

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:	
<b>Treatment Details</b>		
Claimed for : <b>Self/Ward/Dependent</b> <b>Family composition certificate obtained from Pass Issuing authority has to be enclosed for Ward and Dependent.</b>	Relationship:	
Name:	Self/Ward/Dependent Aadhar No.:	DOB:
Nature of Treatment in Brief:		
Place of Treatment:	Period of Treatment: From	To
<b>Other Details</b>		
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	
<b>Clear Xerox copy of the Bank pass book has to be enclosed.</b>	

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: