DSBF 2025-26
TPJ Division

APPLICATION FOR FINANCIAL ASSISTANCE FOR SICKNESS FOR THE YEAR 2025-2026
ALL NON-GAZATTED STAFF ARE ELIGIBLE TO APPLY
(FOR CLAIMS BELOW Rs.50,000/- ONLY)

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

1	Name of the applicant (S/Shri/Smt/Ms)						
2.	PF No./Staff No.						
3.	HRMS ID						
4.	Bill Unit No.						
5.	Desgn/Office						
6.	VII PC Pay Matrix Level	Pay in Rs.			Grade Pay Rs.		
7.	Telephone No.	Railway			Mobile		
8.	Whether the employee belongs to SC/ST/OBC/EWS/UR/PH (Tick relevant column)	SC	ST	OBC	UR	EWS	PH
9	Clamed for:Self/Ward/Dependent Umid card & Family composition certificate obtained from pass issuing authority has to be enclosed	Relationship to the employee					
		Name					
10.	Nature of Treatment in brief						
11.	Place Treatment	Period of Treatment From			To		
(a)	Whether any claim has been made to PCMD/CMS/RH of the concerned HQ/Division/Unit (Yes/No) (Tick(J) relevant column)	YES			NO		
(b)	If claimed, the quantum of amount sanctioned						
(c)	Details of earlier claim from DSBF	YEAR			AMOUNT Rs.		
12	Whether original bills available? (Tick () relevant column)	YES			NO		
13	Supporting documents to be enclosed (Tick () relevant column)	ENCLOSED			NOT ENCLOSED		
(a)	Hospital documents with Original Discharge Summary						
(b)	Original bills (Nos.)						
(c)	Original Bills listed date-wise with total claim and Number of bills						

Date :

Signature of the Applicant
Designation/Station