DSBF 2025-26
TPJ Division

APPLICATION FOR ASSISTANCE FROM DSBF FOR PURCHASE OF SPECTACLES FOR ALL NON-GAZATTED STAFF ARE ELIGIBLE TO APPLY

(Bank details has to be furnished in the Proforma enclosed as Annexure-I).

NAME OF EMPLOYEE	DESIGNATION	OFFICE STATION

HRMS ID	PF.NO	Bill Unit No.

Pay Matrix Level (VII PC)	Pay Rs.	Contact No

Category	SC	ST	OBC	UR	EWS	Physically Handicapped
Tick as appropriate						

I wish to apply for assistance from DSBF towards cost of Spectacles purchased by me.

DETAILS OF SPECTACLE PURCHASED					
Purchased from	Cost (Rs.)	Bill No. & Date	PME (Tick)	Other than PME (Tick)	Enclosed in original Prescription (Tick)

DECLARATON OF THE EMPLOYEE

1) I have not availed the above assistance in the previous 2 years
2) The particulars given above are true and correct to the best of my knowledge and if found to be false in future, I shall be taken up under D&A Rules.

Encl: Original Bill &Original Prescription.

Date:

Signature of applicant
Designation/office

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

Station:
Date:

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