

## SOUTHERN RAILWAY

**Application Form for the CSBF Financial Assistance for Sickness Relief 20 - 20**

**Staff in Grade Pay upto Level – 7 (G.Pay Rs.4600/-) are eligible to apply**

**Note : for claims for above 50,000/- only**

	Name of the Employee :	
IPAS No:	HRMS ID :	
DOB :	DOA :	
Gender:	Community :	
Designation :	Department :	
Pay Level:	Division :	
AADHAR NO:	Mobile No:	
E Mail ID :		
Bill Unit :	Railway No :	
Bill Preparing Office :	Working Office :	
<b>Treatment Details</b>		
Claimed for : <b>Self/ Ward/Dependent</b>	Relationship:	
Name :	Self/Ward/Dependent Aadhar No :	DOB:
Nature of Treatment in Brief :		
Place of Treatment:	Period of Treatment/From:	To:
<b>Other Details</b>		
Whether any claim has been made to PCMD/MD/CMS/RH of the concerned HQ/Division/Unit:	Date of Application Submitted :	
Whether claimed from RH/CSBF previously :	Year of Claimed from RH/CSBF:	Amount claimed from RH/CSBF :
Incidental Expenditure if any, in case of Chronic Disease, such as Cancer, TB, AIDS, etc.?	Total Amount Claimed Now:	

**Note: The Claimant who applied for re-imburement are not eligible for claim**

I hereby declare that I have claimed monetary assistance for medical expenses from CSBF for who is fully depend on me.

I further declare that I have not claimed so far and will not claim here after any monetary reimbursement from any medical insurance company from PCMD or from any other source in respect of the treatment for which assistance is being granted from CSBF.

Date:

Place :

**Verified & Forwarded by :**

Signature of the Employee

Signature of the Supervisory Official/  
Controlling Officer with Seal

Name & Designation :  
Date :

Office & Station :