STAFF BENEFIT FUND
CLW/CHITTARANJAN

No.MW/WEL/SBF/SPECT Dated: 09/04/2026

ALL CONCERNED

Sub: Assistance from SBF for purchase of spectacles for the year 2024-25

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It is notified that assistance from the Staff Benefit Fund is available at the rate of ***Rs.2000/- or the actual cost of the spectacles whichever is less*** **for the purchase of spectacles to either employee or his/her dependent family members once in after completion of (2) Two financial year from the financial year which year he/she last time claimed for the grant of spectacles**.

The assistance is admissible to all non-gazetted staff subject to availability of fund who had purchased spectacles during the period 01.04.2024 to 31.03.2025.

The employee seeking such assistance should fill up the form available in ***Welfare Section of Dy.CPO(W)'s office,*** and submit the same duly filled in all respect along with the ***attested photocopies of Medical Identity Card, Doctor's Prescription slip, original copy of the Cash Memo and bank passbook front page photocopies to the Welfare section of Dy.CPO(W)'s office***.

The application form along with relevant documents must be submitted within **08-05-2026** to Welfare Section of Dy.CPO(W)'s office. No application form will be accepted thereafter. Notice & Form are also available at **www.clw.indianrailways.gov.in / 10.43.10.20:8080/CLW_INTRANET.**

This may be given wide publicity amongst the staff.

9/4/26

Assistant Welfare Officer &
Secretary/SBFMC

Copy to:

for kind information

1. CPO & Chairman/SBFMC
2. PFA
3. PCEE
4. PCMM
5. PCE
6. SDGM & CVO
7. PCMO
8. CEE/DKAE
9. ALL Elected Member/SBFMC

9/4/26

For CPO & Chairman/SBFMC

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STAFF BENEFIT FUND
CLW/CHITTARANJAN

APPLICATION FOR ASSISTANCE FROM SBF TOWARDS COST OF SPECTACLES

Notice No. MW/WEL/SBF/SPECT **Dated:** 09.04.2026

1.	Name of the Employee					
2.	Designation			T/No.		
3.	Control No.		Bill Unit No.		Community SC/ST	
4.	Basic Pay		Whether assistance received for self /family member in last three years			
5.	For whom assistance is required					
6.	Date of purchase of Spectacles					
7.	Cash Memo No. & Amount **(ORIGINAL CASH MEMO TO BE ENCLOSED)**					
8.	Medical Identity Card No. **(Photocopy of Medical Identity card to be enclosed)**			Mobile No.		

Details of the bank account of the employee
Photocopy of first page of bank passbook to be enclosed)

Account number		IFSC	
Bank & Branch			

I declare that I have not claimed assistance from SBF towards the cost of spectacles during the last 02(two) financial years. The above particulars furnished by me are true and I am liable for disciplinary action if proved false.

Enclosures:

1. Original Cash Memo
2. Xerox copy of prescription
3. Xerox copy of Medical Identity Card
4. Xerox copy of Pay Slip
5. Photocopy of first page of bank passbook to be enclosed

Date:

Signature of Applicant

Forwarded to AWO & Secy./SBFMC – Certifying the above particulars.

Signature of Section In-charge

Signature of Controlling Officer

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