Certificate by Department

The particulars furnished above have been checked and found correct Original bills have been verified. Forwarded to the Chairman / DSBF Committee, Divisional Railway Manager's Office, Tiruchirappali for consideration.

Office Stamp :

Date :

Signature & Designation of the Controlling Officer

DECLARATION BY THE EMPLOYEE

I, (Name of the Employee) _____

(Designation)_____ do hereby declare that I have claimed monetary assistance for medical expenses from DSBF for self/ Wife/ Son/ Daughter/ Dependents who are fully dependent 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 or from the CMD or from any other source in respect of the treatment for which assistance is being granted from DSBF.

Date :

Signature of the Employee