SOUTHERN RAILWAY

सं.टी/पी No.T/P.721/DSBF/2025-2026

मंडल कार्यालय Divisional Office,
कार्मिक शाखा Personnel Branch,
तिरुच्चिराप्पल्लि Tiruchchirappalli.
दिनांक Date: 22.10.2025

All concerned/TPJ Division

Sub: DSBF 2025-26 Grant of financial assistance to employees under various scheme- Calling for applications-reg
Ref: PCPO/MAS&Chairman/CSBF Lr.No.P(W)641/1/7/CSBF/2025-26 Dt.09.05.2025.

******

The applications for grant of Financial Assistance from Divisional Staff Benefit Fund towards various schemes as detailed below for the year 2025-2026 are called for from eligible Railway employees of TPJ division.

SCHOLARSHIP:

Scholarship for **Diploma-courses** for wards of all Non-Gazatted employees Grade Pay upto Rs.4600/-(Level-7 in VII PC). The employees whose wards are studying first and second year Diploma after completing 10th standard are eligible to claim Children Educational Allowance. In those cases who have claimed in CEA are not eligible to apply Scholarship under DSBF.
Scholarship will be paid to the wards bank account and hence the employees are advised to enclose their wards bank pass book xerox along with enclosed bank details in **Annexure-II**.
(A copy of SSLC , HSC Mark sheet has to be attached)

MERITORIOUS:

Grant of cash Award to wards of Railway employees for their Meritorious performance in the final exams of Class 10TH& 12THStd during the academic year 2024-25 (i.e. **March 2025**) in both CBSE & State Board syllabus and have scored 85% & above Marks only for wards of all Non-Gazetted staff.

The eligible employees under your control may be advised to submit application in the prescribed format enclosed duly attaching attested copy of 10th & 12th Mark statement as the case may be.
Cash award will be paid to the employee's bank account and hence the employees are advised to enclose their bank pass book xerox along with enclosed bank details in **Annexure-I**

SPECTACLE ALLOWANCE:

The re-imbursement of cost of spectacles for the Non-Gazetted Railway employees will be given for the purchase of spectacles for which Original Bill along with Medical prescription duly countersigned by Railway Doctor (Ophthalmologist) etc. (Only those who have not availed the assistance in the previous 2 years i.e.,2023-24, 2024-25 are eligible).

Eligible amount will be paid to the employee's bank account and hence the employees are advised to enclose their bank pass xerox along with enclosed bank details in **Annexure-1**.

Padmanabhan Kulathumani
Digitally signed by Padmanabhan Kulathumani
Date: 2025.10.28 17:24:17 +05'30'

LOSS OF PAY ON MEDICAL GROUND:

All Non-Gazetted employees who are on loss of pay on Medical Ground may apply for financial assistance from DSBF duly mentioning the period of loss of pay, during the year 2025-26 (1st April and ends on 31st March) enclosing the medical certificate duly countersigned by Railway Doctor.

(Bill drawing unit should certify the period of Loss of pay, details of Railway sick certificate details. Applications received without this certification will be rejected.)

Eligible amount will be paid to the employee's bank account and hence the employees are advised to enclose their bank pass book xerox along with enclosed bank details in **Annexure-1**

FINANCIAL ASSSISTANCE UNDER 'RELIEF OF DISTRESS/SICKNESS below Rs.50,000/-

Financial assistance towards sickness for relief of Distress/Sickness from DSBF for the claim below Rs.50,000/- for all Non gazetted employees for availing assistance under the above head from 2025-2026 funds. Financial assistance will be considered only for the expenditure actually incurred for the funds allotted.

- Employee has to fill up all the columns without leaving any.
- Only the Railway employees & their family members/dependents whose names are recorded in the Family Composition for the purpose of availing Pass/PTO are eligible. **If the claim is made for the dependent, the family composition certificate given by the concerned Supervisors, for theclaim of dependent family members has to be enclosed, without fail.**
- Claims amounting to **Rs.50,000/- and below** only are being entertained by DSBF. Sanction of assistance will be consider as per CGHS Rates.
- **Claims for amount more than Rs.50,000/- are being dealt by the CSBF**
- The application has to be filled up carefully and after the employee is satisfied that all the particulars have been correctly filled up duly certified by Supervisory official and department officer certification, can submit application.
- All supervisory official must ensure that all the Hospital documents Viz. **Original Admission** & **Discharge Summary**, **Original Bills**, **Copy of the Report, Diagnosis of Specialists/Doctors etc**., issued by the hospital along with **summary of receipts indicating the consolidated amount of claim** are enclosed for certification **(Photostat copy/Color Xerox of bills should not be entertained by DSBF Committee)**
- **Only those cases where no Railway treatment could be resorted to, due to emergency will be entertained.**
- Claims in respect of expenses made for treatment under indigenous system of medicine like **Homeopathy, Ayurveda** etc. **will not be entertained**.
- Claims in respect of treatment for minor ailments will not be entertained. Claims of Employees/wards those who are taken treatment as inpatient in emergency will be entertained.
- **Only claims where no financial assistance was resorted to either from Railways or any other sources Viz. Insurance, Med – claim etc. will be entertained.**
- **Copy of bank pass book of the employee has to be enclosed (Employees bank pass book only, even though the claim is for their dependent family members). The bank details in the given format in Annexure-1 should be enclosed.**

Padmanabhan Kulathumani
Digitally signed by Padmanabhan Kulathumani
Date: 2025.10.28 17:24:36 +05'30'

OUT STANDING PERFORMANCE IN SPORTS:

In respect of outstanding performance in Sports Activities, applications are invited from the eligible all Non-Gazatted Railway employees wards who have received 1ST 2ND& 3RD prices for their performance during the Academic year April 2025 to March 2026, in the university/ State/National & international levels along with copy of relevant Certificates.

As per the RSPB website https://indianrailways.gov.in/railwayboard/view_section.jsp?lang=0&id=0,1,304,366,543), only the following sports disciplines are recognised for claiming DSBF benefits:

Athletics, Archery, Badminton, Ball Badminton, Basketball, Billiards & Snooker, Bodybuilding, Boxing, Cricket, Cycling, Football, Hockey, Golf, Gymnastics, Rifle Shooting, Swimming, Table Tennis, Tennis, Volleyball, Weightlifting, Wrestling, Kabaddi, Chess, Kho-Kho, Judo, Handball, Cross Country, and Powerlifting.

Necessary attested proof for their performance along with family composition details has to be enclosed.

(The cash award outstanding performance in sports will be paid to wards Bank account. The details of wards Bank account and copy of bank pass book has to be enclosed along with enclosed bank details in Annexure-II)

The above claims should be for the year 2025-2026 (Periods 01.04.2025 to 31.03.2026)

Applications are invited from the employees under your control so as to reach this office on or before 31.01.2026 certain. Any spurious claim preferred by the employees and noticed at a later date will be viewed seriously duly invoking D& A Rules. The application should be correctly filled up by the employees in all respects and forwarded by the concerned supervisors in time.

The incomplete applications and belated applications will not be entertained.

Wide publicity may be given duly placing a copy of this circular on **NOTICE BOARD**.

Applications forms for the above schemes may be downloaded from Personnel Branch, TPJ Division website (Pettagam) www.pbtpj.in

Encl: Applications format

Padmanabhan Kulathumani
Digitally signed by Padmanabhan Kulathumani
Date: 2025.10.28 17:24:50 +05'30'

(K.PADMANABHAN)
Assistant Personnel Officer/T,
For Senior Divisional Personnel Officer/TPJ

Copy to: PS to DRM/TPJ - For kind information of DRM/TPJ
PS to ADRM/TPJ - For kind information of ADRM/TPJ
PS to CPM/TPJ - For kind information of CPM/TPJ
All Branch Officers – For kind information
All Ch.S&WIs & All Supervisors/TPJ Division
DS/SRMU/TPJ, DS/DREU/TPJ, DS/AISC&STREA/TPJ, DS/AIOBCREA/TPJ
Notice Board

DSBF 2025-26
TPJ Division

Application for Higher Technical / Professional Education -DIPLOMA COURSES

For Wards of all Non-Gazetted Staff under TPJ Division
(Maximum 2 Elder children at a time only)

This application format is eligible only for grant of Scholarship to the wards pursuing DIPLOMA Courses only for the year 2025-2026.

Affix Latest passport size photograph of the

(Photo to be attested by Institution/College

1.	Name of the employee		Designation			Office/Station		
2.	Date Of Appointment		Bill Unit			PF No.		
3.	VII PC Pay MatrixLevel		Pay level Rs.			Pay Rs.		
4.	Whether the employee belongs to SC/ST/OBC/UR/PH (Tick relevant column)		SC	ST	OBC	UR	PH	
5.	Name of the Ward	Gender	Date of Birth			Relationship		
	Name of the Course	Year of study	Examination Passed			SSLC / HSC		
			Amount paid for Last year from DSBF-2024-2025					
6.	**Name & address of the institution**		Particulars of the course studying/ year **(2025-2026 only eligible)**			Duration of the course		
7.	Residential Address							
8.	Telephone Nos	Railway Phone No:	Mobile No.	Employee				
				Supervisor				
9.	Fee paid for the current year		Year 2025-2026			Amount Rs.		
10.	Details of other Scholarship from any other source.					**Amount Rs.**		
11.	**SB Account No. of Ward (Enclose copy of ward's Pass Book)**		SB A/c No.					
			IFSC Code:					
			Bank Address:					

12.	Has He /She **applied** for any other **Scholarship under SBF for the current** year, If so , give complete details thereof	Yes	No
13.	If any other child is getting Scholarship from SBF, Give details	Yes/No	

(The cash award will be paid to wards Bank account. The details of wards Bank account and copy of bank pass book has to be enclosed) (A copy of SSLC , HSC Mark sheet has to be attached)

Certify that:

a) No student other than my Son/daughter _____(Name) is enjoying the educational aid that has been applied for.
b) Particulars shown regarding my Son/daughter are as furnished by me in Pass declaration.
c) All the details furnished above are true to the best of my knowledge and if found to be false in future, I shall be taken up under D&A Rule.

Station: Signature of the Applicant: _____

Date: Designation: _____

Certified that the particulars given against columns 1 to 13 are correct Station:
Date:

Signature & Designation of the
Controlling Officer

Certificate from the Educational Institution/College/University in which the Student is Studying

Certified that _____(student's name) is a bonafide student of this Institution _____(name of the Institution) and is at present studying in_____(name of the course) _____ (discipline) (I/II/III year during the academic year **2025-2026**

Place :_____ Date : _____

Seal of the College /Institution

Signature of the Head of the Institution with seal

DSBF 2025-26
TPJ Division

APPLICATION FOR GRANT OF CASH AWARD TO THE WARDS OF NON-GAZETTED EMPLOYEES FOR THEIR MERITORIOUS PREFORMENCE IN THE FINAL EXAMS OF CLASS X or XII (MARCH-2025) ELIGIBILITY-SECURING 85% MARKS AND ABOVE)

<table>
<tr><td>NAME OF THE EMPLOYEE</td><td colspan="3">DESIGNATION</td><td colspan="2">OFFICE/STATION</td></tr>
<tr><td></td><td colspan="3"></td><td colspan="2"></td></tr>
<tr><td>Contact No:</td><td colspan="5"></td></tr>
<tr><td>Pay Matrix Level (VII PC)</td><td colspan="2">Pay Rs.</td><td>Bill Unit No.</td><td>PF No</td><td>HRMS ID</td></tr>
<tr><td></td><td colspan="2"></td><td></td><td></td><td></td></tr>
<tr><td colspan="3">(Employees bank account details has to be furnished)

Name in Pass book:_____
(Bank details has to be furnished in the Proforma enclosed as Annexure-I).</td><td colspan="3">SB AC No.
IFSC Code:
Bank Address:</td></tr>
<tr><td rowspan="2">Whether the employee belongs to SC/ST/OBC/UR/EWS/PH (Tick( ) relevant column)</td><td>SC</td><td>ST</td><td>OBC</td><td>UR</td><td>EWS</td><td>PH</td></tr>
<tr><td></td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td rowspan="2">Name of the Ward</td><td colspan="4">Examination Passed (Tick as applicable)</td><td colspan="2">Percentage of Marks Obtained Above 85%</td></tr>
<tr><td>Year</td><td colspan="2">X Std</td><td>XII Std</td><td colspan="2" rowspan="2"></td></tr>
<tr><td></td><td colspan="2"></td><td></td></tr>
<tr><td></td><td></td><td colspan="2"></td><td></td><td colspan="2"></td></tr>
</table>

(Ward should have passed class X or XII in the previous academic year 2024-2025 (i.e., March-2025) & attested copy of the mark sheet is to be enclosed)

I declare that the details 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: Copy of Mark Sheet

(Signature of the applicant)
Design:
Office/Station:

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

Station:

Date:

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

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

DSBF 2025-26
TPJ Division

APPLICATION FOR GRANT OF CASH AWARD TO THE WARDS OF NON-GAZETTED EMPLOYEES FOR THEIR OUTSTANDING PERFORMANCE IN THE FIELD OF SPORTS ACTIVITY

In respect of outstanding performance in Sports Activities, applications are invited from the eligible all Non-Gazatted Railway employees wards who have received 1ST 2ND& 3RD prices for their performance during the Academic year April 2024 to March 2025, in the university/ State/National & international levels along with copy of relevant Certificates. (Attested copy of certificate issued by appropriate authority to be enclosed).

As per the RSPB website https://indianrailways.gov.in/railwayboard/view_section.jsp?lang=0&id=0,1,304,366,543), only the following sports disciplines are recognised for claiming DSBF benefits:

Athletics, Archery, Badminton, Ball Badminton, Basketball, Billiards & Snooker, Bodybuilding, Boxing, Cricket, Cycling, Football, Hockey, Golf, Gymnastics, Rifle Shooting, Swimming, Table Tennis, Tennis, Volleyball, Weightlifting, Wrestling, Kabaddi, Chess, Kho-Kho, Judo, Handball, Cross Country, and Powerlifting.

NAME OF THE EMPLOYEE	DESIGNATION		OFFICE/STATION			
Contact No:						
Pay Matrix Level (VII PC)	Pay Rs.		Bill Unit No.		PF No	HRMS ID
Whether the employee belongs to SC/ST/OBC/UR/EWS/PH (Tick( ) relevant column)	SC	ST	OBC	UR	EWS	PH
Name of the Ward	Date of Birth				Relationship	
Details of recognized sports achievements as per scheme (attach a copy of certificate)						
Whether represented University/State/National/International	Prize received (Tick relevant column)					
	1st		2nd		3rd	

(The cash award will be paid to wards Bank account. The details of wards Bank account and copy of bank pass book has to be enclosed)

I declare that the details 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: Copy of certificates

(Signature of the applicant)
Design:
Office/Station:

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

Station:
Date:

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

Certified from the Hony.General Secretary/President from the Sportsperson got medal

Certified that Mr/Mrs_____ son/daughter of

Shri/Smt_____ employed as _____in zone/division/workshop, is

medal winner in _____ championship held at _____ from_____

to_____

Seal of the Association/Federation

Signature of the Hony.General Secretary/President of
Association/Federation

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

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

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

ANNEXURE –I

SOUTHERN RAILWAY DIVISIONAL STAFF BENEFIT FUND
TIRUCHCHIRAPPALLI DIVISION

(EMPLOYEE BANK DETAILS HAS TO BE FURNISHED)

(Annexure I to application for DSBF Financial assistances- 2025-2026) Ref: Letter No.T/P.721/DSBF/2025-2026 dt. 22.10.2025.

(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	
Clear Xerox copy of the Bank pass book has to be enclosed.	

I hereby declare that, the SB Account number and other details furnished above is my 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:

ANNEXURE –II

SOUTHERN RAILWAY DIVISIONAL STAFF BENEFIT FUND
TIRUCHCHIRAPPALLI DIVISION

(EMPLOYEE WARDS BANK DETAILS HAS TO BE FURNISHED)

(Annexure II to application for DSBF Financial assistances- 2025-2026) Ref: Letter No.T/P.721/DSBF/2025-2026 dt. 22.10.2025.

(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.	
Wards bank account details has to be furnished S.B.Account No._____ **Name in Pass book:**_____	
IFSC code No	
Bank Address	
Clear Xerox copy of the wards Bank pass book has to be enclosed.	

I hereby declare that, the SB Account number and other details furnished above is my 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: