

**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: