELIGIBLE TO APPLY)**

|                                |            |                       |            |                       |                               |
|--------------------------------|------------|-----------------------|------------|-----------------------|-------------------------------|
| <b>NAME OF EMPLOYEE</b>        |            | <b>DESIGNATION</b>    |            | <b>OFFICE/STATION</b> |                               |
|                                |            |                       |            |                       |                               |
| <b>CONTACT NO.</b>             |            | <b>RLY. TELE. NO.</b> |            | <b>CELL NO.</b>       |                               |
|                                |            |                       |            |                       |                               |
| <b>VII PC Pay Matrix Level</b> | <b>Pay</b> | <b>Grade Pay</b>      |            | <b>PF No.</b>         | <b>Bill UnitNo.</b>           |
| Rs                             | Rs.        | Rs.                   |            |                       |                               |
| <b>Category</b>                | <b>SC</b>  | <b>ST</b>             | <b>OBC</b> | <b>UR</b>             | <b>Physically Handicapped</b> |
| Tick as appropriate            |            |                       |            |                       |                               |

I wish to apply for assistance from DSBF/TPJ towards cost of Spectacles purchased by me.

| <b>DETAILS OF SPECTACLE PURCHASED</b> |                   |                            |                                    |                     |
|---------------------------------------|-------------------|----------------------------|------------------------------------|---------------------|
| <b>Purchased from</b>                 | <b>Cost (Rs.)</b> | <b>Bill No. &amp; Date</b> | <b>Enclosed in original (Tick)</b> |                     |
|                                       |                   |                            | <b>Bill</b>                        | <b>Prescription</b> |

(COPY OF EMPLOYEES BANK PASS BOOK SHOULD BE ENCLOSED ALONG WITH BANK DETAILS IN ANNEXURE-I)

**DECLARATION OF THE EMPLOYEE**

- 1) I have not availed the above assistance in the previous 2 years
- 2) The particulars given above are true and correct to the best of my knowledge and if found to be false in future, I shall be taken up under D&A Rules.

**Encl: Original Bill & Original Prescription.**

Date:

Signature of applicant  
Designation/office

Forwarded to DPO/TPJ for further action please

Station:

Date:

(Supervisor signature with office seal)

Signature of the Supervisor