

SOUTHERN RAILWAY

Application Form for the Developing Occupational Skills – Wards CSBF for Financial Assistance towards Training for Developing Occupational Skills of Physically/Mentally Challenged Wards 20 - 20

	IPAS No:	HRMS ID :
Name of the Employee :	DOB :	DOA :
Gender:	Community :	Department :
Designation :	Pay Level:	Division :
UMID Card No:	Mobile No:	E mail ID:
Bill Unit :	Railway No :	
Bill Preparing Office :	Working Office :	
Ward's Details		
Relationship to the Employee:	Ward's Name:	Ward's DOB:
Ward's UMID Card No:	Nature of Disability :	Disability Percentage:
Whether the ward is attending School:	If Yes, Whether CEA is claimed:	CEA claimed Amount drawn for 2022-2023:
Whether special equipment like Wheel Chair, other aides etc., are procured?:	Type of equipment procured :	Cost of equipment procured:
Mention the details of Training undergone for Occupational Skills for the year 2022-2023		
Occupational Skills Fee paid for the year 2022-2023		
Whether the ward is undergoing Therapy or Special School:	If Yes, Therapy/Spl.School fee paid for the year 2022-2023:	
Is the application submitted for any other child.	If Yes, Amount	
Total Amount Claimed :		

*Attachment of UMID Card is mandatory

I hereby declare that the details furnished above by me are true to the best of my knowledge and if any one of the same is found to be false in future, I shall be taken up under D&A Rules.

Date:

Place :

Verified & Forwarded by :

Signature of the Employee

Signature of the Supervisory Official/
Controlling Officer with Seal

Name & Designation :
Office & Station :

Date