

**APPLICATION FOR ASSISTANCE FROM DSBF FOR THE PERIOD OF LEAVE ON HALF PAY/
LOSS OF PAY ON MEDICAL GROUNDS
(FOR STAFF UP TO GRADE PAY Rs.4600/- ONLY ARE ELIGIBLE TO APPLY)**

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

NAME OF THE EMPLOYEE			
DESIGNATION/OFFICE/STATION			
PF No. & Bill Unit No.			
WHETHER BELONGING TO SC/ST/OBC/UR/PH/MINORITIES			
PAY ON THE DATE OF PRECEDING THE DATE ON WHICH LEAVE COMMENCED	VII PC Pay Matrix Level	Pay in Rs.	Grade Pay Rs.
<i>PARTICULARS OF LEAVE</i>			
FROM	TO	No. of loss of days (Please specify, LHAP, SICK/EXL)	

"Sick/LWP - Enclose Medical Records/Certificates/Pay slips for the leave period

Station:

Signature of the employee

Date:

Certified that the particulars furnished above are correct.

Station:

Date:

Signature of the Supervisory
Official with seal.

Certification of Ch.OS/Personnel Branch/TPJ, PB/Open line/TPJ: The actual period of LHAP, Sick exl, (If employee placed under Railway sick list, Please specify the details of sick certificate issued by whom, Certificate No. and date)

Signature of Ch.OS/OS/PB