CLW/CHITTARANJAN
STAFF BENEFIT FUND

No. MW/Wel/56(SBF)/Pt.-VIII

Dated. 11.06.2026

ALL CONCRENED

Sub: - One time grant from SBF under the scheme of sickness of employees and their family members (Under Pass Rule) for the sickness period from **01.04.2024 to 31.03.2025 and 01-04-2025 to 31-03-2026.**

It has been decided that in order to mitigate the suffering of railway employees on account Of sickness, assistance from Staff Benefit Fund will be granted under the scheme of sickness of employees and their family members (under Pass rule) suffering from CANCER/KIDNEY DIALYSIS/HEART DISEASE/AIDS AND LEPROSY etc. and were referred to outstation Hospital for treatment during the financial year 2024-25 & 2025-26.The said grant will only be admissible for the sickness period from **01.04.2024 to 31.03.2025 and 01.04.2025 to31.03.2026.**

The employee seeking such assistance should apply through the application forms available in Welfare Section of Dy.CPO(W)'s office, GM office & Dankuni office and submit the same duly filled in all respect along with attested photocopies of allied medical certificates & medical card etc. to the **Welfare Section /Dy.CPO(W)'s office within 11.07.2026. No application form will be entertained after the scheduled date i.e 11.07.2026.**

The application as received will be considered only on the basis of seriousness of the disease as certified by the Medical authority and availability of fund.

Employees can apply openly, but admissibility will be examined case by case & the final decision regarding sanction of benefits will be rest with the competent authority.

Application form has to be submitted separately for FY 2024-25 & 2025-26.

Application form is available in websites:

www.clw.indianrailways.gov.in **"Department" → "News & Recruitment" → "Important Notice"**

&

10.43.10.20:8080/CLW_INTRANET "Department"---"Pernsonnel"---"Welfare"---"SBF" (Staff Benefit)

This may be given wide publicity amongst the staff.

11/6/26

Assistant Welfare officer
& Secretary SBFMC

Copy for kind information to: -

1.CPO & Chairman/SBFMC
2.PCMO
3.PCE
4.Sr.AFA/A
5. Nominated Member/SBFMC

11/6/26

For CPO & Chairman/SBFMC

CLW/CHITTARANJAN

Application for one time grant from SBF for sickness (CANCER/ KIDNEY /DIALYSIS /HEART DISEASE/ AIDS/LEPROSY etc.) of employees & their family members (under pass rule) and REFERRED TO OUTSTATION FOR TREATMENT during the period from 01.04.2024 to 31.03.2025 and 01-04-2025 to31-03-2026

Notice No. MW/Wel/56(SBF)/Pt.-VIII **Dated: 11/06/2026**

1. Name of the patient
2. Name of the applicant (Employee)
3. Designation and Ticket No.
4. Control No., B.U. No. & HRMS ID:
5. Basic pay
6. Relationship with the patient for whom assistance is sought for
7. Name of the Area Rly. Dispensary/KGH where the applicant/family members receive the treatment for the sickness.
8. Nature of ailment/disease suffering from: (Enclose photocopy of medical certificate)
9. Date & place of admission in hospital:
10. Date of discharge from the Hospital (in case of indoor patient)
11. No. of days attaining hospital as per doctor's :advice in case of OPD patient.
12. Whether any previous grant sanctioned, if yes :state the amount and year.
13. Mobile No.
14. Details of the Bank Account held by the Employee

(Fresh Photocopy of page of Bank Pass Book)

Name of the Account Holder		Account Number		Bank Branch & IFSC code	

Declaration

I do hereby declare that the information furnished above are correct to my knowledge and if it is found false at any stage n/a maybe taken as per extant rule.

(Signature of the applicant with date)

Enclosure:
Photocopy of Medical Identity Card, Medical Pass issued,
Referring letter, Pay slip and Medical Certificate. Bank Pass Book's 1st page the above declarations are correct and forwarded for consideration.

Forwarded for consideration please.

Signature of the Section In-charge with seal