

(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
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: