DSBF 2025-26
TPJ Division

APPLICATION FOR ASSISTANCE FROM DSBF FOR THE PERIOD OF LEAVE ON HALF PAY / LOSS OF PAY ON MEDICAL GROUNDS (1st April and ends on 31st March)
FOR ALL NON-GAZATTED STAFF 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.			
HRMS ID			
BILL UNIT NO.			
Contact No:			
WHETHER BELONGING TO SC/ST/OBC/EWS/UR/PH			
PAY ON THE DATE OF PRECEDING THE DATE ON WHICH LEAVE COMMENCED	Pay Matrix Level (VII PC)	Pay in Rs.	Grade Pay Rs.
NATURE OF TREATMENT			

PARTICULARS OF LEAVE		
FROM	TO	No. of Days

Sick/LWP

Enclose Medical Records/Copy of Muster Certified by the Supervisor /Pay slips for the leave period.

Station :
Date : Signature of the Employee

Certified that the particulars furnished above are correct

Station : Signature of the Supervisor of
Date : Leave section

Forwarded to The Chairman/DSBF & Sr.DPO/TPJ for further action please.

Station:
Date:

(Signature of the Controlling officer) Design:
Office & Seal