



Southern Railway

No.T/P.641/DSBF/TPJ/2023-2024

Divisional Office,

Personnel Branch,
Tiruchchirappalli,

Date: 06.12.2023

All concerned/TPJ Division

Sub:DSBF/TPJ2023-2024-financialAssistanceto employees and their wards
Calling for applications- Relief of Distress/Sickness, Loss of pay, Spectacles.

-x-x-x-x-

Applications are called from eligible Railway employees of TPJ Division for Financial Assurances from DSBF/TPJ funds under Distress/Sickness, Spectacles and Loss of pay for the year 2023-2024.

(ONLY OFFLINE APPLICATION). No online applications.

Sickness:

1. Financial assistance towards sickness for relief of Distress/Sickness from DSBF for the claim below Rs.50,000/- for the employees in GP upto Rs.4600/- (Level-7) for availing assistance under the above head from 2023-2024 funds. Financial assistance will be considered only for the expenditure actually incurred for the funds allotted. (Application enclosed).

DSBF HEAD: Relief of Distress/Sickness**Norms for claiming assistance under 'Relief of Distress/Sickness'**

- Employee has to fill up all the columns without leaving any.
- Only the Railway employees & their family members/dependents whose names are recorded in the Family Composition for the purpose of availing Pass/PTO are eligible. **If the claim is made for the dependent, the family composition certificate given by the concerned Supervisors, for the claim of dependent family members has to be enclosed, without fail.**
- Claims amounting to Rs.50,000/- and below only are being entertained by DSBF. Sanction of assistance will be Consider as per CGHS Rates.
- **Claims for amount more than Rs.50,000/- are being dealt by the CSBF for which online applications opened from 16.10.2023, offline applications also available in Personnel Branch official website (Pettagam)**
- The application has to be filled up carefully and after the employee is satisfied that all the particulars have been correctly filled up duly certified by Supervisory official and department officer certification, can submit application.
- All supervisory official must ensure that all the Hospital documents Viz. **Original Admission & Discharge Summary, Original Bills, Copy of the Report, Diagnosis of Specialists/Doctors etc.,** issued by the hospital along with **summary of receipts indicating the consolidated amount of claim** are enclosed for certification
(Photostat copy/Color Xerox of bills should not be entertained by DSBF Committee)
- **Only those cases where no Railway treatment could be resorted to, due to emergency will be entertained.**
- Claims in respect of expenses made for treatment under indigenous system of medicine like **Homeopathy, Ayurveda etc. will not be entertained.**

- Contd... 2/-

: 2 :

- Claims in respect of treatment for minor ailments will not be entertained. Claims of Employees/wards those who are taken treatment as inpatient in emergency will be entertained.
- **Only claims where no financial assistance was resorted to either from Railways or any other sources Viz. Insurance, Med – claim etc. will be entertained.**
- **Copy of bank pass book of the employee has to be enclosed (Employees bank pass book only, even though the claim is for their dependent family members). The bank details in the given format in Annexure-1 should be enclosed.**

2. Grant of assistance towards purchase of Spectacles from all Non-Gazetted employees up to Grade Pay Rs. 4600/-. Financial assistance will be granted only for the expenditure made during the year 2023-2024.
(Application enclosed) **No online applications.**

The bank details in the given format in Annexure-1 also should be enclosed.

Copy of **Doctors Prescription and Original bills has to be submitted. Applications without original bills will be rejected. (Only those who have not availed the assistance in the previous 2 years are only eligible to apply)**


3. Grant of financial assistance for the period of Leave on Loss of Pay/Half Average on **medical grounds** for Non- gazette employees up to Grade Pay Rs. 4600/- Financial assistance will be Provided only for the sickness period 2023-2024, **for the cases under Railway sick.** (Bill drawing unit should certify the period of Loss of pay, details of Railway sick certificate details. Applications received without this certification will be rejected.)
(Application enclosed) **No online applications.**

The bank details in the given format in Annexure-1 also should be enclosed.

Any spurious claim preferred by the employees and noticed at a later date will be viewed seriously duly invoking D&A Rules.

Application from for the above Scheme also available in TPJ Division website (Pettagam) www.pbtj.in and it may be downloaded for submission.

The last date for receipt of applications are 31.03.2024.


09/12/22
(B.SUNDARAMOORTHY)
Assistant Personnel Officer/General
for Divisional Personnel Officer/TPJ.

Copy to PCPO/MAS for kind information.

Copy to: AGS & DS/SRMU/TPJ, DS/SC&STREA/TPJ, DS/AIOBCREA/TPJ.

(NO ONLINE APPLICATION)**APPLICATION FOR ASSISTANCE FROM DSBF/TPJ FOR PURCHASE OF SPECTACLES****(FOR STAFF UPTO GRADEPAYRs.4600/- Level 7 only ELIGIBLETOAPPLY)****(Bank details has to be furnished in the Proforma enclosed as Annexure-I).**

NAME OF EMPLOYEE	DESIGNATION	OFFICE/STATION
Mobile No.	RLY. TELE.NO.	Supervisory Number

VII PC Pay Matrix Level	Pay	Grade Pay	PF No.	Bill UnitNo.
Rs	Rs.	Rs.		
Category	SC	ST	OBC	UR
Physically Handicapped				
Tick as appropriate				

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

DETAILS OF SPECTACLE PURCHASED				
Purchased from	Cost (Rs.)	Bill No. & Date	Enclosed in original (Tick)	
			Bill	Prescription

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 & Copy of Prescription.

Date:

Signature of applicant Designation/office

Forwarded to Sr.DPO/TPJ for further action please

Station:

Date:

Signature of the Supervisor

(Supervisor signature with office seal)

(NO ONLINE APPLICATION)

DSBF/TPJ - 2023-2024

**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)

(Bank details has to be furnished in the Proforma enclosed as 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

SOUTHERN RAILWAY

Application Form for the DSBF Financial Assistance for Sickness Relief for the year 2023-2024

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

Note: for claims for below Rs.50, 000/- only. – OFFLINE APPLICATION 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 NO.:	Railway No.	
Bill Preparing office:	Working Office:	
Treatment Details		
Claimed for : Self/Ward/Dependent Family composition certificate obtained from Pass Issuing authority has to be enclosed for Ward and Dependent.	Relationship:	
Name:	Self/Ward/Dependent Aadhar No.:	DOB:
Nature of Treatment in Brief:		
Place of Treatment:	Period of Treatment: From	To
Other Details		
Whether any Claim has been made to PCMD/ MD/CMS/RH of the concerned HQ/Division/Unit:	If yes, 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 depending 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 Employee

Signature of the Supervisory Official/
Controlling Officer with seal:

Name & Designation:

Office and Station:

Date:

**SOUTHERN RAILWAY
DIVISIONAL STAFF BENEFIT FUND
TIRUCHCHIRAPPALLI DIVISION**

EMPLOYEES BANK DETAILS HAS TO BE FURNISHED

(PLEASE FILL THE DETAILS CLEARLY TO AVOID DELAY IN PAYMENT)

Name of the employee:	
Staff No.	
P.F.No.	
Designation and Station	
Mobile Number	
Railway Phone	
Mobile Number of the Supervisor	
Bill Unit No.	
S.B.Account No. _____	
IFSC code No	
Bank Address	
Clear Xerox copy of the Bank pass book has to be enclosed.	

I hereby declare that, the SB Account number and other details furnished above is my account/
Ward account and the details furnished above are correct.

Place: _____

Signature of the employee: _____

Date: _____

Designation and Station : _____

Verified bank details with Bank pass book and found correct. Forwarded to The Chairman/DSBF & Sr.DPO/TPJ.

Place: _____

Signature of the Supervisor: _____

Date: _____

Office Seal: