(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).

N.	AME OF EMPLO	DESIGNATION			3	OFFICE/STATION		
						F0		
	Mobile No.	RLY.TELE.NO.			16	Supervisory Number		
	VII PC Pay Matrix Level		Pay	Grade Pay			PF No.	Bill UnitNo.
Rs		Rs.		Rs.				
	Category		SC	ST	ОВ	iC	UR	Physically Handicapped
	Tick as appropriate						1	
	o apply for assistance	Cost (Rs	DETAILS	OF SPECTACI		CHASI	ED	
Pu	Purchased from Co		5.)	Bill No. & Date		Enclosed in original (Tick)		
							Bill	Prescription
EGLA	RATON OF THE EMPL	<u>OYEE</u>			•			
)	I have not availed the	e above as:	sistance in t	the previous 2	years			
)	The particulars given a be taken up under D8		rue and corr	ect to the best	of my kn	owled	dge and if found t	to be false in future, I sha
	riginalBill & Copy of F	Prescriptio	n.					
ate:	Forwarded to Sr.DPO/TPJ for further action please					Signature of applicant Designation/office		
	i oi wai ueu to 31.DPC	27 IT J TOT IL	artiici dellO	ii piease				
	Station:							
	Date:						re of the Superv	

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:
Ī	Staff No.
	P.F.No.
Ī	Designation and Station
Ī	Mobile Number
Ī	Railway Phone
Ī	Mobile Number of the Supervisor
Ī	Bill Unit No.
	S.B.Account No
	IFSC code No
Ī	Bank Address
	Clear Xerox copy of the Bank pass book has to be enclosed.
Ward	I hereby declare that, the SB Account number and other details furnished above is my account/d account and the details furnished above are correct.
lace:	: Signature of the employee:
ate:_	Designation and Station :
	Verified bank details with Bank pass book and found correct. Forwarded to The Chairman/DSBF & Sr.DPO/TPJ.
lace:	: Signature of the Supervisor:
ate:_	
Office	e Seal: