

STAFF BENEFIT FUND
CLW/CHITTARANJAN

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

Dated:- 25.02.2021

ALL CONCERNED

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 01.04.2019 to 31.03.2020.

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** and were referred to outstation Hospital for treatment during the financial year 2019-20. The said grant will only be admissible for the sickness period from 01.04.2019 to 31.03.2020 .

The employee seeking such assistance should apply through the application forms available in Welfare Section of Dy.CPO(W)'s office & CME/SF's 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 20.03.2021. No application form will be entertained after the scheduled date i.e. 20.03.2021.

The application as received will be considered only on the basis of seriousness of the disease as recommended by a committee constituted for this purpose and duly certified by the Medical authority and availability of fund. The amount of grant will also be decided by the committee constituted for this purpose.

Application forms is available in website www.clw.indianrailways.gov.in

This may be given wide publicity amongst the staff.


25/2/2021
Assistant Welfare officer
& Secretary SBFMC

Copy to :-

- 1.PCPO & Chairman/SBFMC
- 2.PCMO
- 3.PCE
- 4.Sr.AFA/A
- 5.Jt.Secy./Staff council
- 6.Member /Staff council.

} For kind information


25/2/2021
For PCPO & Chairman/SBFMC

11/03/2020

CLW/CHITTARANJAN

Application for one time grant from SBF for sickness (CANCER/KIDNEY DIALYSIS/HEART DISEASE/AIDS/LEPROSY) of employees & their family members (under pass rule) and REFERRED TO OUTSTATION FOR TREATMENT during the period from 01.04.2019 to 31.03.2020

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

11. Name of the patient :
12. Name of the applicant (Employee) :
13. Designation and Ticket No. :
14. Control No. & B.U. No. :
15. 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 1st page of Bank Pass Book)

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

(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.

Signature of the Departmental Officer with seal

